**Policy**

Long Term Care Act, REGULATION: 42 : Every Resident will receive end-of-life care when required in a manner that meets their needs.

**Mandate:**

To support a Palliative Approach to care and End of Life care for all Residents.

Accountabilities and Responsibilities:

* Maintain up to date information about Palliative and End of Life care
* To review and evaluate the effectiveness of the Palliative Approach to care and make recommendations.
* To foster communication, understanding and identification of palliative needs among Residents, family and the Healthcare Team
* To identify needs and make recommendations for continuing education and resource materials for Residents, staff and families.
* To identify Residents who would benefit from a Palliative Approach to care
* To review concerns or care planning for Residents with palliative and end of life care needs
* Welcoming contributions from all committee members
* Submit recommendations to PAC/ MAC

**Authority:**

Can establish and support palliative and end of life care working groups/task forces/sub-committees to address specific issues relevant to the committee’s mandate and responsibilities.

**Accountability:**

Accountable to administration and Residents and families of the LTCH

**Term:**

A minimum commitment of 1 year

**Internal Membership:** Consider interdisciplinary approach

* Director of Care or delegate
* Administrator
* Physician Advisor (suggest LEAP trained)
* Nurses (suggest CAPCE or LEAP trained)
* Personal Support Workers (suggest Fundamentals trained)
* Dietitian
* Pharmacist
* RAI Coordinator
* Spiritual Care Provider
* Social Worker
* Hospice Volunteer
* Resident/ family representative

**External Membership:**

Palliative Nurse Consultant

**Frequency of Meetings:**

Meetings to be held XXX and at the call of the chair

**Minutes:**

Minutes of each meeting will be recorded by a member of the Palliative Care Committee and copies of minutes will be circulated to the committee members 2 weeks in advance of the next meeting.