



ANNUAL REPORT 2008-2009
November 18, 2009

MESSAGE FROM THE CHAIR

This past year has been bitter sweet – the network is growing in strength and making significant gains locally, regionally and provincially. Individual membership has expanded by over 10% and to date we already have 32 registered Organizational Partners within the first 9 months of establishing this new membership category. This is truly an outstanding demonstration of the commitment across our LHIN area to Hospice Palliative Care. It is certainly in the public priority and support and momentum for change is growing constantly.

The Network itself has made tremendous progress this year as outlined by the successes listed in this Annual Report. We would like to thank all of the volunteers that dedicate hundreds of hours to project and committee work. In particular we would like to highlight the tremendous contributions of the members of the Advisory Committee, who truly serve as HPC champions and expert leaders within our LHIN area. Without everyone's help this progress would not be possible.

We would also like to extend my heartfelt appreciation to the Network Staff who are very committed individuals often going above and beyond the call of duty. This tremendous team of workers all deserve recognition and credit for helping to achieve the success of the Network.

In spite of these very positive directions, we were also very saddened this past year due to the early retirement of one of our most respected staff members, Chris Sherwood. For health reasons Chris was forced to cut his wonderful career in hospice palliative care much shorter than anyone wanted. We will miss Chris. We wish him well and promise to work diligently in HPC to continue the great legacy that he has begun.

Beth Ellis

MESSAGE FROM THE DIRECTOR

As I reflected on 2008 - 2009 I saw a year that was filled with positive direction at a community, LHIN and provincial level. These achievements were not heavily based on new funding announcements, but rather our ability to develop relationships, build new innovative partnerships, enhance awareness of Hospice Palliative Care, nurture community development and foster trust in working together towards a common vision.

This work is significant for Networks since the value of capacity building through ongoing coordination, communication, and collaboration is often under-assessed and under-valued but extremely powerful in the context of acting as a successful systems change agent.

In fact, Kreuter (2000) argues that it is intangible planning processes and products that should be viewed as outcomes in and of themselves. In fact, in the language of evaluators, measures of process are more appropriate to community-based system change projects than are measures of outcome.

Creating the infrastructure that will be sustained over time to enable the community to tackle complex problems together is one of the ways that I measure success. Therefore, among the impressive list of achievements this year, I also believe that the greatest value of our work has been our ability to champion a HPC strategy from a systems perspective. It is an effective way of engaging members, facilitating dialogue, mobilizing problem-solving resources and creating a system of shared values, identity and goals for HPC.

Julie Darney

ADMINISTRATION REPORT

Organizational Membership

The Network is pleased to announce that it introduced an Organizational Membership in February 2009 to formalize a partnership with key organizations across the HNHB LHIN area who are committed to enhancing HPC. This Voluntary Partnership Participation Agreement outlines the responsibilities of both the Network and our partners in jointly working together to improve HPC within our LHIN area. To date we have 32 signed organizational partners (*See Appendix A*). If your organization is committed to the HPC philosophy and would be interested in signing up as an organizational or individual partner member of the Network please go to our website (www.hnhbhpc.net) for further information at [Our Organizational Partners](#) page.

Governance Review

The HNHB Hospice Palliative Care Network is maturing and evolving in its 3rd year as a LHIN wide Network. As such the Advisory Committee (*See Appendix B*) recommended the review of the Network's Governance structure to ensure that we are operating within the most effective and efficient model as possible. This review will also include succession planning and a call for nominations for open positions on Network Committees. This review is currently underway therefore to provide comments to this process please go to our [Contact Us](#) page on our website. Recommendations will be presented to the membership by the end of this fiscal year.

Chris Sherwood Retirement

The Network is sorry to announce the departure of Chris Sherwood, Palliative Care Consultant for Haldimand Norfolk Brant since 2003. Chris has now entered retirement and will be missed by many colleagues and friends.

Chris Sherwood completed his training as a Registered Nurse in 1993. Shortly thereafter he started as a staff nurse on the Palliative Care Unit at St. Paul's Hospital, a tertiary level centre in downtown Vancouver, where he worked for six years. In 1995, Chris was included in the first clinical interdisciplinary team at Canuck Place, North America's first free-standing pediatric hospice where he worked as a Staff Nurse and as a Co-Leader of the Children's Bereavement Program. In 2001 Chris moved to Ontario with his wife and two children, and started as the Palliative Care Consultant for Brant, Haldimand and Norfolk Counties. He has continued in this position since that time and works closely with the Hamilton Niagara Haldimand Brant (HNHB) Hospice

Palliative Care (HPC) Network, specifically focusing on hospice palliative care capacity building. Chris has been an active member of the Ontario Palliative Care Association (OPCA), having served as a member of the Board of Directors since 2002. He is currently OPCA Past President and chairs the Provincial DNR and Certification of Expected Death Task Forces.

He is or has been quite active on the Boards of other local, provincial and national hospice palliative care organizations. Chris believes passionately in the hospice palliative care movement and that this care as described in the Canadian Hospice Palliative Care Association document *A Model to Guide Hospice Palliative Care* defines what quintessential health care ought to be for people living with illness and their families. He works actively in an attempt to affect positive change within Ontario's health care system such that people who need to access its services can receive this type of care and that their illness experience is improved as a result. Ultimately, Chris hopes that this approach will make a positive impact in the lives of real people... one starfish at a time

A retirement party was celebrated on October 27, 2009 where individuals across the HNHB LHIN, Ontario and Canada expressed their appreciation of Chris's accomplishments and wished him well for his future. To send a personal note to Chris please forward to kim.glenn@hnhb.ccac-ont.ca

System Design – Phase II

Indeed the Hamilton Niagara Haldimand Brant (HNHB) Local Health Integration Network (LHIN) recognized quality care at end of life as a key service priority to improve upon with good reason (HNHB LHIN, August 2006): HNHB has the largest cohort of seniors among all Ontario LHINs and persons aged 65 and older will comprise approximately 18% of the population by 2016 (HNHB LHIN, August 2006).

Although HNHB has undertaken initiatives to enhance knowledge and education in hospice palliative care and to standardize the assessment and treatment of symptoms (HNHB LHIN, August 2006), unfortunately care is still not fully standardized or integrated. Care delivery and priorities are still disease-specific and focused mainly on specific settings of care. As a result patients who have multiple chronic diseases and doctors across multiple settings experience uncoordinated care.

A system-design that will meet the needs of the very sick must be integrated, evidence-based, reliable, sustainable, cost-effective, and equitable. It will require

access, across any setting, to consultation teams to ensure the right mix of workers and expertise. But what will that system look like?

While working with Dr. Hsien Seow, the HNHB HPC Network recently completed the first HNHB HPC System Design report. This report aims to describe that vision for hospice palliative care, including the current barriers and recommendations to achieve that vision. This report was presented to the Network last September by Dr. Seow and the Advisory Committee is currently devising strategic directions and action plans from the report, which will then go out to all Network members for public review and consultation. Please go to our website for further information at www.hnhbhpc.net.

SERVICE DELIVERY

Shared Care Teams

Most Canadians with advanced progressive illness prefer to receive end-of-life care at home. Most also prefer to die there if adequate supports are available to minimize suffering and burden on family caregivers. Patients often suffer with transitions, and long for continuity of care (Heyland et al).

Primary caregivers are seldom able to address the multiple domains of care that occur at end of life. Primary caregivers repeatedly express the desire to be able to provide such care if given adequate support. In fact, inter-professional, collaborative practice is now known to be the key to sustainability, efficiency and effectiveness of our healthcare system. ***HPC must be included in Primary Health Care Reform.***

Through the work of the Service Delivery Standing Committee (*See Appendix C*) along with evidence substantiated in the recent System Design report, and for the reasons stated above, the HNHB HPC Network has endorsed the creation of 9 Shared Care Teams across this LHIN area.

What do we mean by ***Shared Care?***

- Primary care providers in a team partnership of care with *expert clinicians* who ***together share the care*** of the patient in an *integrated and seamless way*.
- Primary care ***gatekeepers***
- Primary care ***capacity is enhanced*** and the pattern of practice is ***sustainable*** for the primary care providers (provider satisfaction)
- Expert clinicians are ***collaborative consultants***
- Care is ***negotiated*** patient by patient
- To the patient, care is ***seamless*** (patient satisfaction)

Components of Shared care models:

- Provides a primary care, secondary care interface
- Defined population (specific geographic area)
- Patient identification
- Standardized assessment and process of care (mutually agreed upon)
- Education from specialist to primary care
- 24/7 access to specialist support
- Primary care does the “ABCs”...
- Specialists assess, reassess and do the “DEFGs...”
- Crosses care settings
- System navigation



The Network has been working with a consortium of partners including the HNHB CCAC, the Division of Palliative Care, Department of Family Medicine, McMaster University, the HOPE physician group and many others for the

last 2 years to advance this initiative throughout our communities. The consortium continues to work in collaboration today in an effort to find innovative ways to ensure this level of quality hospice palliative care is equitably available for all residents across the HNHB LHIN area.

HPC Community Development Approach

The HNHB HPC Network needs your involvement to grow HPC in each of our local communities. To do this we are taking a new community development approach. We have recently adopted a new model that has proven to be best practice.

In a very well attended HNHB-wide workshop last June, Dr. Mary Lou Kelly of Lakehead University presented her Community Capacity Building Model as an opportunity to build and enhance HPC in communities. Dr. Kelly describes the overarching keys to success for developing community based palliative care as working together, and staying community-focused. Capacity development offers a different approach which is incremental in phases, but nonlinear and dynamic. This type of change process takes time, development is essentially about developing people; it builds on existing resources; it cannot be imposed from outside; and it is recognized as ongoing.

She states it is essential to develop members' expertise by:

- Sharing knowledge and skills;
- Creating linkages within and outside the community;

- Learning by doing and taking risks;
- Developing members' self-confidence;
- Changing clinical practices
- Educating and supporting community providers
- Building community relationships to improve service delivery

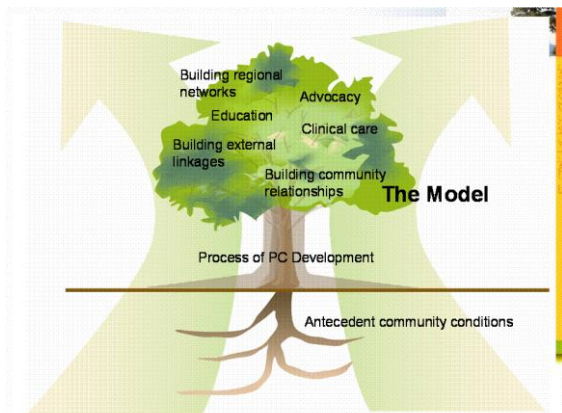


Figure 1: Developing Rural Palliative Care: A Conceptual Model, Mary Lou Kelly, MSW, PhD

Building HNHB Community Capacity

In our commitment to the new community development approach, the Network is creating local community planning committees that are responsible for inventorying local HPC resources, assessing community needs, identifying community readiness and developing specific next steps to build HPC community capacity in their local area. Best practice tools are helping to guide this process, in addition to guidance and direction for this process being provided by the HNHB HPC System Design where a road map offers best practice approaches to ensure quality, continuity and consistency of care across the HNHB.

To date, 4 town hall meetings across the HNHB have been held to introduce this concept and approach resulting in the creation of 4 community planning committees in Niagara North, South and East, as well as Hamilton Central. Additional meetings are scheduled to occur in Haldimand Norfolk, and Burlington in the very near future.

The individuals on the planning committees are knowledgeable about their communities, eager to make change happen and seeking very innovative approaches to advancing HPC in their areas, including developing new partnerships in an effort to improve care within existing resources. Creating Shared Care Teams has been recognized as a priority in all areas.

If you are interested in becoming involved in these local efforts please contact the Network at 1-866-790-4642 x 3432.

Residential Hospices

The Residential Hospices Sub-Committee (*See Appendix D*) consisting of the Executive Directors of the five residential hospices within our LHIN area (Carpenter, Dr. Bob Kemp, Hospice Niagara, McNally House and Stedman) have been meeting regularly as a sub-committee of the Network over the course of this past year. They share practices and learnings and examine ways to ensure seamless care. We wish to extend our sincere wishes to Sandy Street who has since left Carpenter Hospice and to thank her for chairing this Committee in the past. We welcome new Committee Chair Margaret Jarrell.

Aboriginal HPC Services

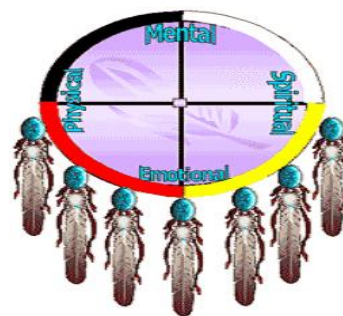
The Aboriginal HPC Services Sub-Committee (*See Appendix E*) is a broad committee consisting of both on-reserve and off-reserve HPC service providers. Under the chairmanship of Lori Monture from Six Nations of the Grand River, the committee has been very busy; involved in several research and educational initiatives.

The Committee is supporting Valerie O'Brien, MSc student, Health Research Methodology Program, McMaster University, under the supervision of Dr. Kevin Brazil, to undertake a study entitled "Person-Centred Palliative Care: A First Nations Perspective". The Research objectives include:

1. To assess what represents person-centred palliative care from the perspective of Six Nations residents, and,
2. To assess whether the current system of care offered on the Six Nations reserve enables that to occur.

Valerie hopes to be concluding her research sometime in the next few months.

Additionally, the Committee is working closely with Centre for Education and Research on Aging and Health (CERAH), Lakehead University to expand a 10-hour palliative care education program for Aboriginal Communities in the HNHB. The curriculum is designed to educate the front-line staff from Aboriginal Communities about the basics of palliative care.



This curriculum uses the holistic teaching concepts of the Medicine Wheel and marries them with the holistic focus of palliative care. The format of the program can accommodate learning within

different organizations or communities, on site. The set-up of the program has been developed in such a way to make the delivery of the program possible by members of the Aboriginal Community.

The Network hopes to offer the first HNHB series of the CERAH Aboriginal Educational Session here in the near future.

EDUCATION

The Education Standing Committee, in collaboration with the PC Consultants (*See Appendix F*) is the group that helps to coordinate a continuum of best practice HPC education throughout our LHIN area. The following is a summary of the current educational initiatives offered and planned for our LHIN area:

Fundamentals

Fundamentals continues to be a very popular interdisciplinary introduction to HPC. Offered 3 times a year at multiple locations across HNHB, the program has successfully had over 1000 participants graduate from the course since its inception. We would like to express our appreciation to the very dedicated group of Facilitators (*See Appendix G*) who work with the Network in helping to provide this course.

The Network is working closely with the South West PC Consultants, who created the Fundamentals course, and Micheline Wylde, French Language Consultant for the HNHB LHIN area, to offer a FLS Fundamentals course in the very near future.

Comprehensive Advanced Palliative Care Education (CAPCE)

The goal of the CAPCE course is to build HPC capacity by developing nurses as palliative care resource professionals within their organizations. Participants are recommended to take part in the course and twenty-two successful candidates were selected from throughout Brant, Haldimand, Norfolk, Hamilton and Niagara to participate in this inaugural session starting in September 2009 and continuing until Spring 2010. Participants are from care settings including; long term care, community, hospital, CCAC and residential hospice. We would like to acknowledge these leading and progressive organizations for recognizing the value and benefit in being the first participants in this program within HNHB (*See Appendix H*). Please go to our website for further information about this course at www.hnhbhpc.net.

Learning Essential Approaches to Palliative and End of Life Care (LEAP)

In partnership with the Division of Palliative Care, Department of Family Medicine McMaster University, the Network has successfully offered 3 LEAP courses over the past year in Hamilton and Haldimand Norfolk areas. This course is designed to provide an opportunity for active team based learning about current best-practice in caring for patients with life-threatening and life-limiting illness, with a special focus on family practice and community settings. The next course will be held in Niagara in March 2010.

De Souza

Working in collaboration with the De Souza Institute and Cindy Shobbrook RN (EC), CON(C), CHPCN(C), Advanced Practice Education Consultant, the Network was able to coordinate two 1 day workshops in Niagara and Brantford and a 2 day workshop in Hamilton to enhance nursing pain assessment and management skills. Participants included nurses from long term care, community, hospital, and residential hospice.

RESEARCH

The HNHB HPC Network is currently collaborating and/or involved in several research projects involving HPC. We are pleased to announce that several studies have been successfully approved for funding this year including:

Community-University Research Alliance (CURA)

The Network is pleased to partner with the Centre for Education and Research on Aging and Health (CERAH), Lakehead University, on the CURA research project “Improving quality of life for elderly people who are dying in long-term care homes”. This study is lead by Dr. Mary Lou Kelley, Principal Investigator.

The main aim of this 5-year research project is to improve the quality of life of people dying in LTC homes though developing, implementing and evaluating an approach to delivering palliative care using a participatory action research approach. The proposed project will develop palliative care programs in four long term care homes located in two regions of Ontario—two homes located in Thunder Bay and two homes in the Hamilton region. A major focus will be educating and empowering personal support workers to work to the maximum extent of scope of their practice. The research process will be guided by the Canadian Hospice Palliative Care Norms of Practice, and a community development model created by the

applicant in previous research. For purposes of this research, the community is the long-term care home.

ACT Research Grant Program

This successful grant is lead by Principal Investigator Dr. Kevin Brazil and Co-principal Investigator Daryl Bainbridge (Doctoral Candidate), McMaster University and is entitled Enhancing Client Centred Care in Community Palliative Care: A Systems Perspective.

The objectives of this research are to:

1. Identify the barriers and facilitators to client centred care and collaboration at the provider (process) and system levels.
2. Assess the client-centredness of community palliative care from the perspective of clients.
3. Develop recommendations to improve client centred communication and collaboration both between clients and providers and among providers.

Partnership in Health Services Improvement Grant (PHSI)

This successful grant is led by Peter Coyte and Denise Guerriere from Health Economics Department at the University of Toronto. There are four main purposes to this study, to:

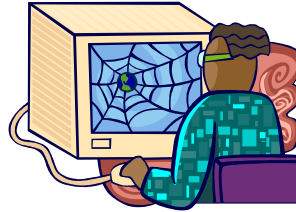
1. Assess the economic, demographic, clinical, and psychosocial factors that predict whether cancer patients who are referred to a home-based palliative care program die at home or in an institution;
2. Assess the economic, demographic, clinical, and psychosocial factors that predict caregivers' burden, across sites of death;
3. Estimate the societal costs, whether publicly or privately financed, associated with the entire episode of palliative care, including resource costs incurred by the patients and their family/friends during hospitalizations and in all health care settings until the time of death; and
4. Identify differences between patients who die in hospitals, other settings, and those who die at home. Specifically, publicly and privately financed and incurred costs, including time costs, and clinical and psychosocial outcomes will be assessed.

The Network is also involved in several other HPC research project grant applications that are pending approval. Details will follow on these other exciting projects in the future.

ADVOCACY & COMMUNICATIONS

Website Updates

The HNHB HPC Network website has been expanding this year to include several new areas of interest with the aim of helping to keep you informed and involved with Network projects, activities and educational events. We invite you to visit us at www.hnhbhpc.net.



We are also always interested in promoting local champions in HPC. If you have a story or article that you would like to share with our membership regarding HPC we would like to hear from you. Please contact julie.darnay@hnhb.ccac-ont.ca

HNHB LHIN AREA NETWORK ACTIVITIES

Hamilton Health Science –Physician Ordered Scope of Treatment for EOLC

The Network was very pleased to have been invited to participate on the Hamilton Health Sciences EOL Care Task Force project on their Quality End of Life Care Protocol or POST initiative (Physician Ordered Scope of Treatment for End of Life Care). This successful initiative has since been approved by the Board of Governors and is being implemented throughout each of the HHS hospital sites.

In an effort to avoid duplication of effort and promote knowledge translation, the Network is now coordinating with Dr. Andrea Frolic of HHS to present this initiative to other hospitals within the HNHB. Working together to enhance and encourage consistent and equitable best practices throughout our LHIN area is always of benefit to clients and their families.

Clinical Services Plan – Oncology HPC

The purpose of the Clinical Services Plan was to develop a future oriented, system-wide, directional plan, to better inform distribution of services to match future needs of the LHIN population. The LHIN convened 18 Planning Advisory Groups (PAGs) to advise the Clinical Services Plan Steering Committee on future models of service delivery. Six of the 18 PAGs are comprised of memberships from existing networks (Oncology, Vascular, Pediatrics, Geriatrics, Chronic Pain, and Emergency).

The Network was pleased to contribute to this plan to ensure the inclusion of HPC issues as a member of the

Oncology PAG. This group was built around the Regional Cancer Program Priorities & Planning Committee membership. The deliverables of the Planning Advisory Groups were:

1. Describe the strengths and challenges within the existing health care system in addressing population health care needs.
2. Identify leading factors that may influence the future demand for health care.
3. Develop a high level, HNHB LHIN-wide, ideal service delivery model for the PAG target population.
4. Identify prerequisites, enablers and challenges to implementation of the ideal service delivery model.

HNHB Ethic Network Steering Committee

The HNHB HPC Network continues to play a role on the HNHB Ethics Network Steering Committee. The purpose of this group is:

- To facilitate examination, discussion and decision-making with respect to the development of an HNHB LHIN Ethics Network Model.
- To connect individuals and organizations with an interest in health ethics with each other and with health ethics resources.
- To gather information on, and address, the ethics needs and interest of various organizations, programs, and ethical frameworks within HNHB LHIN.
- To work towards better coordination of ethics consultation, education and awareness-raising activities for integration strategies across the LHINs.

A LHIN wide workshop on Ethical Leadership and Decision Making was held on Wednesday, October 29, 2009.

PROVINCIAL NETWORK ACTIVITIES



Provincial EOL Care Network (PEOLCN)

Since the Provincial End of Life Care Network (PEOLCN) operates through the involvement of the local Network volunteers. The effective functioning of the Provincial Network depends greatly on the right mixture

of skills, experience, personal qualities and commitment of individuals from across the 14 HPC Networks in the province.

The contribution from the HNHB HPC Network over the last year has been lending the time of Julie Darnay, Director, as the Co-Chair of the Provincial Network. This dedication to the PEOLCN benefits all Networks since it provides a provincial forum to:

- Facilitate the exchange of information
- Identify and recommend areas of common interest for shared project planning and implementation
- Work collaboratively on joint strategic and action planning, including grant applications
- Facilitate system coordination, decrease duplication and increase efficiencies
- Facilitate consensus building and consistency in best practices
- Provide a common voice that will interface with LHINs, government, and other stakeholders on key policy issues wherever possible
- Support the development of common evaluative tools and processes
- Explore avenues to share information with other key provincial organizations.

The following reports highlight some of the activities of the PEOLCN.

Provincial System Design and Inventory

These reports were prepared by Beth Lambie, Director of the End of Life Care Network of Erie St. Clair, for the System Design Working Group of the Provincial End of Life Care Network (PEOLCN) with the assistance of the Seniors Health Research Transfer Network (SHRTN) End of Life Care Community of Practice Knowledge Broker, Elizabeth Lusk.

The value in the development of these reports is that “Each ‘regional system’ of Hospice Palliative Care (HPC) in Ontario is really a ‘system of systems’”. Health care in Ontario is delivered by sectors and by independent service providers, each with its own Board of Directors, individual mandate, operational imperatives and strategic directions. For most HPC providers, Palliative Care is but one of many services they deliver. The system design framework, described here, seeks to describe and categorize ‘key considerations’ related to developing a *Regional System of Hospice Palliative Care* within the context of our ‘system of systems’.” (1 p. 1) A system level framework will enhance our ability to plan and review how we move forward as a system, as a whole, and not just one piece at a time.

To move from our current system of sector-specific service provision to a true regional system of palliative care service provision requires that:

1. A full continuum of care settings and services is in place.
2. In each care setting where patients die, there is a clearly defined Palliative Care Program developed.
3. Sectors and services are linked by common practice, processes, and structures.
4. Adequate numbers of trained professionals are available.
5. System level accountability is clearly defined and communicated.
6. Funding models, guidelines and policy directions support an integrated system. (1) (2 p. 87)

These six “requirements/standards” are the foundational pillars around which the system design framework is constructed.

The PEOLCN now continues this work in conjunction with a newly established Ontario Quality Hospice Palliative Care/End-of-Life Coalition. This Coalition is working closely with the MOHLTC to help develop this vision and establish directions to support an integrated hospice, palliative care delivery system that addresses the full continuum of care and ensures consistent and equitable access to high quality hospice palliative care for Ontarians.

Seniors Health Research Transfer Network (SHRTN) HPC Community of Practice (CoP) Partnership with the Change Foundation

The SHRTN HPC CoP is thrilled to announce its partnership with the Change Foundation to offer a province wide workshop entitled “Setting the Stage for Change: Hospice Palliative Care in Ontario”.

We are proud to report that this workshop is based on two presentations entitled the “Circle or Square of Care” and “Thinking Outside the Box”, which were developed and prepared by Chris Sherwood, Palliative Care Consultant and Julie Darnay, Director of the Hamilton Niagara Haldimand Brant Hospice Palliative Care Network.

Working with the Provincial End-of-Life Care Network, the Palliative Care Consultants Network and the Heart and Stroke Foundation this workshop is intended to train and prepare “Change Agents” across Ontario and to educate the service providers and the general public on the value and importance of HPC.

Other Provincial Partnerships

The PEOLCN values working with other Networks across the province on HPC joint initiatives. Some of our most recent successes include our ongoing

partnership and close working relationship with the Hospice Association of Ontario (HAO) and the Ontario Hospice Palliative Care Association (OPCA) to continue to build “One Vision One Voice” for the Province of Ontario.

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APPENDICES

Appendix A

Organizational Partners

Acclaim Health and Community Care Services
Alzheimer Society, Hamilton and Halton
Brantwood Lifecare
Burloak Long Term Care Centre
CAMA Woodlands
Canadian Red Cross
Carpenter Hospice
Comcare Health Services
Department of Family Medicine, McMaster University
Dr. Bob Kemp Hospice
Good Shepherd Centre
HNHB CCAC
Hospice Niagara
Marchese Pharmacy
McNally Hospice
Niagara-on-the-Lake Community Palliative Care Service

Hamilton Health Sciences
Hotel Dieu Shaver Health and Rehabilitation Centre
John Noble Home
Maple Villa LTC Centre
Mount Nemo Christian Nursing Home
Niagara Health System
Park Lane Terrace Nursing Home
Pine Villa Nursing Home
Rose Cottage Visiting Volunteers
Stedman Community Hospice
St. Joseph's Hospital
The Willowgrove
Therapy Health Care
Versa Care Centre Hamilton
VON Canada, Hamilton
West Lincoln Memorial Hospital

HNHB HPC NETWORK COMMITTEES

Appendix B

Advisory

Joan Andrews	Carol McKenna
Janie Bowles-Jordan	Lori Monture
Dr. Kevin Brazil	Cheryl Moore
Angela Brewer	Janet Noble
Kathy Brown	Diane Ried
Julie Darnay	Dr. Sharon Russell
Janet Devine	Hsien Seow
Beth Ellis	Debbie Smith
Patricia Finnigan	Jane Smith-Eivemark
Janie Fraser	Lori Strickland
Jim Fyfe	Dr. Alan Taniguchi
Margaret Jarrell	Ildico Tettero
Bro. Richard MacPhee	Mickey Turner
Dr. Denise Marshall	Micheline Wylde

Appendix C

Service Delivery

Kathy Brown	Janet Noble
Julie Darnay	Diane Reid
Lily DeMiglio	Joyce Smith
Beth Ellis	Lori Strickland
Diane Gauthier	Ildico Tettero
Dr. Denise Marshall	Mickey Turner
Carol McKenna	Dr. Samantha Winemaker
Cheryl Moore	

Appendix D
Residential Hospice

Pamela Blackwood
Julie Darnay
Beth Ellis
Margaret Jarrell
Dr. Denise Marshall
Cheryl Moore
Janet Noble
Sandy Street

Appendix E
Aboriginal HPC

Jaynane Burning-Fields	Janet Noble
Dr. Kevin Brazil	Valerie O'Brien
Carol Conroy	Holly Prince
Julie Darnay	Darlene Quinn
Marion Emo	Lesley Rudy
Verna Fruch	Deanna Sault
Ellene Hill	Chris Sherwood
Geralda Jamieson	Lee Styres-Loft
Dr. Mary Lou Kelly	Wanda Wilson
Dr. Denise Marshall	Marilyn Wright
Lori Monture	

Appendix F
Education

Amber Cowan	Margaret Reid
Teri Crockford	Lori Strickland
Julie Darnay	Dr. Alan Taniguchi
Dr. Robin Martin-Godelie	Mickey Turner
Mae Radford	Jan Wright
Diane Reid	

Appendix G
Fundamentals Facilitators

RoseMarie Baker
Melissa Chadwick-Popp
Bo Fusek
Jane Gordon
Suzanne Leece
Janet Lovegrove
Janet Noble
Jan Wright

Appendix H
CAPCE Leaders

Bayshore Home Health
Bella Senior Care Residence
Brant Community Health Care System
Care Plus
HNHB CCAC
John Noble Home for the Aged
McNally House
Niagara Health System
Norview Lodge
Para Med Home Health Care
St Peter's Residence at Chedoke
St. Joseph's Villa
St. Joseph's Home Care
VON - Hamilton