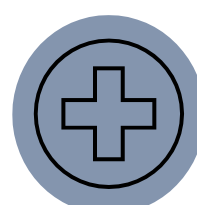




Palliative Care: what it means for you.



Palliative Care Overview

Palliative care provides active compassionate care for patients and families facing life threatening illness. Palliative care helps patients achieve the best possible quality of life right up until the end-of-life. Our interdisciplinary team provides care to address pain and symptom management, psycho-social and spiritual needs to enhance quality of life throughout their illness journey.



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Who is part of the palliative care team?

You and your loved ones are the key members of the team, recognizing your right to be involved and make autonomous and informed decisions in your care.

Your interdisciplinary team includes: your attending physician, nurse, social worker, spiritual care professional, volunteer, pharmacist, dietician, complementary therapist and music therapist. Pet therapy will be considered if requested.

We can also consult a physiotherapist, occupational therapist, speech-language pathologist, psychotherapist and psychiatrist as needed.

Who we serve

The Palliative Care Unit can be chosen by the patient and/or family when treatment is challenging in a community setting.

Patients must no longer require acute medical services and have been given instructions for comfort measures (including a no CPR order).

Patients must be in the terminal phase of their illness. Referral can be initiated by request to a unit social worker or coordinator by phone (905-883-1212 OR 905-832-4554, ext. 2104) or by fax (905-883-2026) using the Common Referral Form.

Please note, all patients will be reassessed every 7 days and an alternative destination (i.e.: home, hospice, long term care, retirement home or RCC) may be identified based on patient care needs.

Accommodation

The Palliative Care Unit has private (one per room) and semi-private (two per room) accommodations. Private accommodation is available based on availability and a cost of \$95 per day. Semi-private cost is \$65 per day. Financial arrangements can be made through financial services. If you are placed in a private room and did not request private accommodation, you will not be charged. However, you will be moved when a semi-private room becomes available.

If you have insurance coverage, it is your responsibility to check your coverage with your provider and submit any invoices to claim.

Tours of the unit are available upon request to familiarize you with the staff, setting and program. Please call 905-883-1212 OR 905-832-4554, ext. 2104.

Palliative Care Criteria

LOCATION	LTC (Long Term Care)	HOSPICE	CVH (Cortellucci Vaughan Hospital)	MRHH (Mackenzie Richmond Hill Hospital)	RCC (Reactivation Care Centre - Finch/Hwy 400)	HOME	MAID Option
Bed #'s	Variable	Hill House (3) Vaughan (10)	4 beds	16 beds	10 beds	NA	MRHH Only
Estimated Prognosis	>24 hours	HH < 1 month, VH < 3 months	<72 hours	< 1 month	> 1-6 months	>24 hours	>72 hours
Co- Payment	May apply based on Ministry of Health Guidelines	No	No	May apply based on Ministry of Health Guidelines	May apply based on Ministry of Health Guidelines	NA	No
Criteria/ Comments	1. If patient comes from a long term care home, going back to the home should be considered for palliative care with recommend- ations.		1. No CPR. 2. Prognosis too poor for transfer to MRHH. 3. Unstable oxygen, unable to transport in ambulance. 4. Agreement for focus on total comfort with no medical interventions. 5. Agreement if condition stabilizes could transfer or return to previous LTC, retirement home, RCC, hospice or home.	1. No CPR. 2. Agreement for focus on total comfort with minimal acute medical interventions (at discretion of physician). 3. Agreement if condition stabilizes could transfer or return to previous LTC, retirement home, RCC, hospice or home.	1. No CPR. 2. Agreement for focus on total comfort with no acute medical interventions. 3. Agreement if stabilizes could transfer or return to previous LTC, retirement home, hospice or home.	1. No CPR. 2. Refer to Home & Community Services for palliative care.	1. Available as requested. 2. Eligibility to donate organs can be discussed.