The Palliative Care Journey:
Walking Together

28th Annual Palliative
Education and Research Day
October 23, 2017

West Edmonton Mall Fantasyland Hotel
Edmonton, AB
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**DECREASING OUR ENVIRONMENTAL FOOTPRINT**

In an effort to reduce the amount of paper used at this year’s conference we have decided to provide the syllabi electronically.

Syllabi and conference information can be found online at [http://www.covenanthealth.ca/innovations/palliative-institute](http://www.covenanthealth.ca/innovations/palliative-institute)

1 printed syllabus is available at each table
We are thrilled to welcome you to the 28th Annual Palliative Care Conference

It is our pleasure to welcome you to the 28th Annual Palliative Care Conference. This year’s conference theme is THE PALLIATIVE CARE JOURNEY: Walking Together.

Palliative care is patient and family centered care that optimizes quality of life, alleviates pain and reduces symptom burden throughout the trajectory of the patient’s illness.

While every patient’s experience with terminal illness is unique, navigating the palliative care journey represents a shared opportunity for palliative care providers to integrate with the complexities of care with other specialties and health care team members. The continuum of palliative care services can extend from care in the home to hospital, hospice, long-term care facilities, support organizations and other community agencies and is foundational to the primary and specialized care the patient receives.

Interdisciplinary teams work in tandem with patients and their families to ensure coordination of care during all stages of illness; improved communication; and exploration of advance care planning resulting in a personalized approach to innovative care plans. These pathways complement support systems already in place.

We hope you will take the opportunity to get involved in discussions about the palliative care journey both formally and informally, during presentations, poster sessions and lunch and nutrition breaks. Thank you for participating and we hope you enjoy the conference.

Cheryl Nekolaichuk
Robin Fainsinger
Carleen Brenneis
Co-Chairs, Conference Planning Committee
COMMITTEE MEMBERS

- CO-CHAIR: CHERYL NEKOLACHUK: Counseling Psychologist, Tertiary Palliative Care Unit, Grey Nuns Community Hospital / Professor, Division of Palliative Care Medicine, Department of Oncology, University of Alberta
- CO-CHAIR: ROBIN FAINSINGER: Clinical Director, Tertiary Palliative Care Unit, Grey Nuns, Community Hospital, Section Chief Edmonton Zone Palliative Care Program, Alberta Health Services, Professor, Division of Palliative Care Medicine, Department of Oncology, University
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- LANA CHIVERS: Senior Director Operations, Critical Care, Emergency, Medicine & Respiratory, Covenant Health
- KONRAD FASSBENDER: Scientific Director, Palliative Institute, Covenant Health
- PAST CO-CHAIR: KELLEY FOURNIER: Unit Manager, Tertiary Palliative Care Unit, Grey Nuns Community Hospital, Covenant Health
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- TERESA LUCIER: Manager, Volunteer Services, Grey Nuns Community Hospital,
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- JENNIFER SCHMIDT: Palliative Nurse Consultant, Palliative Care Program, Alberta Health Services
- BONNIE TEJADA: Director, Mission and Spirituality, Covenant Health
- SHARON WATANABE: Director, Department of Symptom Control and Palliative Care, Cross Cancer Institute, Director, Division of Palliative Care Medicine, Department of Oncology, University of Alberta
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Covenant Health Palliative Institute
https://www.covenanthealth.ca/innovations/palliative-institute/annual-palliative-education-research-days

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#yegpalliativecare
Scan the QR code to link to the conference evaluation form.

Your opinion is important to us!
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EXHIBITOR FAIR

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CME CREDITS

This program has been certified by both the College of Family Physicians of Canada and the Alberta office for up to 5.0 Mainpro+ Group Learning credits and by the Royal College of Physicians and Surgeons of Canada for up to 5.0 hours of Section-I MOC Credits.
Sandy McKinnon Memorial Lectureship

The recipient will be a distinguished colleague in the area of nursing, palliative care, and/or ethics. The recipient's work will cause us to question our philosophical, spiritual and relationship practices. The content of the individual's work will be focused on the psychosocial and spiritual aspects of palliative care.

Neil MacDonald Lectureship

The recipient will be a distinguished colleague in palliative care or a related field, including basic sciences, whose body of work moves the field of palliative care forward and illustrates new advances. The individual will have completed research and published in their area of expertise.

EXPLORE WELLNESS

YOUR WELLNESS MATTERS

Drop by the Paula Brindley Reflection Room to explore ways you can exercise self-care to support your wellness

BANQUET ROOM 16

Laurel Kirchner, Wellness Advisor and Mental Health First Aid course facilitator, will be available over the lunch break to answer wellness-related questions.

ANNUAL PALLIATIVE EDUCATION AND RESEARCH DAY

Leading practice through a history of excellence

OCTOBER
ANYTIME, ANYWHERE

PAULA BRINDLEY
SELF CARE LEGACY

NURTURING

IN HONOUR OF HER MEMORY, YOU'RE INVITED... TO TAKE A BREAK... RELAX AND DE-STRESS!

THE BODY, MIND & SPIRIT
A SNAPSHOT INTO THE WIDE VARIETY OF PALLIATIVE CARE PROJECTS

3 RAPID FIRE POSTER SESSIONS

VISIT THE ACCOMPANYING POSTER AND HAVE A MORE IN-DEPTH DISCUSSION WITH THE RAPID-FIRE PRESENTERS

TIMOTHY CUTTERIDGE ET AL: Do Patients with Refractory Cancer Pain On A Tertiary Palliative Care Unit Have An Increased Frequency Of Single Nucleotide Polymorphisms Associated With Opioid Resistance

JESSICA SIMON ET AL: How To Increase Public Participation in Advance Care Planning: Findings From A World Cafe To Elicit Community Group Perspectives

SHARON WATANABE ET AL: Variation In Frequency And Timing Of Palliative Care Consultation In Patients With Advanced Cancer Receiving Care At A Tertiary Cancer Centre
TO OUR VALUED VOLUNTEERS
THANK YOU
FOR YOUR DEDICATION & TIME

Thank you Coronation School and your students for your continued involvement.

OWN THE MICROPHONE PROGRAM
STUDENTS INTRODUCING PLENARY SPEAKERS
**MENU**

**MONDAY, 23 OCTOBER 2017**

**BREAKFAST**

- Scrambled eggs, savour diced potatoes
- Bacon, maple sausage
- Assorted Danish, muffins, croissants
- Butter and Fruit Preserves
- Coffee, tea

**LUNCH**

- Freshly baked rolls and butter
- Mixed green salad with assorted dressings
- Marinated chicken strips with sliced vegetables and oyster sauce
- Basmati rice
- Finger desserts
- Coffee, tea

**Hot Breakfast**
7:30-8:30am

**FANTASYLAND HOTEL, WEST EDMONTON MALL**

**BALLROOM**
VENUE LOCATION & MAP

17700 87 Avenue NW, Edmonton, AB
We are extremely grateful for the support

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PLENARY SESSIONS

MONDAY, OCTOBER 23, 2017

PALLIATIVE CARE IN NON-CANCER LIFE LIMITING ILLNESS: HELPING PATIENTS FOCUS ON LIFE
AMANDA BRISEBOIS, MSC, MD, FRCPC
Palliative care has long included care for patients with non-cancer life limiting illness, but not to the degree that cancer illness falls under the palliative realm. In the last 10 years, non-cancer illness has become a more heightened focus for palliative care teams, general practitioners, and medical specialists. The elderly population is growing, and patients with chronic illness are living longer. A significant proportion of patients with non-cancer illness, have a large symptom burden that affect their quality of life, many do not understand the disease trajectory or prognosis or their illness, and many do not have Advanced Care Planning discussions until the last years to days of life. Providing patients with early education regarding disease trajectory, potential complications, symptom management, and how to navigate the health system during their illness, can empower the patient and their families and promote a focus shift to maximize quality of life. This seminar will focus on how to involve patients with life limiting illness, their families, and their health providers in patient care from early in the disease course. It will emphasize the importance of education and collaboration to maximize the understanding of how palliative principles can integrate with disease modifying care. In addition, tips on collaborating between health care providers, and empowering patients, to minimize stress of care transitions will be discussed.

HONORING PATIENT CHOICE: CONSERVATIVE KIDNEY MANAGEMENT FOR PATIENTS UNLIKELY TO BENEFIT FROM DIALYSIS
SARA DAVISON, MD, MHSC, FRCPC
Increasing numbers of frail patients with multiple co-morbidities are starting dialysis. Many of these patients have no survival advantage with dialysis and have better preservation of function and quality of life with conservative (non-dialysis) kidney management (CKM). This session will describe the development of Alberta’s innovative, online CKM Pathway for patients who choose to not have dialysis. We will discuss the key components of the CKM Pathway which focus on empowering patients, families and healthcare providers to provide comprehensive CKM in a standardized fashion across Alberta. The pathway also includes a patient decision aid to provide a structured, evidence-based platform for staff to engage patients/families in difficult conversations about treatment options and allow patients to make choices that align with their preferences and prognosis. Using this decision aid, patients and care providers will be better able to identify which patients are most likely to benefit from CKM v. dialysis.

After this session, participants will be able to:
1. Describe the development and philosophy of Alberta’s provincial, online CKM Pathway for patients who choose to not have dialysis.
2. Describe the key components of Conservative Kidney Management and the CKM Pathway
3. By using the Patient Decision Aid, identify which patients are most likely to benefit from CKM
PLENARY SESSIONS

MONDAY, OCTOBER 23, 1017

THE POLITICS OF HEALTH, ILLNESS, DISEASE & DYING: A PALLIATIVE WORLD ACCORDING TO MOORES
DAVID MOORES, MD, CCFP, FCFP

After this session, participants will:
1. Be able to adopt a ‘significant event’ approach to assessing the quality and safety of health services
2. Be able to judge the degrees to which the “system” respects and supports community-based health services
3. Be better able to speak up for individuals and their families and their health professionals in the context of a disease-oriented and disease-dominated system

“WHY DIDN’T THEY TALK ABOUT THIS BEFORE?” CHALLENGES AND OPPORTUNITIES IN ADVANCE CARE PLANNING (ACP) AND GOALS OF CARE DESIGNATIONS (GCD)
JESSICA SIMON, MD

Palliative care providers are sometimes concerned that the patients they meet living with serious illness have not already been invited to explore their personal goals and values in relation to their illness and their medical care. This talk will explore the barriers and facilitators to these conversations in Alberta. Dr Simon will present research as a co-lead on ACP CRIO - “Advance Care Planning and Goals of Care Alberta: a population based Knowledge Translation (KT) intervention study,” her experience as a physician consultant for ACP GCD, AHS Calgary Zone and as a consultant in palliative medicine. She will describe some of the strategies to engage, educate, and change through continuous quality improvement, that palliative care providers can use and participate in to transform the quality of care in Alberta.

After this session participants will be able to:
1. Apply knowledge of the barriers and facilitators to ACP and GCD in Alberta to their context.
2. Support strategies to improve ACP GCD uptake in their community.

CARING TOGETHER
SHEILA KILLORAN, MA, MTA, FAMI

“Your efforts allowed my wife to have a peaceful end to her life. We are ever grateful.” These words of gratitude for the care of the palliative care team remind us why we do this work. What are some of the ways we provide this supportive care at the bedside? In this closing session, the value and impact of palliative care is presented through patient and family stories, reflection, and music. Conference participants will have a chance to reflect and to recharge, as we continue to do this important work.

After this session, participants will be able to:
1. Discover how they can provide support and comfort at end of life.
2. Describe the value of compassionate care for palliative patients and families.
A1 ASSESSMENT & MANAGEMENT OF SHORTNESS OF BREATH IN PATIENTS WITH PALLIATIVE DIAGNOSIS
DR. LAWRENCE LEE & DR. MEGAN SELLICK

Dyspnea is a challenging symptom to manage in palliative patients that dramatically affects quality of life. This workshop will use a case-based format and audience participation to discuss an approach to the assessment, investigation and treatment of dyspnea. Treatment measures including opioids, other medications and palliative sedation will be covered. The intention is to provide practical, clinical knowledge to front-line staff so that they can better care for patients with this symptom.

Learning Objectives:
1. Employ an approach to the assessment, investigation and treatment of dyspnea using a case-based, interactive format.
2. Describe the use of palliative sedation for refractory shortness of breath.

A2 CARE AND CARE ALIKE: A TEAMWORK APPROACH TO PATIENT CENTERED PALLIATIVE CARE
JENNIFER LAM, JULIE RAMOS, LYNETTE DROUIN, IMELDA STA TERESA, DR. MEGAN SELLICK

A look at the tertiary palliative care provided on Station 43, exploring comfort strategies across all disciplines, with a focus on nursing care. A result of their excellent teamwork, Station 43 staff share their efforts in going above and beyond for their patients.

Learning Objectives:
1. Describe the typical nursing and physician routine on Unit 43.
2. Apply the tips and tricks that the Unit 43 staff use to maximize excellence in patient care.
3. Discuss the frequently asked questions often encountered by unit 43 staff.

A3 SUPPORTING FAMILY CAREGIVERS OF SENIORS WITHIN ACUTE AND CONTINUING CARE SYSTEMS: LISTENING TO THE PARTICIPANTS
DR. JASNEET PARMAR

The Covenant Health - Network of Excellence for Seniors’ Health and Wellness hosted a symposium on Supporting Family Caregivers of Seniors within Acute and Continuing Care Systems. The Symposium engaged participants in conversations on how best to involve and support family caregivers in the healthcare system and influence policies and practice. On secondary analysis of the symposium’s proceedings, several key themes emerged around supporting caregivers: awareness, accessibility, consistency, comprehensiveness, time constraints, communication, integration, and approach.

Learning Objectives:
1. Summarize the discussions on the gaps and barriers to supporting family caregivers.
2. Propose recommendations to supporting family caregivers.
A4 COLLABORATIVE MODEL USED TO DEVELOP A RESOURCE GUIDE FOR COMMUNITIES TO ENHANCE THEIR PALLIATIVE AND END OF LIFE CARE: THE CASE OF ALBERTA, CANADA

MICHELLE PETERSON FRASER, MARTIN LABRIE, MARTIN TWEEDDALE, ELEANOR FOSTER, JAMIE TYCHOLIZ, KATHY KEMMERE, PANSY ANGEVINE, SANDRA SHADE, KYLE WHITFIELD, AURO-RA LEANG

A Resource Guide for Community Development of Palliative and End-of-Life Care within Alberta is available. It has been developed in collaboration with numerous community groups and associations, Alberta Health Services, Alberta Health, Alberta Hospice Palliative Care Association, Hospice Societies, University researchers, Indigenous Health, Palliative Care physicians and leaders in PEOLC within AHS. The Guide will assist communities in the creation of their own PEOLC local services and supports.

Participants will:
1. Learn why the Resource Guide was developed and how it aligned with the 2014 Palliative and End-of-Life Care Alberta Provincial Framework and its recommended initiatives.
2. Gain a good understanding of how multiple stakeholders can work together to strengthen community led palliative and end of life care, at a provincial level, when there is a common goal.
3. Discover how the resource guide can be utilized to enhance local capacity within communities.

A5 REHABILITATION IN PALLIATIVE CARE: WALKING TOGETHER

SANDY AYRE, ALYSSA SHERWIN

The palliative patient often presents with complex needs including high symptom burden and rapid loss of function, which can adversely impact their daily life. Palliative rehabilitation programs can positively affect patients physical functioning, muscle strength, emotional well-being, psychological symptoms, functional capacities, and quality of life. Rehabilitation practitioners are able to offer suggestions and interventions to help patients live as fully and actively as possible until death; assisting them to affirm life while preparing for their death.

Learning Objectives:
1. To identify the benefits of rehabilitation in the palliative population.
2. To illustrate the delicate balance of the duality faced by palliative patients who are concurrently living and dying.
3. Through the use of case studies, examine the practical implementation of potential rehabilitation interventions.
CONCURRENT SESSIONS

MONDAY, OCTOBER 23, 1017
Block B 1350-1435 hrs

B1  PRACTICAL DYSPNEA MANAGEMENT
MARGOT SONDERMANN

Dyspnea (shortness of breath) is a difficult symptom to treat at end-of-life and a terrifying experience for many of our palliative patients. This session will give you practical, bedside strategies to help manage acute and chronic dyspnea. Both pharmacological and non-pharmacological interventions will be presented and the concept of the “Breathing Chair” will be introduced. You will walk away with some useful ideas for your tool kit.

Learning Objectives:
1. List at least 5 non-pharmacological and 2 pharmacological strategies to employ during a dyspnea crisis.
2. Differentiate between the management of acute and chronic dyspnea.
3. Instruct patients in how to set up a “Breathing Chair”.

B2  ASSESSMENT AND MANAGEMENT OF COMMON GASTRO-INTESTINAL SYMPTOMS IN PATIENTS WITH PALLIATIVE DIAGNOSES
MEGAN SELLICK, LAWRENCE LEE

Patients with life-limiting illnesses, particularly cancer, commonly experience a variety of gastro-intestinal symptoms. Nausea, emesis, constipation, and appetite disturbances can affect oral intake, weight stability, quality of life, performance status, and can have psychosocial consequences. In this seminar we will discuss the prevalence, causes, and management of common gastro-intestinal symptoms experienced by patients. First, we will outline the causes of nausea/vomiting including medications, bowel obstructions, and metabolic disturbances; we will then discuss the management of each of these. Causes and management of constipation will be discussed as a separate issue, though its implications for nausea and vomiting will be addressed. Finally, we will discuss lack of appetite, and feeding difficulty with a focus on causes of these (e.g., thrush, dysphagia, nausea/vomiting, constipation, and the anorexia-cachexia syndrome of cancer). We will conclude our seminar with case examples to solidify knowledge and understanding of these common issues.

Learning Objectives:
1. Attendees will be able to recognize and describe the common gastrointestinal symptoms (including nausea, vomiting, and constipation) in patients with palliative diagnoses.
2. Attendees will be able to formulate an appropriate treatment plan to manage common GI symptoms in patients with palliative diagnoses in a variety of settings (home, hospital, hospice care unit).
3. Attendees will be able to discuss the anorexia-cachexia syndrome of cancer with patients and their caregivers; they will gain an understanding of the role of artificial nutrition in patients with life-limiting illness.
CONCURRENT SESSIONS

MONDAY, OCTOBER 23, 2017
Block B 1350-1435 hrs

B3 A PERSON-CENTRED APPROACH TO QUALITY IN PALLIATIVE CARE SERVICES
JILL ALLISON

In long-term care, supportive living, lodges, and home care settings, the implementation of person-centred quality standards can be beneficial in enhancing the experience of the person receiving care. This interactive presentation will explore CARF’s consultative approach to aging services accreditation with a focus on quality standards related to person-centred, end-of-life care. Participants will explore and discuss how standards for excellence in health and human services are currently being met in their own organizations.

Learning Objectives:
1. Increase their knowledge of quality standards relevant to aging services providers, including those relevant to palliative care provision.
2. Gain familiarity with CARF’s accreditation process for health and human services organizations.
3. Assess their current practices with respect to three (3) best practice standards.

B4 PROVINCIAL EMERGENCY MEDICAL SERVICES PALLIATIVE AND END OF LIFE CARE ASSESS, TREAT AND REFER PROGRAM – EXPANSION TO PHASE II, INITIAL FINDINGS AND NEXT STEPS
CHERYL CAMERON

The Provincial EMS Palliative and End of Life Care Assess, Treat and Refer (EMS PEOLC ATR) program is improving patient and family centered care by focusing on high quality interdisciplinary teamwork between community clinicians and paramedics. This innovative program supports community clinicians, paramedics and online physicians to collaboratively manage unexpected symptom crisis to keep patients at home, improving patient and family experiences and reducing the impact on emergency departments. This presentation will highlight learnings from the first two years of the program, with specific emphasis on findings since the expansion of Phase II.

Learning Objectives:
1. Summarize and describe the EMS PEOLC Assess, Treat and Refer program
2. Interpret findings from the Phase II program evaluation
3. Participate in interprofessional dialogue with other session attendees about the program and recent evaluation findings
CONCURRENT SESSIONS

MONDAY, OCTOBER 23, 1017
Block B 1350-1435 hrs

B5 PAULA BRINDLEY LEGACY SESSION. COVENANT HEALTH WELLNESS - HOSPICE STAFF SUPPORT PILOT PROJECT
ARTHUR PETERSON, CAROLINE (ANN) NELSON, LAUREL KIRCHNER

The secret to seeing healthcare workers thrive in a challenging work setting is not as elusive as perhaps thought. This session will provide a template detailing a simple, low cost approach to providing staff support that allows each team member to feel cared for and valued. Facilitated by Spiritual Care, this initiative is based on creating a safe, supportive and confidential venue where staff can share their experiences, positive and negative, while fostering a mutually supportive environment. The outcomes include highly engaged staff who empower each other to find joy in providing excellence in patient care even in the midst of the stressors and unpredictable aspects of healthcare regardless of the unit assignment.

Learning Objectives:
1. Explain the rationale behind the need for this staff support initiative
2. Demonstrate that quality staff support can be simple in approach and relatively inexpensive
3. Describe the approach used, and to provide a template that will allow others to construct similar initiatives
4. Estimate the long term benefits of a ‘team dialogue’ approach to staff support
P1: DYING ALONE: AN INDIGENOUS MAN’S JOURNEY AT END-OF-LIFE
CARA BABLITZ, AREZOO AHMADZADEH
This case report addresses the challenges Indigenous patients with a palliative diagnosis can face both on-reserve and off-reserve. It focuses on an Indigenous patient from a remote northern reserve who was diagnosed with advanced cholangiocarcinoma. His care was complicated by delirium; differential diagnosis and treatment of this condition are discussed. We further explore the obstacles faced and steps taken to provide appropriate medical management while being mindful of a culturally inclusive approach to end-of-life care.

P2: INNOVATIVE EDUCATION FOR HOME CARE NURSES: PALLIATIVE SEDATION SIMULATION
SHONA BAILIE, DANA LERBEKMO
It is challenging to provide a consistent response to an unpredictable need for a specific skill set that can arise anywhere in the zone. Initiation and maintenance of palliative sedation represents a crucial set of skills for home care nurses caring for palliative and end of life (PEOL) clients, but is infrequently required. Palliative sedation simulation is a useful tool to improve nurses’ level of comfort with starting and maintaining palliative sedation in the home.

P3: PROVINCIAL EMERGENCY MEDICAL SERVICES PALLIATIVE AND END OF LIFE CARE ASSESS, TREAT AND REFER PROGRAM – EXPANSION TO PHASE II, INITIAL FINDINGS AND NEXT STEPS
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P4: PALLIATIVE CARE MATTERS
KONRAD FASSBENDER, CARLEEN BRENNEIS
Covenant Health Palliative Institute (Alberta) in partnership with 13 national health organizations began a three-phase initiative in mid-2016 which included an Ipsos survey of 1540 Canadians, research conducted by pre-eminent palliative care experts, and a consensus development conference where a lay panel weighed these inputs and discussions of participants to develop 20 recommendations. The key focus of this initiative was to engage Canadians to determine what palliative care should be. More than 105,000 Canadians were reached via social and web communications in addition to conventional media exposure from more than 27 media hits about Palliative Care Matters. On May 10, the Conference Board of Canada will release their recommendations for implementation based on this initiative. Given the broad base of exposure and support across Canadians, the consensus is strong. Now is the time to address the deficiencies of our health system.

P5: DO PATIENTS WITH REFRACTORY CANCER PAIN ON A TERTIARY PALLIATIVE CARE UNIT HAVE AN INCREASED FREQUENCY OF SINGLE NUCLEOTIDE POLYMORPHISMS ASSOCIATED WITH OPIOID RESISTANCE?
TIMOTHY GUTTERIDGE, YOKO TARUMI, ROBIN FAINSINGER, VICKIE BARACOS
Opioid responsiveness appears to be influenced by single nucleotide polymorphisms (SNPs). Phenotypic and genotypic assessment was performed for patients admitted to a tertiary palliative care unit (N=124). MEDD > 500 (parenteral, in mg) was associated with younger age, high mean ESAS pain score, rotation to methadone, neuropathic pain, psychological distress, and substance abuse. SNP analysis results are pending. Opioid responsiveness appears to be multifactorial; increasing our knowledge of contributing SNPs may inform opioid prescribing practices.

P6: PHARMACISTS TO THE RESCUE! INCREASING PHARMACO-VIGILANCE TO REDUCE OPIOID ABUSE AND DIVERSION
JACOBSON K, SPURRELL V, & RIX S.
Opioid analgesics are the mainstay of pain control for palliative cancer patients. However, increased opioid-induced deaths are increasing forcing government to impose stricter controls. We believe that increased pharmaco-vigilance would reduce the risk of abuse and diversion of these agents while maintaining adequate doses required by patients in pain.
P7: PHYSICIANS’ PERCEPTIONS AND PRACTICE CHOICES, HOME VS HOSPICE.
REBEKAH GILBERT, MARC CLARK
We interviewed physicians who provide primary palliative care in the Edmonton area and asked how they perceive differences in home palliative versus hospice care, and why some choose to see palliative patients only at home or only in hospice. Our goal was to identify systemic incentives or obstacles that bias patterns of practice. We hoped to identify factors that may lead to misallocation of resources and misalignment of practice patterns with patients’ needs.

P8: PALLIATIVE CARE COMMUNITY OF PRACTICE: A NEW APPROACH TO WORKING AND LEARNING
LORI MACISAAC, AMANDA HEINRICH
Ensuring access to palliative care requires us to look at alternative ways of building capacity within front-line health care providers; to be more intentional about sharing and exchanging knowledge to improve palliative care practice. A Palliative Care Community of Practice was initiated as a way for staff at an acute care hospital to enhance their palliative care skills and knowledge through dialogue and shared stories to answer the question “how can we do things better?”

P9: SUPPORTING FAMILY CAREGIVERS OF SENIORS WITHIN ACUTE AND CONTINUING CARE SYSTEMS: LISTENING TO THE PARTICIPANTS
JASNEET PARMAR, JACQUELINE TORTI, SUZETTE BRÉMAULT-PHILLIPS, LESLEY CHARLES, KARENN CHAN, PETER TIAN, ELAINE HOOGWOONINK
The Covenant Health - Network of Excellence for Seniors’ Health and Wellness hosted a symposium on Supporting Family Caregivers of Seniors within Acute and Continuing Care Systems. The Symposium engaged participants in conversations on how best to involve and support family caregivers in the healthcare system and influence policies and practice. On secondary analysis of the symposium’s proceedings, several key themes emerged around supporting caregivers: awareness, accessibility, consistency, comprehensiveness, time constraints, communication, integration, and approach.

P10: THE END OF LIFE (LAST HOURS TO DAYS) PATHWAY PILOT
LORELEI SAWCHUK, CYNTHIA JOHNSON
An end of life pathway is a supportive tool that enhances quality of care by improving outcomes, promoting safety, increasing satisfaction with care, and optimizing the use of resources. Through a collaborative process, Covenant Health Palliative Institute, and Alberta Health Services (AHS) Edmonton Zone Continuing Care have revised The Edmonton Zone Palliative Care Pathway which was initially based on the on the Liverpool Care Pathway (LCP). The resultant revisions have led to the creation of the End of Life (Last Hours to Days) Pathway. This Pathway is a patient and family centered approach to care that provides guidance for any member of the healthcare team when caring for persons identified as imminently dying and their families, within any care setting.
P11: CLINICAL KNOWLEDGE & CONTENT MANAGEMENT (CKCM) SERVICE - CLINICAL KNOWLEDGE TOPICS
DEBBIE PINTER, LYNDA ROBBINS
Clinical Knowledge & Content Management (CKCM) was created within the CMIO to support the development of provincially agreed upon clinical guidance and practice standards based on local, national and international evidence, largely in preparation for the AHS Clinical Information System (CIS). With the support of Palliative Care leadership and clinicians from across Alberta, knowledge topics currently under development include Advance Care Planning and Goals of Care Designation, Palliative Sedation and End of Life/Imminently Dying Care.

P12: MEDICAL ASSISTANCE IN DYING: PERSPECTIVE OF THE EDMONTON ZONE PALLIATIVE CARE PROGRAM ONE YEAR LATER
MEGAN SELLICK, LAWRENCE LEE, ROBIN FAINSINGER
When MAiD became legal in Canada, the Edmonton Zone Palliative Care Program began collecting information on the patients consulted to the program who indicated a desire for MAiD. Demographics, highest rated symptoms, and the nature of intolerable suffering will be discussed. While our findings are consistent with previous research, these patients represent a small subset of the population served by the EZPCP and the focus should remain on the majority of palliative care patients.

P13: IMPROVING ADVANCE CARE PLANNING AND GOALS OF CARE DESIGNATION WITH A FOCUS ON HEART FAILURE HOME CARE TEAM PROCESS: A NOVEL COLLABORATIVE PROJECT
JESSICA SIMON, KATHY (KATE) HARDEGGER, MARTA SHAW, BARBARA SIEBEL, SANDRA LAVOREL, ALYSHAH KABA, MIRETTE DUBE, ALEXANDRA KUSHLIAK, SUZANNE TINNING, PATRICIA BIONDO
A participatory demonstration team process improvement project designed to improve Heart Failure Home Care team effectiveness in ACP and GCD processes through a partnership with local AHS resources (AHS Improvement Way Team (AIW), AHS Simulation Team (eSIM), AHS ACP GCD educators, and ACP CRIO researchers.)
P14: PATIENT, FAMILY MEMBER, AND CLINICIAN PERSPECTIVES ON ADVANCE CARE PLANNING (ACP) IN HEMATOLOGY AND HEMATOPOIETIC STEM CELL TRANSPLANTATION (HSCT)
JESSICA SIMON, REANNE BOOKER, SHELLEY RAFFIN BOUCHAL
Advance care planning (ACP) engagement remains low in patients undergoing hematopoietic stem cell transplantation (HSCT) in spite of the high risks of treatment related morbidity and mortality. This qualitative study examined patient, family member and clinician perspectives on ACP in hematology and HSCT. Six patients, five family members and eight clinicians participated. Participants thought ACP was both acceptable and important yet many had not engaged in ACP. Barriers and facilitators to ACP participation are discussed.

P15: HOW TO INCREASE PUBLIC PARTICIPATION IN ADVANCE CARE PLANNING: FINDINGS FROM A WORLD CAFÉ TO ELICIT COMMUNITY GROUP PERSPECTIVES
JESSICA SIMON, PATRICIA BIONDO, SEEMA RAJANI, BARINDER MINHAS, BEV BERG, LOUISE HANVEY, SHELLEY CLOUTIER, NEIL HAGEN, KONRAD FASSBENDER
In 2014, Alberta implemented a provincial healthcare policy and procedure for advance care planning (ACP). However, to date public participation and awareness of ACP remains limited. To elicit community group perspectives on how to help people learn about and participate in ACP, community groups were invited to a “World Café” activity. There was broad support for the role of community groups in promoting ACP. Eight recommendations for engaging the public in ACP were generated.

P16: VARIATION IN FREQUENCY AND TIMING OF PALLIATIVE CARE CONSULTATION IN PATIENTS WITH ADVANCED CANCER RECEIVING CARE AT A TERTIARY CANCER CENTRE
SHARON WATANABE, VIANE FAILY, ASIFA MAWANI, YOKO TARUMI, ANN HUOT, ALEXEI POTAPOV, KONRAD FASSBENDER, VICKIE E. BARACOS
Early integration of palliative care (PC) with oncological care has been shown to improve outcomes in advanced cancer patients. In a retrospective study of 2253 advanced cancer patients at the Cross Cancer Institute (CCI), who died during April 2013-March 2014, 810 (36%) received CCI PC consultation. Median time from consultation to death was 2 months. Frequency and timing of PC consultation varied significantly according to multiple factors. The reasons for this variation require further exploration.
Thank you for attending!