



"There's a stigma attached to the word palliative, but we learned that Palliative Care services are accessible at any part of the journey, not just at the end. Multiple times our minds were put at ease as his questions were answered and his comfort priority. We were very thankful for the support." ~ Wendy Toy, caregiver

If the time arrives to consider a move to another care setting, your coordinator will provide guidance through this process for you and your family.



For more information on the Integrated Palliative Care Program, please contact your local home care office:

- O'Leary 902-859-8730
- Summerside 902-888-8440
- Charlottetown 902-368-4790
- Montague 902-838-0786
- Souris 902-687-7096



For more information on the Provincial Palliative Care Centre:

Charlottetown 902-368-4781
 palliativeadmin@ihis.org

PROVINCIAL INTEGRATED PALLIATIVE CARE



Palliative Care is about living well and enjoying life for as long as possible.

Your Coordinator is:

Monday to Friday 8 am to 4 pm call _____

Monday to Friday 4 pm to _____
call _____

Saturday and Sunday call _____

If you experience an unexpected event and/or Home Care is not available call 911. Remember to tell the dispatcher you/your family are enrolled with an integrated palliative care program.

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What is the Provincial Integrated Palliative Care Program?

The Provincial Integrated Palliative Care program is a specialized program through Home Care that provides comfort and support for clients to live fully until they reach the end of their lives.

When you join the program, the palliative care team together with you and your family, develops a plan of care that is right for you.

The palliative care team would include at minimum a palliative care nurse and a physician/NP, and may involve a care coordinator, social worker, spiritual care provider, occupational therapist, physiotherapist, dietitian, home support worker, paramedic, hospice volunteers, and others depending on your assessed needs.

What is Palliative Care?

Palliative Care is a personalized approach to care that enhances the quality of life of people with a life-limiting illness. It does this by the prevention, screening of symptoms, and treatment of symptoms. Communication and quality of life are at the forefront.

Many people think palliative care is provided only in the last weeks and months of life when curative treatments are no longer available. This is not the case as early palliative interventions are associated with better quality of life and even, in some cases, longer lives. A palliative approach to care should start at diagnosis, during treatments, or any time when symptom screening and control is warranted.

Palliative care is ideally provided by the people who know the person best and who work together with experts when they are needed. In addition to helping the person, palliative care helps support family during the ups and downs of illness and death, and in the grieving process.



If I enter the program, am I admitted to a Palliative Care Unit?

We know most people want to remain in their home for as long as possible and we strive to support this wish. Admission to the Integrated Palliative Care Program does not mean admission to a palliative care unit or a palliative care bed. There are times when individuals may face transfers, admissions or respite stays. At any point in time, we want you to have a good understanding of all aspects of your care and be comfortable with the reason for transfer, where you are going, who will meet you upon arrival, and who to call if you have any questions.

What if I need to be transferred?

When a transfer is needed, your palliative care team will ensure the receiving team is aware of your history, your wishes, and your plan of care.

There are 3 specialized units across the province where palliative care is provided. These include: the Provincial Palliative Care Centre, a 10-bed facility in Charlottetown; 6 beds at Prince County Hospital in

Summerside; and 4 beds at Community Hospital in O'Leary. There are palliative beds in Western Hospital, Kings County Memorial Hospital, and Souris Hospital. If the time arrives to consider a move to a long-term care facility, your primary coordinator will provide guidance through this process for you and your family.

What to bring if you are transferred:

There may come a time where you do not require specialized palliative care services. Your care team will work with you to transition to the most appropriate care setting. If you are transferred, please bring your Home Care binder with you. Your Home Care binder should contain:

- **Complete List of Medications and Supplements** – be sure to mention all medications you are taking.
- **Green Sleeve** – the green plastic folder with your Advance Care Planning documents. These may include your Health Care Directive, Advance Care Plan Workbook, and a Goals of Care form.

When a return to home is possible, the team at the facility will share information with Home Care. Usually, a Home Care Liaison Nurse or your Coordinator will be involved in your discharge plan. You can always request to meet with a member of your Home Care team. When returning home, please ensure you have your Home Care binder with you.