

President's Report – Pam Mansfield

We have had a very busy year with the NBHPCA. I will briefly highlight some of the progress we have made in education, communication, membership, advocacy, and bylaws/policies.

Education

After the great success of our first two day conference event last year in Moncton, our education team decided to continue with that format. Due to the feedback, the 2 day conference has been moved to Thursday/Friday instead of Friday/Saturday. The NBHPCA education committee is now in charge of planning our annual conferences, with the help of a local support team. This will allow for standardization of the conference format year to year. The conference will continue to be hosted in various zones throughout New Brunswick. Next year it will be in Edmundston.

We are also working at standardizing the basic training of palliative care throughout the province. We will be working to support LEAP training in each zone. The goal is that a LEAP session will be offered twice a year in each zone. It will take some time to train teachers, so please be patient with us.

Communication

Due to the cost of mailing out a quarterly newsletter, it was decided last year that all information to be shared would go on our website. The website has been used extensively this year for the exchange of information. In looking at the website, we realized it needed an update. We have created a new logo, and the website will soon have a fresh new look.

Emails will be sent to all members after each board meeting with a link to the website to read the regional reports, treasurer's report, and minutes of the meeting.

Membership

It has taken some time to build a database with membership names and email addresses. Making it more complicated has been having a secretary in one zone, a treasurer in another zone, and membership applications going to CHPCA, NBHPCA, or both. In partnership with the CHPCA, we have been able to streamline this process. If a member joins because they have attended the annual conference, we will look after sending the application and membership dues to the CHPCA. If someone joins any other time of the year, the application and membership dues will directly go to the CHPCA, who will then send the information to us. The CHPCA will also look after sending reminder emails when a membership is set to expire, therefore hopefully helping us with retention of members.

Advocacy

We had a great brainstorming session last year at our annual conference. Your feedback was taken back to the board and discussed. As you can see, we are already incorporating your ideas with the hope of offering standardized education to all New Brunswickers who work in palliative care.

We have had the opportunity this year to be part of meetings on a provincial (NB Cancer Network Forum on Palliative Care), federal (Parliamentary roundtable on Palliative Care), and non-governmental level (NB Cancer Society Annual Stakeholder meeting). In each of these meetings we brought up the many issues that you have identified, including a provincial approach to palliative care, better education for all who work in palliative care, and better payment/training of homeworkers for palliative care.

Bylaws/Policies

Some of the more behind the scenes items we have been working on is revision of our bylaws to bring them up to date, as well as the creation of a translation policy, conflict of interest policy, and travel policy.

Vitalité Zone 1B – Charline Roy and Fernando Rojas

Physician Update - Dr Lorraine Arsenault is now retired and Dr Ceri Richard is away on leave. Dr Patrice Landry, Dr Renée Turcotte, Dr Karine Bouffard, Dr Marie-Josée Nadeau, Dr Yolande Martin, Dr Nancy Saulnier and Dr Katie Roy currently cover patients on the 6 bed unit.

Dr Marie Josée Nadeau and Dr Karine Bouffard have recently started to attend palliative rounds at the EMP Blanche Bourgeois and Shediac Units. Efforts are presently underway to assign physician hours to all three EMP Units (Blanche Bourgeois, Shediac and Kent). These hours would cover EMP palliative rounds, family physician/interdisciplinary team consultations as well as home visits.

Education - LEAP program initiatives are being explored.

Outpatient Palliative Oncology Clinic - had to scale back its hours to two afternoons instead of three because of nursing staff shortages.

SPCB (Soins palliatifs communautaires Beauséjour - coordinator, Monique Savoie. Received 30 hospice service requests in the last year representing 1288.5 volunteer hours. Thirty volunteers are available to help home palliative patients and family. Board members are from all areas covered by SPCB (Westmorland and Kent Counties) and meet quarterly. A bi-annual Bulletin is circulated and a new training session is planned for spring.

Hospice Shediac - coordinator Mélanie Cormier. 30 volunteers have visited 23 clients and families in the past year for a total of over 500 hours. The Christmas Home Tour was again a great success. A bereavement group met from September to December. A volunteer training session is also planned for the spring.

Regional 6 –Bathurst/Acadian Peninsula –Manon Goupil, Shirley Vienneau
Chaleur Palliatif - a community organization that provides volunteer services at home in the Chaleur region, is in force and working hard.

The Bathurst Chaleur Regional Hospital palliative care unit – started commemorative services quarterly.

Clinic ONCO/PALL working well in the Bathurst and Caraquet region

Dr Linda Dalpé works as palliative care doctor at the Caraquet clinic, as well as a consulting doctor for home visits in the region of Lamèque, Tracadie and Bathurst.

Grief and Bereavement Group - open to anyone grieving the loss of a loved one has been held in Bathurst, Lamèque, Tracadie and Caraquet region

E.M.P nurse assisting with the multidisciplinary meeting of the palliative care unit in Caraquet

The 4 E.M.P units in the region hold multidisciplinary palliative care rounds (including physician support in Caraquet and Lamèque). Palliative medication kit for home patients will probably be put in place in June-July 2011 for all E.M.P. units in zone 6. E.M.P social worker receives all (automatic referral) palliative care clients. All E.M.P units are working to have a satisfaction survey for palliative care

Région 6 (including E.M.P. members) participate in to the “REGIE VITALITÉ” palliative care harmonization committee, some highlights:

- LEAP program is being considered to support education.
- Admission criteria had been harmonized
- A harmonized policy had been made for pain evaluation
- Work had been done on standardized protocols
- Looking for a harmonized satisfaction survey for palliative care

**Régions Edmundston, Grand Sault et Kedgwick - Pauline S. Michaud,
Pauline Fortin**

This last year has been marked by some great accomplishments in both the hospital and home environment, with all team members thinking of the best interest of the patient and families.

The Edmundston Regional Hospital updated all their rooms, with the objective of adding a touch of home to the hospital environment. During this next year the renovations will continue in the department, which is comprised of 5 beds. The team meets on a weekly basis. A development day was held for the department this year, in which 15 people participated. The objective was to standardize the care we provide. The team has planned many activities for the national hospice palliative care week.

The regional palliative care Extra Mural committee accomplished many projects, including sending out Christmas cards to all families of patients who have died. During last year's palliative care week an article was published in the Étoile about a woman from Grand Falls who was able to support her husband at the end of life due to support from the extra mural team. The libraries of the region also recognized hospice/palliative care week, and a breakfast was organized to thank the personnel for all their hard work.

Interdisciplinary palliative care meetings are held in each region on a weekly basis. Physicians now work in both the hospital and home environment. This new approach is appreciated by both extra mural and the hospital staff. We have noticed an improvement in the planning of the care, allowing for better transition from the home to hospital and the hospital to home.

The work and dedication of all palliative care workers in the region is greatly appreciated.

Saint John Zone Horizon Health Network – Julia Wildish

Extra Mural - We finally have an EMP Palliative Care Coordinator again. Melody Mayberry, who has worked as a primary nurse for EMP and more recently as one of the EMP liaison nurses at the Saint John Regional Hospital, will take up this position on May 4th. Melody has a lot of practical experience with palliative issues both in the community and in the hospital, which will give her a unique perspective. Melody is very enthusiastic about this position, and she is particularly passionate about direct patient care. It is easy to see that she will be a great asset to our palliative program.

Bobby's Hope House - Saint John's residential hospice, has been open since November 2010. It is hugely popular and patients and family members are universally very happy with the care they receive there. The number of patients the management feels they can handle there has been increasing steadily since they opened, to the point that they now have nine of the ten beds open to patients. Being the first of its kind in this part of the country, there has been a steep learning curve, but the staff has overcome each new obstacle with patient comfort first and foremost in their minds. For all of us working in hospice palliative care in Zone 2, it has been quite a relief to have another place where whole person comfort care can be provided to palliative patients who can no longer be at home.

There are still periods where both Hospice and the Palliative Care Unit at the Saint John Regional Hospital are full and we have waiting lists at both places. Our patient population appears to be continuing to grow...

There continues to be an eight-bed Palliative Care Unit at the Saint John Regional Hospital, and 2 designated palliative care beds at both the Sussex Health Center and the Charlotte County Hospital in St Stephen. The PCU at the Regional has seen a slight change in its demographic with the advent of the Residential Hospice. Patients with acute symptom issues, or who are unstable with a very short prognosis, are more likely to go to the PCU while a more stable/longer-term patient is more likely to go to Residential Hospice. We are still working on the details of the assessment/triage process but overall with a little bit of cooperation we seem to be doing a good job of determining which care environment will be the best for which patient.

Currently in the Saint John Area we have 4 physicians that take turns covering the PCU during weekdays; those 4, plus two more, provide after hours coverage for PCU. Five nurses that work on the PCU have completed the palliative care certificate.

The outpatient/home palliative care program continues to grow. There is one full-time physician who covers this service, and there are plans for our new EMP

palliative care coordinator to participate in this also. We continue to try to find ways to make ourselves more efficient.

One of our more recent innovations is a combined list of patients that have had contact with any of our hospice palliative care partners – outpatient palliative care, PCU, off-service palliative consults, residential hospice and palliative EMP patients. This has been very helpful in keeping track of patients, which seems to become exponentially harder as their numbers grow...

Palliative care leaders in our zone continue to meet on a monthly basis as the Hospice Palliative Care Network. We continue to work on developing a useful, easy to use referral form for palliative services, and streamlining the process of admission.

Moncton Zone 1 B – Lydia Underhill, Ann Nickerson

Hospice Greater Moncton/du Grand Moncton has enjoyed another busy and productive year! We continue to focus on raising the awareness of our organization in the community and to establish relationships with key partners.

Hospice Greater Moncton continues to offer new Volunteer Training Courses twice/year, a 7 Week Grief and Bereavement Session twice/year, as well as ongoing monthly meetings for peer support. Referrals for community palliative support are increasing, as are our number of volunteers.

Several fund raising activities have taken place during the past year - the sale of Johnny's 2 for 1 Coupon Books, our annual Angels Remembered Campaign, as well as our Bayshore sponsored 1st annual Hike for Hospice, and planning now for this year's Hike being held on May 1!

Presentations have been made to various organizations and businesses and we continue to network and collaborate with other Hospice organizations, as well as the United Way, Community Living, Extra Mural, Horizon, and other non-profit organizations.

The Board of Directors is committed to the completion of a Business Plan as we prepare to launch a Capital Campaign to raise the necessary funds to establish a Residential Hospice in Greater Moncton within the next 2-4 years. To help us establish an ongoing source of income, to not only enhance our current programs, but also to help us establish the Residential Hospice, we opened The Hospice Shoppe late November. It is modeled after the Shoppe in Saint John and is a high end second hand boutique. It has already proven that its existence is increasing the awareness of HGM, our goals, and the need for enhanced palliative care support in the Greater Moncton area.

For more info on HGM, our programs, The Hospice Shoppe, etc., please check out our website at www.hospicegm.ca or find us on Facebook.

Extra Mural – twice monthly interdisciplinary palliative care rounds continue. Patty McQuinn, the extra mural nurse specialist in palliative care continues to work developing policies and training new staff in the approach to palliative care. She has also started doing home visits to palliative patients with the extra mural staff. The palliative interdisciplinary improvement group now meets every two months.

Hospital – weekly interdisciplinary rounds continue. Our 7 bed ward is very active with waiting lists for admission. Admission and discharge criteria have been set. A new nursing assessment sheet has been implemented, and a new psychosocial assessment form is in the works. The goal is that everyone who has a palliative care referral also gets a social work assessment.

Education initiatives are ongoing. Two LEAP courses have been held this year, for a total number of 60 new people trained in palliative care. Currently many nurses hold the Canadian Palliative Care certification.

A new full time physician has been hired; bring our physician complement to 2.4 FTEs. This has allowed us to devote more time to both patients at home and in the community. A symptom management clinic with Oncology is in the development stage.

The Moncton Zone palliative care advisory board meets every 4 months, with the mandate to improve and review existing palliative care services in our zone. There are also representatives on the Horizon Palliative Care Network.

Miramichi Zone – Connie Doucet, Francine LeBlanc

Staffing changes - Both Mary Hitchman (4 East/ Palliative Care Unit Manager) and Jane Trevors (Palliative Care Coordinator) retired after many years of service. Replacements for both have recently been found. The Palliative Care Coordinator with the Extra Mural Program has been on LOA since November 2009, and this position has also recently been filled.

Education - EMP nurse Mary Mott (member of the Oncology Standards Committee at the Provincial level) recently gave a presentation on PPS and ESAS which was very well received.

Both hospital (every 3-4 months) and EMP (bi-annually) continue to hold their memorial services.

Miramichi is the location for the annual meeting this year and the local planning committee is hard at work to put together a conference which will be beneficial to all. Although staffing is a problem, it looks like the Miramichi is able to accommodate most requests this year and will have a strong contingent of Miramichiers attending the conference. Look out!

In March 2011 Hospice Miramichi formed its inaugural Board of Directors with a goal to have a Residential Hospice fully operational within the next 4 years. There are exciting times ahead!

ZONE 3 (Fredericton) - Brenda Haslam Layden, Lynn Riddell

It has been a busy year in Zone 3 with the amount of palliative patients often exceeding the number of designated beds in most of the four hospital settings. The five part-time palliative care consultants within the region have all received three weeks of education from the Edmonton Palliative Care Program. A proposal has been written to try to secure additional physician consultant hours (equivalent to a full-time position for the Chalmers Regional Hospital palliative care service). This has not yet been approved.

The Chalmers Hospital has an 8 bed unit, Oromocto Public Hospital has 2 beds, Upper River Valley Hospital has 3 beds, Hotel Dieu in Perth has 2 beds, and Minto has 2 satellite beds but they have not been open for over a year due to staffing issues.

Many nurses have received a 2 day training workshop based on the LEAP content/EPEC O Canada. Also, 6 nurses are certified in palliative care (five at the Chalmers and one at EMP Fredericton).

In Zone 3 we have one Clinical Nurse Specialist for Palliative Care. She provides this service to all four hospital sites and all six EMP sites.

All hospital and EMP sites have access to Social Work services.

Zone 3 Palliative Care standards have been written and approved. New brochures and pamphlets for patient/families have been developed

Besides those offered in the community, Hospice Fredericton is now offering a grief support group several times a year. Hospice Fredericton continues to grow. More volunteers are being trained and the geographical area has been expanded. The service has also been extended to Nursing Homes. The focus now includes care of the caregivers as well. The resource library continues to grow. Hospice Fredericton had a very successful fundraiser in December when Meisha Bruggergosman, renowned opera singer, agreed to perform at the Fredericton Playhouse. She was joined by the popular David Myles for this sold-out event. Plans are being finalized for the Hike for Hospice being held at Odell Park on May 7th.

As we strive to meet ongoing challenges in providing services and needed resources for our patients and families, we are fortunate to have a thriving spirit of teamwork throughout our Zone.

Zone 5 – Jane VanHorne, Yacob Innas

Local palliative care partners:

(1) Gaetane Lagacé, nurse manager for oncology and the palliative care unit at Campbellton Regional Hospital and the satellite unit in Dalhousie, NB.

(2) Francine Lanteigne, social worker and EMP palliative care contact

(3&4) Diane Leger, administrator, and Claudine Arsenault, director of nursing - Dalhousie Nursing Home

(5&6) Ken Murray, administrator and Barbara Foley, director of nursing - Campbellton Nursing Home

(7) Lynn Labillois, nurse manager, and her staff – Listuguj Health Center and

(8) Brenda Jones Connors – president Restigouche Community Bereavement Program

Dr. Inas Yacoub continues to provide care at the Campbellton Nursing Home. Her fellow colleagues in palliative care are Dr. Roger Bashala, palliative care coordinator at Restigouche Health Authority and Dr. Louis Bujold and Dr. Bernard Quintal, physicians at the Dalhousie Palliative Care Satellite Unit and Dr. Chris MacDonald, medical director of Campbellton Nursing Home.

Gaetane Lagacé assumed the role of nurse manager for the palliative care units in March 2010 and the average census of patients in the units is 6/6 beds in hospital and 3/4 beds at the satellite unit. Meetings were held to discuss admission criteria.

At the Restigouche Extramural Program located in Dalhousie, Francine Lanteigne, as social worker, receives automatic referrals for all newly admitted palliative care clients. Francine and her working group meet together regularly. The group formalized into a palliative care committee which Francine chairs. The committee has worked on the following goals: to set up a library of palliative documents and guidelines to facilitate easy access by their fellow staff, to develop an orientation kit for new staff which would include basic palliative care knowledge and information to help them work effectively with clients and families, and, to set up a treatment kit available for clients still at home. In January 2011, EMP Restigouche started weekly Palliative Rounds and developed a documentation process as well.

Campbellton Nursing home, since obtaining its 3 year accreditation status from Accreditation Canada, in November 2009, has formalized its palliative care protocols and continues to revise them. The Special Care/Palliative Room is now complete and another bed extension chair has been acquired. Palliative and end of life care continues under medical/nursing professional supervision, respecting the family/resident's wishes. Good collaboration continues with the hospital and each resident's advanced care directives are honoured when hospital transfers occur. This proves particularly helpful in palliative care situations.

In October, Campbellton Nursing Home hosted a palliative care day with speaker Connie Doucet, RN,CHPCN(C) and past president of NBHPCA, assisted by Dr. Pam Mansfield, Clinical Director Palliative Medicine, Horizon Health Network, Moncton Zone and president of the NBHPCA. Attendance was excellent and it was an opportunity for us to collaborate and network with each other. Attendees came from as far away as St. Stephen, NB. At least twenty-five membership forms for NBHPCA were requested and thanks is expressed for the bursary received from the NBHPCA.

Gaetane Lagacé, Fabien Pelletier and Francine Lanteigne, attended the LEAP session held in Moncton. Leila Swasson, of the Listuguj Health Center, Dr. Roger Bashala, Gaetane Lagacé, and Corinne Robichaud (psychologist), attended a one day End of Life Conference in Montreal.

Though this report is not all-inclusive, the hope is that it gives the reader an idea of the situation on "The North Shore". Our region is diverse, widespread and largely rural but our commitment to quality palliative care remains.

New Brunswick Hospice Palliative Care Association (NBHPCA)

Annual Conference Financial Report

Miramichi, N.B.

Annual Financial Summary March 31, 2010 to April 1, 2011

Cash as of March 31, 2010 - \$13,390.27

Revenue

Interests	\$1.76
Membership	\$13,795.00
Donation	\$50.00
2010 AGM	\$19,634.11

Total : **\$33,480.87**

Expenditures

Board Meetings	\$5,204.00
Office supplies	\$ 39.32
Bursaries	\$200.00
Bank fees	\$2.00
NBHPCA Website Update	\$495.14
Translation	\$320.30
Teleconferences	\$482.31
CHPCA (Prov. Joint Ind. Membership)	\$2,035.00
2010 & 2011 Provincial CHPCA fee	\$700.00
Lawyer fees	\$310.75
AGM expenses	\$48.58

Total : **\$9,837.40**

Cash as of April 1, 2011 - \$37,033.74

Submitted by RINETTE CÔTÉ, treasurer (April 21, 2011)