



YARMOUTH REGIONAL HOSPICE SOCIETY

Status of Palliative Care in the tri-counties (May 05 2025)

In April 2024 we welcomed a new Palliative Care physician, Dr. Phillip Cooper MD, who saw both a need and an opportunity to develop a sustainable palliative care program for the tri-county region of Digby, Shelburne, and Yarmouth. Two of Dr. Cooper's priorities are to promote community care for palliative/hospice patients and to eventually establish a dedicated Palliative Care Unit in the Yarmouth Regional Hospital.

The support of community care of palliative/hospice patients had been negatively impacted by the lack of timely access to medication cassettes for medication pumps for patients who wish to be able to stay at home for their end-of-life care. The Society took an advocacy role with NS Health and has had some success in this regard. We continue to advocate with the Nova Scotia College of Pharmacists to improve the process.

The Yarmouth Regional Hospital is one of the few regional hospitals in Nova Scotia without a dedicated Palliative Care Unit. The seven palliative/hospice beds on 4A are much appreciated, but they are part of a very busy Complex Care Unit which unfortunately does not have the homely atmosphere or facilities typically found in a dedicated palliative/hospice care unit. In addition, the family room where families gather to meet with the palliative care and in-patient teams, in order to discuss a patient's condition and develop care plans, is too small to accommodate large families and multidisciplinary groups. The Society is therefore supporting efforts to secure a suitable location for a Palliative Care Unit within the Yarmouth Regional Hospital complex. We are also advocating for more palliative care nurses, social workers and physicians, since current caseloads are already excessive and unsustainable, especially with the increasing demand for palliative care services which is already occurring.

Following is background information on palliative/hospice care, also some data outlining the status of palliative care services in our region:

There is a common misconception that palliative care means the same as end-of-life care. But with early integration of palliative care into cancer care, the Palliative Care team often follows patients and their families for years, working closely with the cancer team and sometimes even discharging patients from routine follow-up when all their care needs have been met. Palliative Care usually starts with a referral from a physician or nurse practitioner when a patient is diagnosed with any kind of life-limiting illness. It aims to relieve all forms of suffering, to improve symptoms (e.g. pain, nausea, fatigue, anxiety, etc.) and to maximize quality of life while helping patients and their families to prepare for the future. The team also offers social work, spiritual care and grief support. There is now a large body of evidence showing that palliative care actually improves both quality of life and outcomes.

The terms 'Palliative Care' and 'Hospice' are used interchangeably and do not imply any specific location of care. In fact, palliative care can be provided anywhere - in hospital (including Emergency Departments, in-patient and Intensive Care Units), nursing homes, at home, or in a free-standing hospice. Unfortunately, however, the tri-county area does not

have the population base to support a free-standing hospice and NS Health does not distinguish between palliative care and hospice care.

Palliative care is provided in the tri-counties by a multidisciplinary palliative care team consisting of one Full Time Equivalent (FTE) Palliative Care physician for the entire area, 1.6 FTE Nurse Consultants for Yarmouth County, 1 FTE Nurse Consultant for Digby County, and 0.8 FTE Nurse Consultant for Shelburne County. There has been fluctuating access to Social Work support.

The palliative care team members act as consultants for in-patients at Digby General Hospital, Roseway Hospital (Shelburne) and Yarmouth Regional Hospital, in all of which locations in-patients are typically looked after by hospitalists with daily support from the palliative care team. At any one time there is an average of 10-12 palliative care patients located in various units within the Yarmouth Regional Hospital and 4-6 in each of Digby General and Roseway Hospitals.

The Victorian Order of Nurses (VON) provides day/evening nursing care in home and in communities, with on-call support overnight. The VON nurses work closely with the palliative care team and participate in weekly on-line rounds to discuss the shared care of patients/clients. Additional home support is provided through Continuing Care, and EHS paramedics provide 24/7 coverage for emergencies through the Special Patient Program.

The tri-county area had a total of approximately 250 patients in palliative care over the last 12 months. Approximately 75% (~190 patients) had various types of cancer and approximately 25 % (~60 patients) had non-malignant diseases such as COPD, heart failure, ALS, and dementia. New referrals since April 2024 totaled 111 from Digby County, 84 from Shelburne County and 135 from Yarmouth County. Typically, there is a total active caseload of around 140 palliative patients in the tri-county program at any one time. On average, 16 palliative care patients die per month, two-thirds in a hospital and one third at home. With the promotion of community-based palliative care, an increasing proportion of patients are now able to die at home, if that is their wish and if they have the necessary family and professional supports.

The tri-counties were without a palliative care physician from May 2022 to April 2024 and considerable effort has gone into rebuilding the palliative service over the last year. The total number of referrals to palliative care in calendar year 2022 was 101 and in 2024 it was 332, reflecting not only a marked increase in overall referrals, but also the fact that the palliative care team is being asked to see more patients with chronic (non-cancer) diagnoses and more hospital in-patients. Appreciation for the work of the palliative team is reflected in obituaries gratefully acknowledging the care provided by Dr. Cooper, the Palliative Care Team, the VON, and Continuing Care.

With the combined impacts of an aging 'baby boomer' demographic and increasing awareness of the value of all that palliative care has to offer, there is certain to be a continued rapid increase in the demand and need for palliative care services for the foreseeable future. This will therefore mean a need for more palliative care professionals and also a more appropriate location for those requiring in-patient care.

Willard D'Eon, Chair, YRHS yarmouthregionalhospicesociety@gmail.com