



# Hospice Palliative Care Nurse Practitioner Program

## The Program

**The Hospice Palliative Care Nurse Practitioner Program (HPCNP) Program** is part of the Ontario government's 9,000 Nurses commitment, a key component of Ontario's Health Human Resources Strategy. Ontario's 14 LHINs are funded to support a total of 70 HPCNPs across the province.

The South East LHIN's HPCNP Program is a dedicated team of Nurse Practitioners providing direct clinical care to patients with complex palliative care needs, including pain and symptom management.

### To receive services, a patient will:

- Have a life-limiting disease e.g., cancer, COPD, CHF, etc.;
- Be aware of their palliative care diagnosis, with a life expectancy of 6-12 months;
- Be identified as having HPC needs currently or have the potential to need complex pain and symptom management in the future;
- Be receiving, or being referred for Home and Community Care Program services; and
- Be supported by a Most Responsible Physician or Nurse Practitioner, who agrees to a Shared Care Model.

## Important Facts

- Hospice Palliative Care (HPC) is whole-person health care that aims to relieve suffering and improve the quality of living and dying.
- HPC may complement and enhance disease-modifying therapy, or may become the total focus of care.
- Only **10 per cent** of people die suddenly, while the remaining **90 per cent** will require assistance and support at some point in their lives.
- HPC strives to help patients and their families prepare for, and manage, self-determined lifeclosure and the dying process, and to cope with loss and grief during illness and bereavement.

Source:  
Canadian Hospice Palliative Care Association

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## Enhancing the quality of hospice palliative care through:

- Earlier diagnosis of HPC needs.
- Direct clinical care in the home to the full scope of practice of the HPCNP.
- Management of pain and other symptoms through prescribing and monitoring of medication, and other interventions.
- Support to patients in their choice to die in their preferred place.
- Assistance with admission to hospital or residential hospice, if this is the patient preference.
- Interventions to reduce hospital admissions and avoidable ED visits.
- Opportunities to strengthen consultation within the inter- professional team.
- Collaboration with all community partners, such as nurses and personal support workers.
- Bring all your medications and medication list to any health care appointments.

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The HPCNP Program will contribute to excellence in the delivery of care for people of all ages and their families requiring hospice palliative care in the South East LHIN.

The HPCNP Program's goal is to enrich the value of Hospice Palliative Care delivery at home, by collaboratively supporting the patient and family throughout their journey.

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## Inter-professional care is Gold Standard

The HPCNPs collaborate with the inter-professional care teams across the health care continuum including, but not limited to: home care, primary care, specialized hospice palliative care, acute care and community supportive care organizations or agencies to support patients in living and dying in their place of choice.

The HPCNP works within a shared care model with the patient's primary care provider, in order to support continuity of care and increase capacity within those primary care providers providing HPC.

## Philosophy Statement

“ You matter because you are you, and you matter to the end of your life. We will do all we can not only to help you die peacefully, but also to live until you die.

— Dame Cicely Saunders,  
nurse, physician and writer, and founder of hospice movement (1918 - 2005) ”