



# Why Hospice?

## A Hospice residence for Cowichan

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A Healthy life should conclude with  
a healthy death

***Dr. Trevor Hancock: To die a healthy  
death is not an oxymoron***

*-Times Colonist February 11, 2015*

# What is hospice palliative care?



# **HPC is: whole person care for those living with advancing illness.**

- Recognizes death as a natural part of life
- Focuses on quality of life rather than cure
- Does not hasten or delay death
- Offers whole-person care and supports family through bereavement

# WHO Definition of Palliative Care

- provides relief from pain and other distressing symptoms; affirms life and regards dying as a normal process;
- intends neither to hasten or postpone death;
- integrates the psychological and spiritual aspects of patient care;
- offers a support system to help patients live as actively as possible until death;



# WHO Definition of Palliative Care

- uses a team approach to address the needs of patients and their families, including bereavement counselling, if indicated;
- will enhance quality of life, and may also positively influence the course of illness;
- is applicable early in the course of illness, in conjunction with other therapies that are intended to prolong life, such as chemotherapy or radiation therapy...

<http://www.who.int/cancer/palliative/definition/en>

# The Needs of Families

*Caring at home should be a choice:*



Every year, 6000 people die of natural causes on Vancouver Island. Based on 2011 data, within Island Health's service area people die in the following locations:

Home with support with home care 19%

Residential services: 27%

Acute Care: 45%

Palliative/Hospice 7%

Other 2%



In Cowichan in 2013: (residential care deaths stats not known)

267 died in hospital (124 deemed 'palliative') 68%

103 died at home 26% (although 54% of 191 registered palliative patients)

20 died in EoL bed 5%

# The Growing Need for Care in Cowichan

## Rate of Elder Dependency BC Stats

	2010	2020
CVRD	29.6%	41.1%
BC	22.6%	29.9%

## *Expensive & Inappropriate Acute Care:*

Many live their final days in crowded four bed hospital wards or in the Emergency department.





Where would you want your loved one to die?



# Cost of Care

- In a Saskatchewan study, the average monthly cost per person for the government-supported health care system increased dramatically during the last year of life, from \$1,373 (in 2003/04 Canadian dollars) during the 12th month before death to \$7,030 during the last 30 days. {Hollander, 2009}
- In Alberta, Up to 70% of the costs for terminal illnesses are due to hospitalizations. {Fassbender et al., 2009}



- In Ontario study, almost three-quarters (72%) of end-of-life health care costs were for acute care services excluding ICU stays. {Walker et al., 2011}
- Studies in other jurisdictions also reported that hospitalizations account for the majority of palliative care costs. {Simoens et al., Journal of Pain and symptom Management, 2010}

- Care in a palliative inpatient unit was associated not only with [reduction of] symptoms (pain, nausea, fatigue and [difficulty with breathing]) but also with a reduction in costs: the mean daily charge in the palliative care unit was 38% lower than the rest of the hospital. {Elsayem et al., 2004}
- According to a 2008 cost analysis, palliative hospice care was less expensive when delivered in a rehabilitation or extended care hospital than in acute care facilities. {Tibi-Levy et al., 2006}

- “We have to do things differently if we want a sustainable system”

❖ Dr. W David Robertson

## Acute care deaths in Cowichan

Number of palliative days in acute care: 852

Associated with: Admittance through and care in emergency or 4 bed wards  
Lack of privacy  
Lack of support  
Lack of specialized end of life services  
Poor PAIN and symptom control  
High costs to tax payer

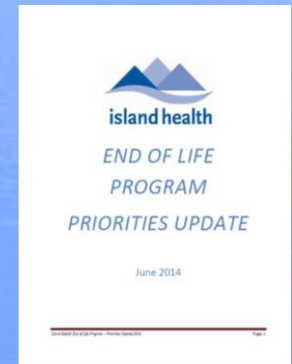
***LACK OF DIGNITY AT END OF LIFE***

# Island Health End of Life Program Priorities Update 2014

Island Health's EOL Program priorities align with the Province of British Columbia's End of Life Strategy:

- Redesigns health services to deliver timely coordinated End of Life care
- Commits to doubling the number of hospice bed spaces in BC as part of the continuum of service enhancements of End of Life care
- Strengthens community partnerships in the delivery of end of life care programs and services

Island Health has committed to providing staff, operations and maintenance for 7 beds in a cluster in an 'existing residential care facility' for April 2017.





	Community	Existing beds	Additional beds	Total
2014/15	Comox valley	0	4	4
2015/16	Oceanside	1	4	5
2016/17	Campbell River	0	3	3
	Sooke	0	2	2
2017/18	Cowichan	3	4	7
	Mt. Waddington	0	1	1
2018/19	Comox	4	2	6

# Strategy - To open beds by 2017/18

- 2015: Identify the site:
  - Cannot remove existing residential care bed
  - Shared used of existing staff and services
  - Central (Duncan-based) care (Island Health's commitment)
- 2016: Building/renovation
  - Design
  - Budget preparation,
  - Fund-raising for bricks and mortar (Community's commitment)
  - Renovation/construction
  - Care program development
- 2017: April 2017 goal for opening 7 bed facility *with capacity to increase with population needs*

# Why A Hospice?

