**Role of Administration**

* To offer support and assistance to Resident, family and staff during the dying and grieving process.
* To assist the Resident and family with business matters and/or funeral arrangements as required.

**Role of the Registered Nursing Department**

* To perform a holistic assessment of the resident and family or support network to identify issues and determine their physical, psychological, social, spiritual, and practical needs etc. (Domains of issues outline in the Model to Guide Hospice Palliative approach to care.
* To provide necessary comfort measures according to currently recognized norms of practice as required by the Resident with pain symptom management as a priority.
* To formulate, implement and engage in therapeutic encounters that include assessment, information sharing, decision making, individual care plan and care delivery based on the physical, emotional, social, spiritual needs of the Resident, according to Clinical Practice Guidelines within their scope of practice of the College of Nurses of Ontario.
* To provide on-going assessment of the Resident's needs and response to therapy making changes to the individual care plan as needed.
* To meet the needs of the Resident in a knowledgeable and timely manner, utilizing all available resources.
* To communicate and collaborate with Resident, family and the Physician to monitor and manage disease symptoms and about the changing needs of the Resident.
* To communicate effectively with all other disciplines concerning services required to provide optimum care and comfort for the Resident.
* To be available as a resource, support and comfort person in a caring empathetic way for the Resident, family and co-workers during the dying and grieving process.
* To recommend other external health care providers who may needed by the resident or family.
* Foster the autonomy of the Resident.
* To empower and advocate for the Resident.
* To promote the effective utilization of resources.
* To promote opportunities for debriefing and resolution of grief among caregivers.
* To document and report observations.
* Canadian Association of Schools of Nursing, Palliative and End of Life entry to practice competencies: <http://casn.ca/wp-content/uploads/2014/12/PEOLCCompetenciesandIndicatorsEn1.pdf>

**Role of RAI-MDS Coordinator**

* coordinating with the RAI MDS team to ensure completion of accurate RAI assessments,
* the coordination and submission of RAI MDS assessments containing higher CHESS scores and/or PSI over 9 to the palliative team,
* scheduling of RAI MDS for residents with a significant change as identified by the health team
* Coding J5 when resident is identified as end stage disease, six months or less to live.

**Role of the Palliative Pain Management Consultant**

* To provide a telephone or onsite consultation service for team members related to Palliative approach to care and end of life pain and symptom management.
* To provide education, training, and mentorship for primary clinicians.
* To provide up to date, research based the evidence informed practice recommendations and guidance related to Palliative approach to care, pain and symptom management on request.
* To promote networking of existing Palliative approach to care resources throughout the district.
* To advocate for the Resident in need of pain and symptom management.

**Role of the Personal Support Worker**

* To assist with or do activities of daily living as requires Personal Care, Nutrition, and Mobility.
* To observe and report to nursing staff any changes in physical symptom and emotional responses of the Resident.
* To participate as a values member of the healthcare team, in the development and implementation of the care plan.
* To provide holistic support and advocate as necessary to ensure that the Resident’s needs are met.
* To assist and support care givers in the provision of care to the Resident.
* To communicate effectively with team members.
* To document and report observations.
* Ontario Personal Support Worker Program Standard: <http://www.tcu.gov.on.ca/pepg/audiences/colleges/progstan/health/41469.pdf>

**Role of the Pharmacist**

* To prepare, dispense and distribute medication to med the Resident’s specific needs.
* To complete a medication assessment, by reviewing the medication profile in order to identify actual or potential drug related problems.
* To collaborate with the Resident, Family, and other service providers (Doctor and Nurse) to ensure that the Resident’s medication needs are met.

**Role of the Nutrition Services Department**

* To enhance the quality of life of a Resident by maintaining adequate nutrient intake while considering the individuals needs and wishes.
* To provide the diet, as ordered, for Residents.
* To obtain and serve any food item (within reason), that will improve the nutritional intake of that Resident under the guidance of the medical Nursing Staff, the Nutrition Services Manager and/or the Consulting Dietitian.
* To monitor the nutritional status of the Resident and make changes to the meal plan as the Resident's condition changes.
* To provide support to other disciplines concerning care requirements for Residents.
* To communicate with other disciplines concerning care requirements for Residents.
* To respect the rights of the Resident and provide emotional support to the Resident, families, roommates, tablemates and co-workers as appropriate.
* To provide, under special circumstances, meals to the families of Residents.

**Role of the Dietitian:**

* To assess nutritional status, history and goals of the Resident.
* To develop an individual nutritional care plan with the Resident and/or their family based on factors affecting adequacy of intake, therapeutic issues and physiological state.
* To educate and support and Resident, family, caregivers and other service providers.
* To monitor the effect of interventions, disease progression, concerns of the Resident and adapt the care plan as required.
* To advise the Resident, their family and care providers of available supplements or equipment.
* To assist to person in Resident, their family and care providers in decisions regarding nutrition supports and alternative nutrition strategies.
* To provide support and counseling to families when a Palliative approach to care Resident is at the stage of not eating or drinking.

**Role of the Physiotherapist:**

* To act as a complementary part of the professional team, help set and achieve goals.
* To assess circulation, chest status, edema, DVT, Skin Breakdown due to loss of mobility and pain.
* To manage symptoms reduce pain and provide support with the use of appropriate modalities such as TEDS, heat/cold, proper positioning and range of motion (passive or active).
* To improve mobility by assessing for proper aids, teaching transfers and teaching strengthen exercises.
* To improve skin integrity via the use of support or compression bandages.
* To teach relaxation techniques.

**Role of the Life Enrichment Department**

* To provide companionship to the Resident, family and roommate.
* To provide respite for the family of the Resident.
* To provide support to the Resident, family, roommate and co-workers.
* To provide special services for the Resident and family i.e. letter writing, cards, errands, reading, sitting, holding hands etc.
* To provide relaxing and comforting measures for the Resident i.e. music or video stimuli.
* To aid in the bereavement process by being a part of and assisting with the memorial service.
* To inform family of the Memorial Service and participate in the provision of that service.

**Role of Housekeeping**

* To display discretion in their routines for cleaning Residents rooms.
* To display respect and give emotional support to Resident, family and co-workers.
* To communicate and consult with other Palliative approach to care Team Members regarding changes in a Resident's condition or special instructions which would be helpful for providing comfort and meeting the Resident's needs.
* To store and distribute belongings to the appropriate family members.
* Role of Laundry:
* To provide adequate linens to make Residents as comfortable as possible, giving special attention to individual needs.
* To display respect and give emotional support to Resident, family and co-workers.

**Role of the Hospice Volunteer**

* To provide support to the Resident, family and roommate.
* To provide companionship to the Resident, family and roommate i.e. listening, talking, holding hands, reading, being there etc.
* To provide relief for the family of the Resident.
* To provide support to the bereaved.
* To ask any questions necessary in their caring for the patient.
* To provide physical comfort measures: (as a family member might offer)