

NORTHERN HEALTH HOSPICE PALLIATIVE CARE FRAMEWORK (PROGRAM) MANUAL

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northern health
the northern way of caring

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Introduction

The Hospice Palliative Care (HPC) program manual provides the framework for all services in Northern Health offering palliative care. The framework will ensure standardized “best practice guidelines” for palliative care are followed when providing palliative care in any setting (e.g. acute care, community, residential) and to ensure that dying patients are provided the same care regardless of where they chose to die.

The support, operation and evaluation of the HPC program is the responsibility of senior decision makers in each Health Service Delivery Area (e.g. Health Service Administrators, Acute Care Managers, Residential Care Managers and Home and Community Care Managers).

The HPC program aligns with the Northern Health vision - *“Northern Health leads the way in promoting health and providing health services for Northern and rural populations”*- and reflects the Northern Health Mission - *“Through the efforts of our dedicated staff and physicians, in partnership with communities and organizations, we provide exceptional health services for Northerners”* - by integrating and coordinating equitable access to high quality palliative care services for patients and their families living with a life-threatening or limiting disease.

“For society, a family’s suffering and the quality of their lives are a public health issue. By focusing on relieving suffering and improving quality of life, hospice palliative care aims to promote health - physical, psychological, social and spiritual well-being - in everyone who is affected by illness and bereavement, including those who provide care. Our success will be a “determinant” of health in the 21st century”

(Lalonde, M. (1974) A new perspective on the health of Canadians. Ottawa: Government of Canada.)

Dying is a part of life and a ‘good death’ is a measure of the health of individuals, families and communities. Recognizing this, and the efficiencies resulting from a coordinated approach to care at the end of life, Northern Health (NH) has developed a regional HPC Program; outlined in the NH HPC Program Manual.

Hospice Palliative Care Definitions

According to the Canadian Hospice Palliative Care Association (CHPCA), hospice palliative care recognizes the *“convergence of hospice and palliative care into one movement, and their common norms of practice”*.¹ The Northern Health (NH) HPC Program accepts and adopts the use of this term.

The overall aim of HPC is *“to relieve suffering and improve quality of life throughout the illness and bereavement experience, so that patients and families can realize their full potential to live even when they are dying”*.²

Hospice palliative care is *“appropriate for any patient and/or family living with, or at risk of developing, a life-threatening illness due to any diagnosis, with any prognosis, regardless of age, and at any time they have unmet expectations and/or needs, and are prepared to accept care”*.³

The NH HPC Program defines hospice palliative care as a combination of active and compassionate therapies that are intended to comfort and support individuals and their friends and families who are living with or dying from, a progressive life threatening illness, or who are bereaved in any care

¹ CHPCA, *A model to guide hospice palliative care: Based on national principles and norms of practice*. (Ottawa: CHPCA, 2002).

² CHPCA, *A model to guide hospice palliative care: Based on national principles and norms of practice*. (Ottawa: CHPCA, 2002), p.17.

³ CHPCA, *A model to guide hospice palliative care: Based on national principles and norms of practice*. (Ottawa: CHPCA, 2002).

setting.⁴

Northern Health Hospice Palliative Care Program

Purpose of the Northern Health Hospice Palliative Care Program

The NH Hospice Palliative Care Program is the framework for all services in Northern Health offering palliative care to ensure standardized “best practice guidelines” for palliative care are followed when providing palliative care in any setting (e.g. acute care, community, residential). It is to ensure that dying patients are provided the same care regardless of where they chose to die.

Goals of the Northern Health Hospice Palliative Care Program

The NH HPC Program provides the framework to:

- Improve **access** to hospice palliative care,
- Standardize the **quality** of hospice palliative care, and
- Promote the **integration** and **coordination** of care throughout NH.

Values of the Northern Health Hospice Palliative Care Program

The NH HPC Program reflects the values of the [Canadian Hospice Palliative Care Association](#).

Northern Health Hospice Palliative Care Program Framework

The Northern Health Hospice Palliative Care Program framework supports both the patient and family as the unit and centre of care. Care continues after the death of the patient with bereavement/support services for family and caregivers.

In Northern Health the delivery of hospice palliative care is provided by a local team of primary care providers led by the family physician. These professionals identify the issues, manage the disease, and provide fundamental hospice palliative care in the patient’s own community. A primary care provider is anyone who provides care; this includes a variety of professionals from many disciplines, support workers, volunteers, family members or friends.

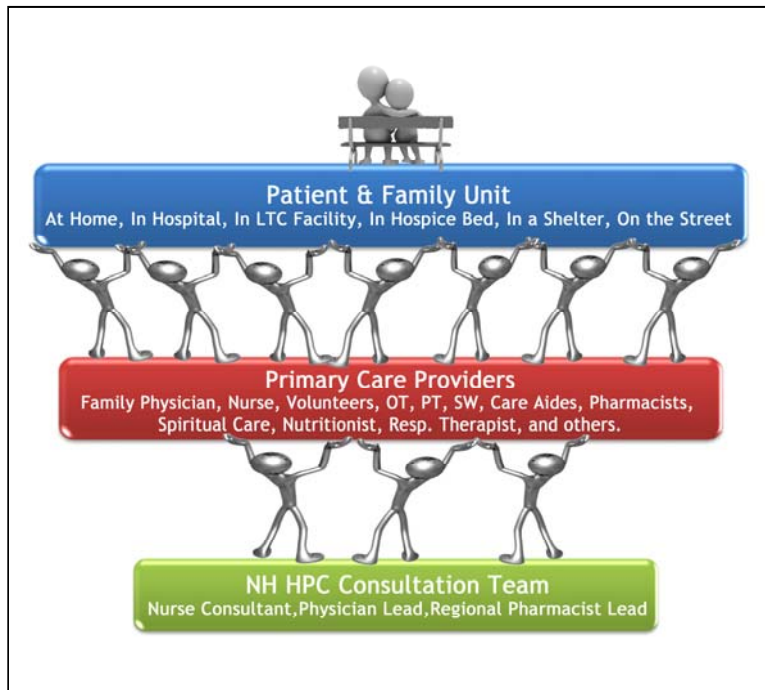
To support this local team, Northern Health has adopted a consultative model of care. In this secondary level of care interdisciplinary teams of hospice palliative care experts support and mentor primary care providers in every care setting where patients/families receive care.

Within each Health Service Delivery Area (HSDA) the Hospice Palliative Care Consultation Team includes a Physician Leader and a Nurse Consultant. A Hospice Palliative Care Pharmacy Lead provides consultative services to all HSDAs.

All members of the Consultation Team work together to provide leadership and contribute to all aspects of program development, including the development of clinical hospice palliative care resources for care.

⁴ CHPCA, *A model to guide hospice palliative care: Based on national principles and norms of practice*. (Ottawa: CHPCA, 2002), p.17.

Figure 1 illustrates the Northern Health Hospice Palliative Care Program Framework of Care.



Principles of the Northern Health Hospice Palliative Care Program Framework of Care

- Unit of Care - Patient and Families



The Northern Health Hospice Palliative Care Program recognizes the unit of care to be both the patient and family as defined below:

Patient: “The person living with an acute, chronic, or advanced illness. The term patient, as opposed to client, is used in recognition of the individual’s potential vulnerability at any time during the illness. The word patient derives from the Latin *patiens*, to suffer, to undergo, to bear.⁵

Family: Those closest to the patient in knowledge, care and affection. These may include the biological family, the family of acquisition (related by marriage/contract) or the family of choice and friends (including pets). The patient identifies who will be involved in his/her care and /or be present at the bedside.⁶

Patients and families have the responsibility to:

- When ready, engage in pre-planning for end of life care and issues e.g. choose a preferred place of care and death, consider an advanced directive, attend to legal / will issues, make funeral arrangements and inform their healthcare team of decisions;

⁵ CHPCA, *A model to guide hospice palliative care: Based on national principles and norms of practice*. (Ottawa: CHPCA, 2002).

⁶ CHPCA, *A model to guide hospice palliative care: Based on national principles and norms of practice*. (Ottawa: CHPCA, 2002).

- Ask questions (if they wish to know) until they clearly understand their health condition, treatments or method of care;
- Tell the health care team when they are experiencing pain, other symptoms or have concerns / questions.

▪ Primary Care Providers: Family Physicians



Family Physicians are Primary Care Providers, but have a unique role on the team.

In addition to the primary care provider responsibilities listed below, the family physician will:

- Initiate and take the lead with decision making and advanced care planning. Discuss resuscitation issues and choices with the patient and family, sign the No CPR form and obtain signatures from the patient or Designated Decision Maker as appropriate;
 - Confirm, by signing the Hospice Palliative Care registration form, that the patient meets the HPC Program criteria. ([See program criteria, page 7](#))
 - Register the patient with Palliative Care Drug Benefits program as appropriate;
 - Request provision of home care services as early as possible in the palliative process;
 - Maintain the responsibility for the day-to-day medical management of the palliative patient in all care settings, which may include home visits;
 - Ensure care plans are in place for predictable challenges at end of life including appropriate medications and supplies in discussion with the Home Care Nurse;
- For an expected death at home ([Planned Home Death Resources](#))
- Discuss arrangements for actions at the time of death with patient, family and Home Care Nursing;
 - Complete Expected Death at Home form as per Joint Protocol for Expected/Planned Home Death Policy.

▪ Primary Care Providers



Primary Care Providers will:

- Provide early identification of patients who meet palliative care status;
- Assist with the transition to palliative care and initiate the registration process;
- Provide ongoing assessment of hospice palliative care patients and their families using standardized and validated assessment tools ([See Standardized Assessment Tool Policy DST](#));
- Provide timely pain and symptom management based on approved [clinical guidelines](#);
- Collaborate and communicate with other primary care providers to ensure the needs and expectations of the patient and family have been addressed;
- Participate in local Hospice Palliative Care Interdisciplinary Team and work collaboratively with the interdisciplinary primary care providers;
- Develop, plan, and evaluate individual care plans while acknowledging the diversity of individuals and of services available in communities within each Health Service Delivery Area;
- Request consultation with members of the Hospice Palliative Care Consultation Team as needed ([See Consultation Request Procedure DST](#));

- Assure continuity of care across the continuum and within each health care setting using detailed discharge planning and information sharing;
- Provide teaching and support to assist the patient and family in making informed decisions about care options that are based on ethical principles;
- Educate family members/informal caregivers about how to provide care and comfort measures for the patient and for themselves;
- Provide or refer to bereavement support services.

▪ Consultants



Consultants will:

- Be an advocate for the NH HPC Program;
- Provide education, support and mentorship to build capacity among primary health care providers, the HPC Consultation Team, colleagues, residents and students;
- Provide consultation and clinical expertise for primary care providers in all care settings;
- Participate in program development at the regional and local level;
- Help to establish and promote an interdisciplinary approach to care by participating in and/or promoting the activities of the local HPC Clinical Rounds and the HSDA HPC Advisory Committee;
- Be responsible for statistical data as required and for the maintenance of the HPC Registry in each HSDA and the collection of data ([See Registration Policy DST](#); [Statistic Procedure DST](#));
- Identify situations in which clinical care does not meet acceptable standards, despite consultative support offered or provided, and reports through the appropriate channel;
- Collaborate with non-NH caregivers (e.g. volunteers);
- Participate in research and evaluation activities.

NH HPC Program Framework - Organization and Functions

The development of the Hospice Palliative Care Program manual (Northern Health's framework for Palliative Care) was tasked to Home and Community Care but serves as a framework to all care settings providing palliative care.

Providing Hospice Palliative Care services is the responsibility of all managers in all care settings providing end of life care. The Program outlines a consistent and standardized approach that all care settings and clinicians within these care settings will take to provide best practice palliative care.

HOW IS IT ORGANIZED?

Leadership and Governance

Leadership and governance of the NH HPC program is the responsibility of the Chief Operating officers in each HSDA to ensure operational success.

Operationally in each HSDA

Each operational manager who has the responsibility of a care settings (acute care hospitals, residential care, hospices or designated hospice beds, home and community care - home care nursing,

community rehab or social work) that provides end of life care is responsible to ensure the HPC program, policies, best practice resources are followed, gaps in service identified and resolved in an integrative approach across all sectors. These operational managers report to their respective managers.

Strategic Direction

Strategic direction is provided regionally by the NH executive ensuring that the NH HPC Program aligns with the vision and mission of Northern Health.

The responsibility of the strategic alignment and interpretation of the strategic alignment is the responsibility of the Executive Director, Elder Program and the Lead, Clinical Program Standards.

Planning will integrate information received through data collection and quality management to develop regional strategies and supporting policies to ensure competent and timely healthcare team involvement with the patient / family through to death and pronouncement.

HOW DOES IT WORK?

Registration Based

To access identified hospice palliative care services a patient must be registered with the NH HPC program ([Registration Policy DST](#)). Registration may be initiated by any healthcare provider but requires written confirmation by a physician.

The purpose of registration is to:

- Support earlier identification of palliative patients resulting in more appropriately coordinated care and timely access to services and symptom management.
- Provide quantitative data in order to direct future program development.

Criteria for Registration with the NH Hospice Palliative Care Program

- The patient is living with a life limiting or progressive illness
- Curative treatment is not the *primary* focus of care, rather the focus of care is on comfort and symptom management
- The patient, or their representative / health care decision maker, has agreed to accept palliative care services
- The patient has a life expectancy of less than 6 months
- A physician has confirmed the patient's status to be palliative

Hospice Palliative Care Registry

A registry of all patients identified as having met the criteria for palliative status will be maintained.

The NH Hospice Palliative Care Registry is maintained to:

- Provide a central database of all patients designated as palliative in Northern Health.
- Confirm patient eligibility for select supplies, services and equipment at no daily charge.
- Provide quantitative data in order to monitor current program activity and direct future program development.

A member of the HPC Consultation Team will be responsible for entering and updating client information from the NH HPC Program Registration Form. ([Registration Procedure DST](#))

Data will be collected at the local, HSDA and regional level in order to monitor, evaluate and improve hospice palliative care clinical outcomes and services. The data will be collected primarily from the HPC Registry of patients.

Health Service Delivery Area Hospice Palliative Care Advisory Committees

- Monitor outcomes and deliverables for hospice palliative care specific to the Health Service Delivery Area.
- Provide a venue to identify gaps in hospice palliative care service delivery and identify and implement solutions.
- Promote collaboration, communication and integration among providers of hospice palliative care services in the Health Service Delivery Area.
- To identify educational needs and planning of education delivery.
- Work collaboratively with the HPC Consultation Team in the development of best practice resources and education related to hospice palliative care.
- Provide a venue for care providers to raise issues and concerns regarding hospice palliative care
- Chaired by the Health Services Administrator.
- Membership consists of Northern Health staff and external partners and stakeholders in hospice palliative care.

Northern Health Services Providing Palliative Care

The following are services that palliative patients can receive.

HOME-BASED CARE

Hospice palliative care patients who choose to receive care at home can receive home-based care as follows:

- **Professional Services**

Home and Community Care provides professional services that support people and their families who are nearing the end of their life at home or in residential facilities. Services may include: registered nurse, rehabilitation, dieticians, and social worker. Details on the various Home and Community Care services can be found at: [iPortal > Clinical Resources > Home and Community Care](#)

- **Home Support Service**

Community Health Workers provide assistance with personal care and activities of daily living and respite care. This service is provided in accordance with NH guidelines that determine the provision of all home support. The hours and services provided are determined, monitored and reviewed by NH Home Care service providers. If a client is currently referred to home nursing care, or Community Rehabilitation Services and registered with the NH HPC Program, there is no per diem charge for NH Home Support service.

(HCC Palliative Home Support Guideline DSTs - TO BE DEVELOPED)

- **Supplies & Equipment Resource**

For patients registered with the NH HPC Program, selected medical supplies necessary to facilitate home care e.g. wound dressing supplies, incontinence supplies, injection/infusion equipment and supplies are provided free of charge following assessment by a Home Care Nurse who will determine what is necessary.

Loans of equipment to facilitate care at home e.g. hospital bed, pressure relieving/reducing mattresses and cushions, commodes, wheelchairs, mobility and safety aids etc. are provided free of charge following assessment by NH Home Care service providers. In some communities this equipment is provided in partnership with other organizations (e.g. Red Cross, Hospice Societies).

(NH HCC Policy for the Provision of Supplies and Equipment DST- TO BE DEVELOPED)

- **BC Palliative Care Drug Program Resource**

The BC Palliative Care Drug Program (sometimes referred to as “Plan P”) is provided by the BC Ministry of Health.

The BC Palliative Care Drug Program provides coverage (free of charge to the patient) for prescribed medications and selected non-prescription medications that support symptom control and quality of life. These medications are listed in the ‘Palliative Care Drug Formulary’. Any patient, living at home or in designated hospice beds is eligible for the BC Palliative Care Drug Program. Excluded are those living in a Long Term Care residence covered under PharmaCare Plan B, members of the Canadian Forces or RCMP. The BC Palliative Care Drug Program Application form is completed by the physician, faxed to PharmaCare, and a copy sent to the relevant local Home Care Nursing office.

Registration with the NH HPC Program is not required, but is recommended.

Further information, the drug formulary and application forms are available at the PharmaCare home page: <http://www.healthservices.gov.bc.ca/pharme/index.html> (from the **Contents** menu, select **Site Map** then click on **Downloads Available**).

- **Home Oxygen Service**

NH provides Home Oxygen free of charge to patients who have a palliative diagnosis and who meet the criteria for the Home Oxygen Program. If the patient has any provision through other funding sources (e.g. extended benefit plans, veterans benefits, WCB, etc.), these sources are billed first. The physician completing the NH Home Oxygen Program application form should state on the form that the patient is palliative. Arterial blood gases are not required but pulse oximetry reading is to be submitted with the application. Registration with the NH HPC Program is not required, but is recommended.

Symptom Management Kit (SMK) Resource ([SMK DST Policy](#); [SMK DST Procedure](#))

In partnership with community pharmacies, Northern Health provides a readily accessible kit of medications and supplies required to manage symptoms in adults who are cared for in their own private residence. Local variations may occur in process to obtain a kit relative to the uniqueness of the Northern Health population base. The medications are for use on a short-term basis, until arrangements can be made for the patient’s own supply of the medication.

The patient must be:

- Registered with the NH Hospice Palliative Care Program and
- Registered with the BC Palliative Benefit Program
- Referred to Home Care Nursing.

- **Planned Home Death Resources**
 - **No CPR**

Patients who know they have a terminal illness or are considered at the end of their natural lives can request beforehand that no active resuscitation be started on their behalf if they are dying. [“No CPR” form](#)
 - **Joint Protocol for Expected/Planned Home Deaths in British Columbia Service**

The Joint Protocol for Expected/Planned Home Deaths in British Columbia (2006) clarifies the process and procedures involved in managing anticipated natural home deaths in the context of a terminal illness and outlines the roles and responsibilities of health professionals and agencies involved in a home death. **(HCC Joint Protocol Policy - TO BE DEVELOPED)**

ACUTE/HOSPITAL-BASED SERVICES

Hospice Palliative Care services are provided in an acute care setting if the patient desires, if care is unable to be provided in the community or if the patient’s needs are frequent and require specialized care.

RESIDENTIAL CARE SERVICES

All patients admitted to permanent residential care beds have complex care needs and are acknowledged as being at the end of life. Therefore, registration with the HPC Registry is not necessary on admission. However, early identification as the patient becomes palliative is recommended to facilitate quality end-of-life care; provide timely access to resources and to an interdisciplinary HPC Consultation Team with specialized skills, who are available to support the individual, family and staff, allowing the patient to remain in the long-term care facility until death.

DESIGNATED HOSPICE PALLIATIVE CARE BEDS RESOURCE

Designated Hospice Palliative Care Beds are located in a number of residential care facilities throughout Northern Health as a means to improve the quality, access and integration of hospice palliative care for patients who have a palliative designation. Care will be provided within the framework of the NH Hospice Palliative Care Program.

See HCC E010 - Access to Designated HPC Beds for Inclusion/Exclusion Criteria. [<View Policy>](#)

ROTARY HOSPICE HOUSE SERVICE

In partnership with Northern Health, the Prince George Hospice Palliative Care Society operates Rotary Hospice House, a ten-bed facility in Prince George designed to provide care to anyone who is suffering with either an advanced chronic illness, or a life threatening illness. Further information can be found at: <http://www.hospiceprincegeorge.ca>

ADDITIONAL SERVICES/RESOURCES AVAILABLE IN ALL CARE SETTINGS

Consultation and Education Resource



The HPC Consultation Team functions in an advisory capacity to support and mentor primary care providers in every care setting where patients or families

receive palliative care.

Consultants are available for:

- Education sessions to build the capacity among primary care providers in all care settings.
- Consults on clinically complex palliative care patients.
- Counsel on physical, psychological, social, spiritual end of life care, death management, loss and grief services and resources.
- The development of best practice hospice palliative care resources.

Criteria for Consultation:

- The patient must be registered with the NH HPC Registry (unless patient is in a permanent Residential Care Bed in long-term care);
- The family physician is aware of the consultation request;
- The individual has complex symptom management and/or psychosocial issues;
- The individual or designated decision maker has agreed to the referral;

[\(Consultation Request DST Procedure\)](#)

Clinical Rounds Resource

Clinical rounds support quality hospice palliative care because the issues faced by patients at the end of life are complex and multi-dimensional requiring team work from individuals with diverse skills and knowledge who share the goal of improving the quality of life for the patient.

Interdisciplinary clinical rounds are established to:

- Review palliative cases in order to support palliative best practice.
- Promote palliative care knowledge exchange amongst members of the interdisciplinary team.
- Identify and refer any issues or concerns regarding policies, procedures and resources to the HSDA Advisory Committee.

24/7 Response Service

The goal of the NH Hospice Palliative Care Program is to provide a 24/7 response service for patients, families and primary care providers. Outside of regular office hours primary care providers may contact an expert palliative care physician for advice on symptom management by calling 1 877-711-5757.

In the future, a provincial 24/7 support for patients and families using tele-health technology will be developed.

Pain and Symptom Management Resources

The management of pain and other distressing symptoms are a primary concern in end of life care. Validated clinical assessment tools and best practice guidelines are available to guide practitioners in providing care.

Assessment Tools

A systematic, multidimensional assessment which includes the physical, emotional, social and spiritual aspects of the individual and family will be completed by health care providers using appropriate and validated assessment tools. [\(Assessment Tool Policy DST\)](#)

1. The goals of assessment in hospice palliative care are to:
 - Obtain a complete picture of history, current symptoms, treatments and impact illness has on the quality of life.
 - Establish goals of care.
 - Identify symptoms experienced by the individual.
 - Include the patient's perspective as to the severity of the symptoms, which in turn will direct the management of the symptoms.
 - Provide on-going assessment to determine the effectiveness of intervention/treatments.
 - Enhance the communication about the needs of the individual/family between various health care providers.
2. The choice of the most appropriate tool requires an awareness of the assessment goals and the verbal competency of the individual/family.
3. Good assessment technique requires an appropriate environment, sufficient time, attentive listening skills and appropriate training in the use of approved assessment tools.
4. A wide variety of appropriate and validated assessment tools have been developed and may be used. The following are the tools selected and provided by the NH HPC Program:
 - [Palliative Performance Scale \(PPS\)](#)
 - [Symptom Assessment](#)
 - [Pain Assessment](#)
 - [Abbey Pain Assessment for Severe Dementia](#)
 - [Pain Assessment in Advanced Dementia \(PAINAD\) Scale](#)
 - [Mini Mental State Examination \(MMSE\) \(FOLSTEIN\)](#)
 - [CAGE Questionnaire](#)
 - [Edmonton Symptom Assessment Scale \(ESAS\)](#)
 - [Mini Edmonton Symptom Assessment Scale \(Mini-ESAS\)](#)
 - [Braden-Pressure Ulcer Risk Assessment Tool](#)
 - [Pain Intervention Monitoring](#)

- **Clinical Best Practice Guidelines**

This clinical teaching tool provides recommendations based on scientific evidence and expert clinical opinion. They provide practical and easy-to-follow advice to health care providers for effective patient care.

The guidelines are not an all inclusive list of symptom guidelines. Rather, they are intended to be a convenient resource for some of the more common symptoms experienced by adult patients (≥ 19 years of age) and their families who are living with advanced life threatening illness. As they are symptom guidelines only, they do not replace individual patient and family assessment and/or clinical judgment within the scope of the professional. Access to the clinical teaching tool: [Hospice Palliative Care Program Symptom Guide \(2nd Edition\)](#).

- **Psychosocial Best Practice Guidelines**

This clinical teaching tool provides recommendations for assessing and addressing psychosocial issues of adult patients (age 19 years and older) who are facing a progressive life limiting illness. It is designed to provide some general considerations and information about psychosocial care, support and interventions to assist all health care providers within their scope of practice and to enhance their engagement with patients and families. Access to the clinical teaching tool: [Hospice Palliative Care Psychosocial Care Guide](#).

- **Ethical Guidelines for Clinical Decision Making in Hospice Palliative Care**

Health ethics is about making decisions – both by people who receive health care and for people who provide health care - that respect everyone's beliefs, values and knowledge. These decisions, which occasionally may be difficult and complex, need to be made within the ethical parameters of beneficence, non-maleficence, justice and respect for the patient's autonomy and wishes. Assistance with making ethical decisions can be provided by the [Northern Health Ethics Committee](#).

- **Adult Palliative Care Pre-printed Orders**

To provide consistent legible orders for adult palliative patients that will allow for timely effective symptom management until such a time that the physician can be contacted and regular orders obtained. Further information can be found at: [Adult Palliative Care Pre-Printed Medication Orders](#) and [Adult Palliative Care Crisis Event Pre-Printed Medication Orders](#)

- **Clinical Decision Support Tools**

All clinicians are responsible to utilize the appropriate and relevant Clinical Decision Support Tools. The Clinical Decision Support Tools related to Hospice Palliative Care can be found on the Northern Health iPortal website: [iPortal > Clinical Resources > Palliative Care > HPC Decision Support Tools](#)

Advance Care Planning

Advance care planning gives Northerners the opportunity to make choices about their future personal care, including end-of-life care. It helps capable adults to prepare if the time comes when they are unable to make decisions on their own behalf. Through advance care planning, family members and health care providers are helped to understand and respect the person's choices.

Provincial advance care planning legislation is currently pending. When the legislation is proclaimed Northern Health will implement recommendations. Further information can be obtained from the [Public Guardian and Trustee of British Columbia](#) and [Nidus](#).

Caregivers' Support



Informal caregivers are fundamental in providing palliative care and assisting patients in remaining in their home longer. The increasing emphasis on providing care in the home means family caregivers shoulder the greater burden of care. Recognizing the increased family caregivers' responsibilities, primary care providers facilitate support to caregivers by:

- Providing information and resources related caregiver support groups.
- Assisting with applications for financial support to those who have taken a leave of absence from paid work to care for a terminally ill family member.
- Provide respite through Home Support Services.
- Further information can be found at: [iPortal > Clinical Resources > Palliative Care > Resources](#)

Volunteers

- Volunteers in hospice palliative care provide an integral role and are fundamental to the hospice palliative care philosophy. The most common volunteer role is working with the patient and family through companionship, listening and by sitting at the patient's beside during the dying process. Specialized volunteers may provide bereavement support to family and friends. Further information can be found at: [iPortal > Clinical Resources > Palliative Care > Volunteers](#)

Bereavement

Bereavement and grieving are normal processes following loss. Support and counselling does not always need to be provided by professionals. In most communities, the counselling is carried out by volunteers and in informal groups with support from professionals.

Grief counselling, professional support groups or educational classes, and peer-led support groups are primary resources available to the bereaved. Further information on the BC Bereavement Helpline can be found at: <http://www.bcbereavementhelpline.com/>

Education

All care providers have a responsibility to maintain their palliative expertise through ongoing education and learning.

Wellness

Providing hospice palliative care exposes the primary care provider to suffering, death and the ongoing demand for compassion and care. The impact of this work is often profound, and the stress associated with providing this type of care, if not alleviated, can eventually lead to what is commonly referred to as “burnout” or “compassion fatigue”

Support for and access to individual counseling sessions provided by professional counselors. Northern Health provides these services through the Employee and Family Assistance Program (EFAP) 1-800-663-9099.