

Quality Hospice Palliative Care Coalition of Ontario

CAREGIVER DECLARATION OF RIGHTS FOR HOSPICE PALLIATIVE AND END OF LIFE CARE

The following are the **Caregiver** Commitments and Commitment Statements for Hospice Palliative and End of Life Care.

Commitment	Commitment Statement
Respect	You should be respected and included as a valuable member of the care team*.
Honesty	With the permission of the person you are caring for, you should be provided clear information about the individual's disease, condition and prognosis in words you can understand, and participate in conversations with the care team* to understand options and ask questions.
Self-Care	You should be able to seek help from others and be supported to take care of yourself which includes accessing any available respite and support you need to take a break. This is not an act of selfishness. It will enable you to take better care of your loved one.
Communication	You have the right to express your thoughts and emotions, whatever they may be, in a way that is respectful of others, as well as be validated for your feelings.
Advocacy	You should be provided the opportunity to have a voice, provide meaningful feedback, and express that ongoing efforts be made in Ontario to find resources to support caregivers like yourself.
Honour	Your role as a caregiver is important and you should expect to be valued and honoured in this role by others.
Services	You should receive services and information that is aligned with your cultural preferences and accessibility needs to support your caregiving.
Hope	You should be supported in maintaining hope and a positive outlook, however changing its' focus may be.
Individuality	You should be recognized as person beyond and including your caregiver role and be supported in maintaining a life for yourself as you choose.

*Care Team is defined as anyone the patient chooses to have included in their circle of care, including both formal and informal care providers.

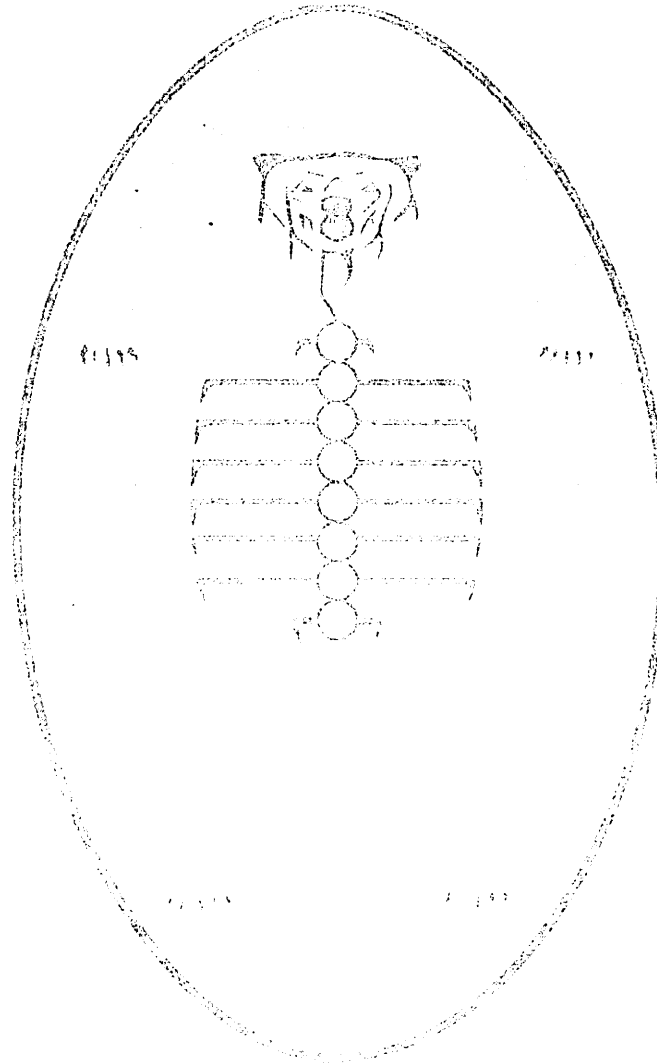
(February 2019)

Endorsed by # Provincial Associations and Academic Institutions comprising the Quality Hospice Palliative Care Coalition of Ontario



Nishnawbe Aski Nation

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**Nowiigeway: A Workshop to Further Plan for Increasing
Access to Palliative Care Services in NAN First Nations**

Final Report

Submitted to First Nations and Inuit Home and Community Care
August 7, 2019

Quality Hospice Palliative Care Coalition of Ontario

PATIENT DECLARATION OF RIGHTS FOR HOSPICE PALLIATIVE AND END OF LIFE CARE

The following are the **Patient** Commitments and Commitment Statements
for Hospice Palliative and End of Life Care

Commitment	Commitment Statement
Informed Consent	You have the right to have all the information and the time you need to make an informed decision i.e., to give or refuse consent to any treatment, care or services. You have the right to have others included in receiving information (e.g., your substitute decision maker).
Respect	You should always be treated with respect (e.g., being heard, treated with value, kindness, courtesy, regard etc.,)
Safety	You should receive care in a safe environment free from all forms of abuse, neglect, or mistreatment.
Honesty	You should be provided clear information about your disease, condition and prognosis when desired in words you can understand and participate in conversations with the care team* to understand options and ask questions.
Care	You should be cared for by compassionate, sensitive and appropriately trained providers who will work to understand your needs and meet them to the best of their ability.
Holistic Care	You should be able to: <ul style="list-style-type: none"> • Participate fully in your plan of care; • Create a plan of care that is reflective of your diverse wants and needs; • Have your decisions and choices respected and followed, even though they may be contrary to the wishes of others.
Information	You should be provided timely information about palliative care services, resources, supports and options that are available in your area (e.g., counselling, hospice volunteers, wellness programs, spiritual care, support groups, alternative care etc.)
Coordination	You should have your information shared in a timely and effective manner among providers that are part of your care team* to ensure continuity of care. You should be informed of what plans are available, if any, for after-hours care if needed.
Individuality	You should have your individuality and dignity honoured without prejudice or judgement.
Privacy	You should expect full consideration of your privacy and confidentiality in the care you receive.
Emotions	You should be able to appropriately express your feelings and emotions about your end of life experience in your own way.
Independence	You should receive care which maximizes your independence to the greatest extent possible in keeping with your wishes.
Advocacy	You can ask and advocate for care and services reflective of your diverse wants and needs.
Services	You should be accommodated if accessible and culturally appropriate services are required.
Hope	You should be cared for by those who can maintain a sense of hopefulness for the best possible quality of life throughout your experience.

*Care Team is defined as anyone the patient chooses to have included in their circle of care, including both formal and informal care providers.

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ST. JOSEPH'S CARE GROUP
 NORTH WEST REGIONAL
 PALLIATIVE CARE PROGRAM

	up in rounds that are operational to organizations in rounds.	
Medication	Symptom Management Kit revision have been made to the form and an adapted Guideline was created and shared with LHIN HCC for adoption	These changes have been incorporated. Home & Community Care is to present at CISC to advise how the guideline can be shared with communities, and LHH PC committees.
Community Resources	Palliative Care Assessment Tool (PCAT) working group will be formed to adapt this tool so that it is more useful to the hospice spaces located in the rural hospitals	Working group being established and will include individuals from the co-located hospice spaces in the region.
Transportation	EMS Diversion letter in place.	Evaluation of Diversion
CISC Membership	The subcommittee is in the process of revising the membership so that there is greater participation from the region. The committee would like to improve its ability to identify clinical issues that are present in the region and bring these issues forward to the Advisory.	<ul style="list-style-type: none"> Local Health Hub PC Committee leads have been asked to identify an individual from their committee who may have an interest to participate in CISC. CISC will seek a representative from the Hospice Bed Community of Practice to participate in CISC CISC has requested the LHIN HCC PPMSC participation on committee.