

The intention of this document is to provide information regarding elements of team composition, care and eligibility criteria at both Waterloo-Wellington Hospice Residences and Palliative Care Units (PCU's) to support determining the most appropriate care setting to meet patient care needs at end of life.

	GRH – Freeport Site	St. Joe’s Health Centre	Hospice Wellington	Innisfree/Lisaard	Hospice Waterloo Region
Eligibility Criteria					
Prognosis	3 months or less	6 months or less, but not automatic, pending diagnosis. Example: 6 months or less for COPD or CHF. May not accept. However, for cancer diagnosis with clearer progression may accept, as long as the rest of the criteria is met.	3 months or less	3 months or less	3 months or less
PPS Score	No limit on PPS for PSM patients For EOL admissions - 50% or less, and higher PPS patients can be discussed ad hoc w/ Resource RN + Pal Care MD if expected to change rapidly (i.e., leukemia patients)	40% or less (EOL)	40% or less (EOL)	Usually 40% or less (EOL) Conversations with referrals over 40%	Usually, 30% or less with review - declining 40%
Elements of Care					
Wounds	Can manage all levels of wounds, access to wound care team for consultation and treatment recommendations	Can accept any type of wound	Have staff with extensive wound knowledge and would refer to wound nurse as necessary but have not done this in past several years	Staff have wound knowledge and would refer to wound nurse as necessary.	Staff have wound knowledge and would refer to wound nurse as necessary
IV	Able to manage palliative-intent IV therapies. Ad hoc discussion required for IV fluids (i.e., high output ileostomy patients). Recommend pursuit of a PICC line prior to transfer to PCU for palliative intent IV infusions (i.e. Fentanyl CADDs).	Able to manage IV therapy. Able to manage PICC lines. Can start peripheral IV. Port-a-cath; needle in Situ prior to transfer. Preplanning and education may be required.	Do not do IV therapy. On occasion have had client come with IV with the understanding that it will be removed on admission, goals of care discussed.	IV accepted – reviewed on a case-by-case basis. PICC or PAC preferred	Will consider, with the understanding that there will be a transition plan in place to end the IV treatment as EOL goals of care indicate including no re-start.

HOME AND COMMUNITY CARE SUPPORT SERVICES

Waterloo Wellington

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	Access to vascular access team Monday to Friday.				
Blood Work/Lab	Can manage daily blood work	Can manage 1-2 times weekly and daily POC INR. Limited Stat lab access.	Bloodwork not part of their routine protocol. Would assess with MRP as part of discharge planning case by case.	Done with physician request at a cost to the resident. Cost may be covered by compassionate care if a barrier.	Done with physician request at a cost to the resident
O2	No piped in O2. Contact resource RN for O2 needs above 6L to determine if care needs can be met. (We can generally manage up to ~ 12L/min by combining two O2 concentrators). Please liaise with resource RN re: Palliative intent AirVO/Optiflow or patients’ w/ home/nocturnal BIPAP.	Piped in high flow (all rooms).	O2 not piped in and is given for comfort with assistance from Medigas. Early consultation required for patients with oxygen greater than 6L/min to support safe transportation and oxygen delivery in the Hospice setting	Early consultation required for patients with oxygen greater than 6L/min to support safe transportation and oxygen delivery in the Hospice setting.	Early consultation required for patients with oxygen greater than 10L. Will accept CPAP/BiPAP with understanding that families will adjust for fit/flow and we will be implementing a transition plan as EOL goals of care indicate
Tracheotomy	Requires pre-planning with RSN	Well established only. No cuffed trach. Able to take humidity but needs to be pre-planned.	Assessment needed prior to admission but have staff skilled with trach care	Can support trach. Discussion prior to admission.	Can support an established trach.
Feed Tube	Decompressive NG tubes / venting G-Tubes supported. Short term G-Tube feeds supported; provided there are FIRM stop dates established ; For example: to get a patient to a particular event prior to EOL or to allow time for family to travel from abroad. Please involve RSN and palliative MD to ensure proper discussions have occurred.	No NG Tubes for feeding. NG for symptom relief/gastric decompression with preplanning	No	Yes. Review case by case	Accept with a transition plan to move off of feeding tube within EOL goals of care
Urinary catheters	Yes	Yes	Yes	Yes	yes
Colostomy/Ileostomy	Yes	Yes	Yes	Yes	yes
Blood Transfusion	Palliative-intent pRBC infusions supported; ad hoc discussion required. Please involve RSN and	Able to perform blood transfusion if necessary but needs planning. No platelets	No	No	no

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	palliative MD to ensure proper discussions have occurred.				
Total Parenteral Nutrition (TPN)	No	No	No	Yes – requires preplanning and conversation	No
Hemodialysis	Pain & symptom management only, requires pre-planning	No	No	No	No
Peritoneal Dialysis	Pain & symptom management only, requires preplanning	No	No	No	No
Oncology Patients	Yes, only palliative treatment	Only palliative treatment	Not clients receiving disease modifying treatment as we are end of life	Yes, not on active treatment	Not on active treatment
Infection Control Exclusions	Active TB, C Diff – patient must have returned to baseline stool pattern x 48 hours. Requires pre-planning	Active TB. C-Diff – resolving is ok	Active C. Difficile If on treatment, have a conversation with HW. IPAC clearance needed before transfer. Active COVID infection. Active TB	Active C. Difficile – only at Lisaard House If on treatment, have a conversation with receiving site. Active TB Active COVID	Reviewed on a case-by-case basis excluding: Active C-Diff Active TB Active COVID
Bariatric	Dependent upon availability of equipment. Requires pre-planning	Yes – Dependent on availability of equipment	No if greater than 300 lbs	No if greater than 300 lbs	No if greater than 300 lbs
Position on MAiD as of January 2024	Facilitating but limited providers available at present...		Prohibiting – not allowing MAiD interventions on-site. Support for MAiD request with care team and MRP. Discharge home or hospital for MAiD if needed.	MAiD interventions onsite, however, won’t admit only for the purpose of receiving MAiD.	Not provided on-site
Team Composition					
RN/RPN: Patient Ratio	1 RN, 3 RPNs DL/NL, Resource nurse 7 days a week DL	Days - 1 RN, 1 RPN, 1 PSW Nights – 1 RN, 1 RPN	Days – 1 RN, 1 RPN, 2PSW one 8am to 8pm and one 9am to 9pm Nights – 1 RN, 1 RPN, 1 PSW	IH 1/5; LH 1/6 RNs & RPNs at both houses	Days – 1 RN, 1 RPN, 1 PSW Nights – 1 RN, 1 RPN
Physician	Physician on-site Monday – Friday with 24-hour coverage including weekends	24h coverage and round 2-3 times a week	24-hour coverage and as needed. Rounds are transdisciplinary and held monthly.	Physician on call 24hrs. Rounds twice weekly	24-hour coverage and as needed. Rounds are weekly.

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Services Available on-site					
Physiotherapy	PT and OT available M-F for assessment and consultation, not an active treatment program	Model is based on a referral basis	On referral only	Physician referral – service provided through HCCSS.	On referral only
Occupational Therapy	PT and OT available M-F for assessment and consultation, not an active treatment program	Model is based on a referral basis	On referral only	Physician referral – service provided through LHIN	On referral only
Social Work	Available Monday – Friday	Available Monday – Friday	Psychosocial Spiritual Care Coordinator on-site	Social Work on site	Social Work on-site Spiritual Care available on-site
Respiratory Therapist (RT)	Available 24/7	M and Th only, limited amount, preplanning needed. (Stat holiday excluded)	Access 24/7 to RT via Medigas RT needed ahead of any admission requiring special oxygen set up/ compressor use.	All respiratory needs are serviced by Vital Aire. Accepted with consultation with Vital Aire	All respiratory needs are serviced by Pro Resp
Speech Language Pathology (SLP)	SLP available Monday to Friday for assessment and consultation regarding swallowing and communication issues, not an active treatment program	Communication/swallowing follow up only, not diagnosis. Not for urgent issues. Model is based on referral basis.	None	None	None – provided by H&CC
Pharmacy Services	On-site Monday – Friday	On-site	Yes - off site. Available 24/7	Yes, off site	Yes, off site. Available 24/7
Additional Services <i>(please refer to Hospice/PCU website for up-to-date information)</i>	Spiritual care Pet therapy Recreation therapy Volunteers Hospice volunteers	Chaplin on-site M-F 24-hour clergy on-call Spiritual Services M-F	Music Therapy Meditation Yoga Massage Pet therapy TT Reiki Legacy support volunteers	Music therapy – Full time Coffee time – weekly at Innisfree Bereavement Walking Group – weekly. Family time (bereavement group) for past residents’ families. Offered twice a month. Pet therapy dogs provided by St. John’s Ambulance	Legacy Services Music Therapy Dignity Therapy Massage Reiki and/or Therapeutic Touch Pet Therapy Hair Salon services