

Supportive Palliative Care Unit Information Booklet



What this Booklet is About

This booklet is intended to be a resource to support you and your loved ones in your Hospice Palliative Care journey. This booklet will provide information about what palliative care is; who your supportive palliative team members are, what is available to you at Richmond Hospital's Supportive Palliative Care Unit (SPCU), what a typical day on the unit would look like, personal safety, what financial expenses you can expect, and other helpful resources.



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About Richmond Hospital

Who We Are

The Integrated Hospice Palliative Care Program (IHPCP) is a specialized end-of-life care program for people diagnosed with a terminal illness. The IHPCP is a community-based program. The program includes the following: Home Health, Hospice, and the Supportive Palliative Care Unit (SPCU).

Mission Statement

The Richmond Home Health Services, Continuing Care Division, has overall responsibility for the administration and provision of continuing care services to the people of the City of Richmond. The purpose of these continuing care services is to assist individuals achieve a level of health that enhances their quality of life emphasizing social and personal resources, as well as physical capabilities. The broad social health care model is the basis of our service delivery. As a significant part of the City of Richmond's health system, the Continuing Care Division is dedicated to working together with the public and with health related organizations to create a strong community and patient-focused health care system.

Vision

The Richmond Integrated Hospice Palliative Care Program provides holistic, integrated, and interdisciplinary hospice/palliative care to persons living with and dying from life limiting conditions. The care is flexible and appropriate to clients and their loved ones' needs. The program is accessible to clients around the clock across different settings: Home Health, Hospice, the Supportive Palliative Care Unit (SPCU), and Residential Care, while remaining sensitive to personal, cultural, religious, and spiritual preferences.

Values and Principles

PEOPLE: We respect the diversity, dignity, right to equality and privacy of all people.

COMMUNITY: We value and promote community participation and working together.

TEAMWORK: Our staff and valued volunteers work together to provide service by fostering trust, supporting each other, and teaming up with you, your loved ones.

INTEGRITY: We act with integrity through fair process, accountability, and fiscal responsibility.

EXCELLENCE: We value service excellence and promote continuous improvement, learning and innovation, to enable us to provide appropriate, effective and efficient services.

Your Supportive Palliative Team Members

Palliative Doctor

The Integrated Hospice Palliative Program is overseen by the Palliative Program Medical Director; also known as the palliative doctor. The palliative doctor is the clinical leader for treatment and education of patients and their loved ones. In addition, the palliative doctor provides consultation and support services across the continuum of care. The palliative doctor is the main doctor who will care for you while you are on the palliative unit. The specially trained palliative doctor will partner with your family doctor who oversee your care.

Nurses

Registered nurses (RNs) and Licensed Practical Nurses (LPNs) work alongside the doctor and other health care professionals as partners. Nurses work together with you as partners to achieve maximum comfort and ease. Your nurse will perform health assessments, such as taking your heartbeat, blood pressure, breathing, and temperature, check your skin, your ability to move, eat, go to the bathroom, turn in bed, and get in and out of bed. They also assist with therapeutic interventions, such as managing your pain, nausea, vomiting, and other symptoms. Your nurse will assist you in directing questions that you may have to other members of your supportive palliative team, such as the dietitian or the social worker. Furthermore, your main nurse will do his/her best to address your physical, emotional, psychosocial, and cultural needs.

Social Worker (SW)

The social worker is a member of your supportive palliative team that provides holistic care to you and your loved ones about your emotional, social, financial, and practical needs. The SW can also help you with applying for supportive services, clarifying goals of care, planning for end-of-life decisions, funeral arrangements, Wills, and estates. The SW will help you by providing information about hospice and arranging tours for those interested in visiting the hospice.

Spiritual Care Practitioner (Chaplain)

Care of the human spirit is part of the holistic caring at Richmond hospital. A clinically trained chaplain is part of your supportive palliative team.

The chaplain supports you by:

- Providing emotional and spiritual support for you, your loved ones, in times of confronting a serious or terminal illness, adjusting to life changes, meaning-making, life review, fear, crisis, loss, and end-of-life.
- Helping you and your loved ones draw upon one's own; spiritual, religious, and cultural resources for strength, wisdom, and healing.
- Walking alongside with you and your loved ones in times of joy or sorrow and standing between what is known and the mystery of the unknown.
- Promoting awareness of spirituality, personhood, celebration of life, and a sense of the sacred.
- Consulting with your supportive palliative team and connecting with the multi-faith community.

You can ask your nurse or doctor to speak with the chaplain.

Music Therapist

Music Therapy uses music skilfully to address you and your loved ones psychological, spiritual, social, and cultural needs. As a member of the Supportive Palliative Care Unit (SPCU) team, the music therapist offers complementary tools for pain management as well as emotional and spiritual support.

Music therapy offers a compassionate approach to end of life care. It integrates you and your loved ones' musical preferences with your cultural background and spiritual beliefs to respect your dignity and celebrate your life. The music therapist plays the piano and other instruments on the unit. He/She can bring the piano to your room to play your favourite music.

Dietitian

The dietitian works alongside your supportive palliative team members with the goal of your overall well-being in terms of food, nutrients, and fluids. The dietitian visits you and your loved ones to discuss past and current eating problems, and help determine what foods you are presently able to tolerate or enjoy. The palliative care dietitian helps you and your loved ones deal with poor appetite, nausea, and vomiting. The dietitian works with the speech-language pathologist to help modify diets for patients with swallowing problems.

Physiotherapist (PT)

The physiotherapist assists you in being as active as possible, by keeping the strength in your muscles and movement in your joints to the best of your ability in the hospital or at home. The PT may also help you better manage your pain by suggesting positions of rest and comfort, proper ways of moving from bed to chair and applying, if able, techniques like ice or heat. The PT may recommend aids for walking and moving like walkers or canes. The PT works alongside your supportive palliative team members. He/she will encourage you to maintain mobility even if it means just sitting up in the chair for few minutes.

Occupational Therapist (OT)

The occupational therapist works alongside your supportive palliative team members. The OT helps you adapt to your everyday needs, such as activities of daily living. The OT can also help you take part in activities that you enjoy by establishing techniques or making equipment recommendations. The OT helps you maintain your functional ability at the Supportive Palliative Care Unit (SPCU) and/or in your home.

The OT facilitates discharges. For example, he/she oversees necessary equipment that you may require in order to be as safe and as independent as possible at home. The OT provides you with information on other services in the community, such as Red Cross, Meals on Wheels, Life Line Program, and more. The OT also has a role in preventing pressure ulcers by performing skin assessment and consult. If you have a home OT, then the palliative OT may work together with him/her to provide your care.

Unit Clerk

The unit clerk is one of your first supportive palliative care team members that you and your loved ones will meet when arriving to the unit. At the nursing station, the unit clerk performs duties such as greeting you and your loved ones, answering telephones, providing general information and/or contacting team members as necessary. The unit clerk will place you and your loved ones' needs above all other concerns.

Volunteers

The Richmond Hospice Association provides trained hospice visiting volunteers to the Supportive Palliative Care Unit (SPCU). These hospice-trained volunteers are specific to the SPCU and each volunteer has a weekly shift.



In addition to doing things around the unit such as keeping the plants and flowers fresh, making coffee and tea in the kitchen and setting out cookies as part of a “Tea Service”, these volunteers bring a listening and supportive ear to you and your loved ones. You can talk to the volunteers about death and dying. Volunteers may also be able to visit you at home and hospice should you wish to have this service.

Interpreters

If a language barrier exists between you and your supportive palliative care team, or you and/or your loved ones do not speak English, interpreter services are available. These interpreter services can be scheduled to help with communicating your health care needs or concerns during your and your loved ones’ meetings and/or when meeting with the palliative doctor. Usually, the unit clerk will schedule the interpreter’s services which is a free service for you and your loved ones.

What is Palliative Care?

*“Allow yourself to grieve”.
Spend time alone or with people who make
you feel loved and comfortable.*

Palliative care is aimed at supporting you and your loved ones’ unique journey after you are diagnosed with a health condition that requires palliative care services. In palliative care, you may continue to receive treatments to reduce your uncomfortable symptoms. Palliative care aims to reduce suffering of emotional, physical, cultural, spiritual, and psychosocial symptoms. In palliative care, you and your loved ones will be cared for with respect to your values and beliefs.

SPCU Goals

While staying on the SPCU, the palliative team will do their best to:

- Maximize your comfort and quality of life, as defined by you (or by your loved ones, if you are unable to do so).
- Control difficult to manage symptoms of your disease process such as: nausea, pain, wound care, psychosocial, constipation and other symptoms.
- Support you and your loved ones emotionally, spiritually, and culturally.
- Provide education as it relates to your symptom management, grief, and bereavement, medications and other.

Palliative Care can be Delivered in Different Settings

“Everyone experiences grief and loss differently.

Remember, grief is unique to the individual; there is no one-way, or “right way” to grieve.”

In the Supportive Palliative Care Unit (SPCU), Community, Hospice, and Residential Care.

The Supportive Palliative Care Unit (SPCU)

The SPCU is a place where you are at the center of care. We, the supportive palliative team, partner with you and your loved ones throughout your palliative journey by providing support and treatment. You will have various supportive palliative team members helping with your care, as stated under the **Your Supportive Palliative Team Members** section.



Your supportive palliative team is there for you in your end-of-life journey. The team will help maintain quality of life while you are at the end-of-life. The different supportive palliative team members will provide you with the information and education that you need to assist in managing your care. You will also have the opportunity to talk about grief and bereavement with the social worker, chaplain, and other staff who you may be comfortable with.

Your supportive palliative team will help in assessing your needs for going home or will facilitate your transfer to hospice or to a long-term care facility. However, you may stay with us until the moment of passing. We work in partnership with you, your loved ones, and your support system to meet your physical, emotional, social, cultural, and spiritual care needs. While you are in our care, your personal, cultural, and faith will be respected at all times, as well as your beliefs and practices.

Community (your home)

Palliative care is one of the many home and community care services that Home Health offers. The members of the palliative team will work with you and your loved ones. Your team members include palliative physicians, nurses, a nurse practitioner, a clinical nurse specialist, a social worker, home support workers, and volunteers. In addition, you will maintain your relationship with your primary physician.

You may have health care workers come to your home to help you with personal care. You may also be provided with equipment, such as a walker, a cane, a commode, a hospital bed, and others, to support your stay at home. In order for you to receive the equipment and home care workers support for free, you will need to be assessed and determined that you are qualified for the Palliative Care Benefits Program.

People often wish to spend as much time as possible at home, which may include remaining at home until death. If this is your desire, we will work with you and your loved ones to help make the necessary arrangements.

Dying at Home

Planning ahead is helpful in supporting your decision to stay at home. This includes thinking about advance care planning, options around having a natural planned home death (if so desired), and informing people of your wishes as you move towards the end of your life.

If you wish to die at home, you and your loved ones will receive the help and support that is needed to facilitate your wish.

If you are at home, you and your loved ones can talk to your primary doctor or home care nurse about home death.

If you are in the hospital, you can talk to the palliative doctor about your wish to die at home. The palliative doctor will consider your and your loved ones' wish to take you home providing that all considerations have been made.

What needs to be done for a home death

We, the supportive palliative team, you, and your loved ones need appropriate planning for you to die at home. You may expect the following:

- You and your loved ones can receive support at home from nurses who can help manage symptoms and from health care workers who will manage your daily care
- A Medical kit will be placed at home for the last 72 hours of your life. The medication kit will include drugs that were prescribed by your doctor. Your loved ones will be taught how to give the medications to you.
- Your nurses or doctor will give you a form that states that you do not wish to be resuscitated. This form has to be placed in an envelope and placed on the fridge door should an ambulance be called.
- The coroner does not need to be notified as death is expected, unless there are concerns regarding the cause of death.

- 911 does not need to be called when death is expected and arrangements have been made.
- The funeral home is aware and can be contacted directly once death has occurred (as you and/or your loved ones made pre arrangements and appropriate authorization was put in place).

More information on these topics is available on the BC Ministry of Health Services: End of Life website at <http://www2.gov.bc.ca/gov/content/health/accessing-health-care/home-community-care/care-options-and-cost/end-of-life-care-and-palliative-care>

Hospice

Richmond has one hospice house with 10 private rooms in a residential setting, each room overlooking a large natural lawn. Hospice is offered to those within their last three months of life who



are seeking comfort care and who are no longer seeking curative treatments. Candidates for hospice are waitlisted according to their needs for palliative care and their appropriateness for the care offered there.

At hospice, residents and families receive comfort and compassionate care. Hospice staff members treat all individuals with dignity and with the recognition that emotional and spiritual needs accompany physical needs. Nurses are present twenty-four hours a day; together with an attending physician, they assess and treat hospice residents toward comfort, management of symptoms and support of families undergoing the loss of a loved one.

Hospice settings are meant to feel more like a home than a hospital. They are designed and furnished to provide a peaceful, home-like environment for both individual and family members. Each person has his or her own room.

A few items brought from home—photographs, flowers, favourite blankets or clothes—can make the room more personal and familiar. Visiting hours can adjust to the needs of each family.

Each week, members of Richmond’s palliative care team come to the hospice, including the Music Therapist, the Social Worker, the Occupational therapist and the nutritionist.

Richmond Volunteers Offer an Extensive Program for You and Your Loved Ones; Whether You are in Hospital Settings, at Your Home, or at Hospice.

Some of the services may include:

- Emotional and social support through personal visits in the home, at the Supportive Palliative Unit and at the Rotary Hospice House.
- Grief and loss support for your loved ones, including: one to one bereavement support, six weeks grief support groups, weekly walking groups and weekly relaxation therapy group.
- Community education and public awareness regarding hospice/palliative care resources in Richmond.
- Support for terminally-ill individuals in their homes, hospital and in care facilities.
- Relaxation therapy groups and weekly walking groups.
- Bereavement phone support.

The Layout of the SPCU

“Silence is a powerful way to connect and may be therapeutic.”

It’s okay if you can not think of anything to say.

The SPCU is a ten-bed unit with three private rooms and two shared rooms. The private rooms are often kept for individuals who are in their last days/hours of life. This is to give privacy to the individual and their loved ones during this emotionally difficult time. At times, if an individual has an illness that is contagious, they may also be provided a private room to minimize the spread of germs. Each room, whether private or shared, has their own bathroom.

The SPCU also has a Kitchen, Lounge, Children’s Space, Garden Area, and Quiet room.

Your Bedside Space includes:

- A TV (free)
- A Telephone (free)
- A Whiteboard

Note: There is a whiteboard in your room to help improve communication with your supportive palliative care team. Information on the board includes names of your nurse and doctor and your ability to move. As well, there is a space for you, your loved ones to leave messages and questions for your nurse or doctor.

There is also a whiteboard by the head of the bed. This board will display alerts and risks such as fall risk.

In the Kitchen you can:

- Heat your food in the microwave
- Make toast
- Brew a pot of coffee or make a cup of tea
- Popsicles or ice cream are available
- Access our fridge where you and your loved ones can keep food

Note: If you and your loved ones keep food in the fridge while on the SPCU, please ensure that it is **labeled with your name and date**.

Please check with your nurse before feeding or sharing food with other patients. Other patients may have allergies, swallowing problems or special diets, and cannot eat certain foods. Our dietitians and other team members welcome your questions on anything related to food, eating, drinking, or swallowing.

In the Lounge you can:

- Watch television
- Listen to piano playing favourites by our music therapist
- Read
- Relax
- Visit with your loved ones
- Meet with one of our specialized palliative care volunteers
- Find the resource center which has rich information and educational pamphlets. Pamphlet topics include dealing with grief and bereavement, information about falls, and much more
- Find our HEALING BOWL, where you can write a wish and or a healing message



In the Children's Space:

- There is a cart with coloring books, paper and crayons to draw.
- Reading material about grief or loss for children

In the Garden Area you can:

- Get fresh air
- Enjoy the sun or rain
- View the flowers
- Visit with your loved ones



In the Quiet Room you can:

- Have meetings with the supportive palliative care team
- Enjoy a quiet space
- Listen to the music therapist play the piano
- Visit with your loved ones
- Have family conference



Note: Wherever you decide to spend time while on the SPCU, you will have access to our staff and specialized volunteers.

A Typical Day on the SPCU

*Communicate with your loved one.
Say what you want to say.
You can share your feelings and thoughts.*

Every day on the SPCU is slightly different. However, here is what a typical day may look like:

Who Will be Looking After You Daily:

The Palliative Doctor

The palliative doctor is on the unit daily. However, the time of day that you are seen by him/her may vary. The doctor and nurses have daily rounds to discuss your care for the purpose of providing continuity throughout your palliative journey.

The Nurses and other Health Care Providers

The nurses' shift change on the SPCU happens twice a day. With each shift change the nurse hands over your care to the oncoming nurse.

The nurse's shift change happens at:

- Mornings 7:00 am - 7:00 pm.
- Nights 7:00 pm - 7:00 am.
 - The nurse who will be caring for you will be either a Registered Nurse or Licensed Practical Nurse.
 - Between 7:30 am - 8:00 am the nurses conduct rounds on their patients to assess each individual's status.
 - During your stay the nurse will check on you at least once per hour and more often if needed.

- You will have a number of other health professionals caring for you, such as a social worker, a physiotherapist, an occupational therapist, a dietitian, and the coordinator of your care.
- Monday to Friday the team meets to review each patient's plan of care and sometimes the team will meet you at your bedside.
- When the doctor is at your bedside you can ask about test results, your plan of care, and any other concerns or worries you may have.

Personal care items for you to bring?

When you are admitted to the SPCU, we recommend bringing prescription medication in original labeled containers, dentures, glasses and hearing aids. For your personal care, please bring your basic toiletries (e.g. toothbrush, toothpaste, shampoo, hairbrush, razor), and pajamas/nightgown, bathrobe and slippers. Remember to bring your ID.

Note: If you forget to bring your personal care items, the SPCU can provide basic care items. Please **do not** bring valuables such as large sums of money, credit cards, electronics or jewelry. These items should be left or sent home so they do not get misplaced or lost while in hospital.

Meals are served at:

Breakfast: around 8:30 am

Lunch: around 12:00 pm

Dinner: around 5:00 pm

- If you are unable to eat right away when meals are served, we can heat up your food in the microwave later.
- Your loved ones are welcome to bring in your favourite foods.
- We encourage good nutrition as it promotes well-being. However, we understand that at times you may not have an appetite to eat.
- We can provide popsicles and ice cream if you desire.
- If you want something to drink during the day, you can ask a nurse or volunteer to assist you.

Visitors are welcome

Your loved ones are an important part of your journey. Here on the Supportive Palliative Care Unit (SPCU), visitors are allowed to come at any time of the day. We try to make the SPCU as welcoming and as comfortable as possible for you during your stay. We understand that your loved ones can enhance your physical, emotional, and spiritual well-being. We provide recliners for your loved ones to stay overnight. Please remind your loved ones to be quiet during the night when you are sharing the SPCU room with other palliative patients.

However, if your loved ones have flu-like symptoms, such as:

- Chills
- Fever
- Sweats
- Gastrointestinal issues (diarrhea)
- Cough

We recommend that they stay home. However, if staying home is not an option then we can provide them with a mask when entering the hospital or the SPCU. As well, we suggest washing hands with warm water and soap or alcohol-based liquid/foam hand sanitizers frequently to reduce the spread of germs.

Keeping You Safe During Your Stay on the SPCU

Slips and falls

You and your loved ones' safety are important. You should be wearing proper footwear to move around the Supportive Palliative Care Unit (SPCU). The SPCU unit will provide you with non-slip socks in order to avoid slips and falls.

If you are at risk for falls, you will have a bed alarm ON when you are in bed. This will provide an element of safety for you. If you need assistance when getting out of bed, please use the call bell. When your loved ones are leaving for the day ensure to notify the staff so that your bed alarm can be reactivated.

Infection control

It is extremely important to control the spread of infections. Hand washing is the best protection against the spread of infections. Please wash your hands or use hand sanitizer. Your loved ones should wash their hands or use hand sanitizer before and after entering your room, as well as upon arriving and leaving the unit.

When you need to sneeze or cough, cover your mouth and nose with a tissue. If you do not have a tissue, sneeze or cough into your elbow. Do not cough or sneeze into your hand.

If you are placed on any type of isolation, your loved ones will have to dress in a yellow gown and gloves at all times and put a face mask on if necessary while visiting you. We ask that you and your loved ones will stay in the room and avoid going out to the common area on the unit. This will help us protect the other patients and their loved ones.

Medications

If you have any allergies to medications, please let your palliative doctor and nurse know.

Your palliative doctor and nurse review your medications with you when you arrive to the unit.

If you have questions about the medications you are taking, please ask. If you think you may have missed getting your medications, please check with your nurse.

You have the right to refuse to take any medications. We, the palliative team will work with you to address your concerns.

Additional Information

When Can I Go Home?

If going home is an option for you, then we will try and make the process as smooth as possible. You will be going home when your symptoms are managed and or when your loved ones are ready to manage your care at home and or when all equipment is in place, and/or when all arrangements have been made. We wish for your discharge to be successful, to this end, the palliative team will ensure that all is in place before your discharge. We will review the “My Plan For Going Home” form with you before you go home. You will also be given a copy to take home with you to share with your family doctor. “My Plan for Going Home” is a form that includes plan of care, your hospital admission date, home care nursing phone numbers, and any other special needs that you may have.

If you are given prescriptions from the doctor the nurse will give you instructions before leaving the SPCU.

Discharge time from the SPCU is between **9:00 am - 10:00 am**. If you need transportation, we can arrange it for you at your cost or your loved ones can take you home.

Note: Please remember that we are unable to delay discharge time once you have been cleared to go home from the hospital.

Choosing a loved one to relay information

Choose one person to be your main contact person. It is best if this person is a relative (and it also helps if that person speaks English). Tell us who you choose as your contact person. We will give that person updates, and they can then update your loved ones.

Smoking

Both the Supportive Palliative Care Unit (SPCU) and Richmond Hospital are smoke-free facilities. There is no smoking permitted anywhere on the premises or grounds. This includes our balconies and outdoor areas.

If you need to smoke, please speak to your nurse and they will explain the options available to you.

Electrical items

All electrical items that are brought to the hospital must be CSA (Canadian Standards Association) approved. We will assess each item to ensure that they are approved. These items include radios, fans, clocks, shavers, etc.

Is there a Wireless Network?

Yes. We have free wireless access called “health guest”. Ask at the nursing desk for this month’s password.

Pets

Many of us at Vancouver Coastal Health love pets and recognize the important role they play in our health and wellbeing. However, not everyone shares our love of animals, some people suffer from allergies and animals do not always fit well into our hospital’s busy hallways. Check with your nurse before bringing in your pet for a visit.

Finances

Financially, what is not covered?

During your stay in hospice, you will be charged a daily fee. If for some reason you are unable to pay this fee, your financial situation can be assessed to see if you qualify for a temporary rate reduction. Our social worker can guide you through this process.

Get help covering your costs

In addition to our services, The BC Palliative Care Benefits Program can help cover the fees for palliative care supplies, costs of medications, and special equipment in the community. You must be qualified to be eligible for the benefits. If you qualify, the doctor will submit a referral to the BC Palliative Care Program.

As well, the Compassionate Care Benefits Program can offer financial support (through the Employment Insurance Program) to some of your loved ones who choose to take a six week temporary leave from their jobs in order to provide end-of-life care for you at home. Ask to speak with a social worker for more details.

Other options

Depending on your situation, you may have other options for financial support. These may include benefits through your workplace, Canadian Pension Plan, and B.C.'s Ministry of Employment and Income Assistance. Ask to speak with a social worker if you have financial concerns.

How do I get the exact costs?

The costs to you will vary depending upon your individual situation. For example, you may be entitled to benefits through other sources (e.g. Extended Health Benefits, Veterans Affairs Canada, etc.), or you may have unusual expenses and be eligible for a temporary rate reduction. It is important to work with our social worker to obtain an accurate assessment of your unique situation.

What is Advance Care Planning (ACP)?

Advance Care Planning (ACP) is a process where you reflect on and communicate your values and wishes. It is a way to let your loved ones and the supportive palliative team members know about your future health and personal care preferences. You will receive a pamphlet called “Advance Care Planning” and a booklet called “My Voice”.

Code Status

Upon entering the hospital, you will have an important conversation with the physician about the services you would like to receive when you are not able to communicate.

These services are as follows:

Full code: All life saving services will be attempted

Option 1: Supportive care such as nursing care, relief of pain, control of fever, fluids & continued management of your chronic conditions. No Cardiopulmonary Resuscitation (C.P.R.).

Option 2: Option one plus care services & medications to manage acute conditions within the limits of the residential care facility & program to which they are admitted, No C.P.R.

Option 3: Option two plus admission to an acute care hospital (if not already admitted) for medical/surgical treatments as indicated. No referral to critical care. No C.P.R.

Option 4: Maximum therapeutic effort as in Option 3 above including referral to critical care & use of C.P.R. if indicated.

DNR (Do Not Resuscitate): **No** Intubation (no tube for artificial breathing), **No** Compressions (no manual chest compressions), **No** Defibrillation (no electrical stimulation).

What Happens Immediately After the Death in the Hospital?

*“To everything there is a season and a time,
to every purpose –
a time to be born, a time to die;
a time to cry and a time to laugh.
For everything there is a season,
a time for every living to grow and then to die”.*

A doctor or nurse pronounces that death has occurred. In hospital, whenever possible, the body is left for a short time on the nursing unit if loved ones and visitors wish to spend time together. Then the body is taken to the hospital morgue until arrangements are made for release to a funeral home.

It is possible to have the funeral home attendant come directly to the unit. If you are religious, have cultural traditions, or your loved ones' wishes a direct transfer of the body to the funeral home. This can usually be arranged (unless the death is a “coroner’s case”). Please advise your nurse in advance if this is your wish. Delays may occur in coroner’s cases.

Whether you pass away at the hospital, at home or at hospice, your body will be picked up by the hearse and taken directly to the funeral home. Depending on what you and your loved ones have decided prior to the passing, your body will be buried or cremated.

Funeral Services (Burial vs. Cremation)

After death, there are decisions that must be made about laying the deceased to rest. These options include burial or cremation. Whether you or your loved ones decide to go forth with a burial or cremation, there are services which can help you plan a celebration in honour of your life.

Please refer to www.bcfunerals.com or speak with the spiritual care practitioner or social worker for more information.

Organ Donation

Body Donation Program of University of British Columbia

Many individuals decide to donate their bodies to the University of British Columbia for the purpose of medical research. This very special contribution furthers medical research of the human body and disease processes.

Individuals donating their body to the medical school can be assured that their bodies remains are handled with dignity and respect.

Upon request a body donor consent form will be mailed to you or you and your loved ones can sign the form while in the hospital.

Please contact body.program@ubc.ca or telephone 604-822-2578

Eye Bank of British Columbia

The Eye Bank of British Columbia is a provincial, non-profit organization responsible for providing eye tissues for transplantation, education, and research. They offer families the opportunity to donate their loved one's organs and tissues.

There are two parts of the eye that can be transplanted; they are the cornea and the sclera.

- The cornea is the front part of the eye that is clear when healthy. A successful corneal transplant can dramatically restore eyesight.
- The sclera is the white portion of the eye that is used for a variety of surgical procedures.

You can read one of the pamphlets on Gift of Sight. The pamphlets are available in English, Chinese and Punjabi. For more information please contact: 604-875-4567. www.eyebankofbc.com

Resources

Contact Information

To share a compliment or to resolve a complaint about any of Vancouver Coastal Health services and programs, call VCH Patient Care Quality Office. 1-877-993-9199 or email pcqo@vch.ca

Richmond Continuing Health Services
5 North Richmond Hospital
7000 Westminster Highway..... 604-278-3361

Caregiver Support and Education

Health and Home Care Society of BC
Your Family Respite Centre..... 604-327-9525

Richmond Caregivers Education and Support Program
info@volunteerrichmond.ca
Volunteer Richmond Information Services 604-279-7020

Transportation

HandyDART
Bookings 604-575-6600
Handy Card/Taxi Saver Program..... 778-452-2860
www.bctransit.com

Parking Permit Program 604-718-7733
Social Planning and Research Council (SPARC) of BC operates the Parking Permit Program for people with disabilities.
<http://www.sparc.bc.ca/parking-permit>

TransLink Customer Information 604-953-3333
Transit Seniors fare discount
www.translink.bc.ca

Travel Assistance Program:
For medical travel Toll Free: 1-800-661-2668
SN Transport Toll Free: 1-800-768-0044

Personal Response Systems

At the push of a button, receive 24-hour assistance for emergency situations and help as needed.

Life Line Program (emergency response)..... 604-872-5433

Medic Alert Toll Free 1-800-668-1507
www.medicalert.ca

Safely Home Toll Free 1-800-616-8816
www.safelyhome.ca

Equipment Loans

Red Cross Medical Equipment
Loan Service 604-709-6600
Referral from a health care provider is required for equipment

Personal Supports
Information Line..... 1-888-818-1211
Information and referrals to government programs that may provide equipment and assistive devices for persons with disabilities
www.personalsupports.bc.ca

Meal Programs and Other Food Resources

Betters Meals..... 604-299-1877,
Toll Free 1-888-838-1888
(Min. order \$25)
Fax: 604-291-0822
3930 Kitchener Street, Burnaby
sam@bettermeals.ca
www.bettermeals.ca

Chinese Meals on Wheels
(Food delivery and service in Chinese) 604-292-7200

Fresh Choice Kitchens..... 604-876-0659 ext. 118

Greater Vancouver Food Bank Society
1150 Raymur Avenue Fax: 604-876-7323
cooking@foodbank.bc.ca
www.communitykitchens.ca

Kosher Meals On Wheels
Jewish Family Service Agency..... 604-257-5151
Fax: 604-257-5148
305-1985 West Broadway
gboroomand@jfsa.ca
www.jfsa.ca

Meals on Wheels..... 604-732-7638

Health and Home Care Society of BC..... 604-292-7200
204-3077 Granville Street
(Service in Cantonese) Fax: 604-733-6698
<http://www.carebc.ca/meals-on-wheels.html>

Shop Smart Tours
Overwaitea Food Group
Grocery store tour with a nutritionist..... 1-800-242-9229
www.saveonfoods.com/nutrition-tours

Information Services

Health Link BC 8-1-1
Non-emergency health information available 24 hours a
day, 7 days a week.
www.healthlinkbc.ca

Jewish Family Service Agency..... 604-257-5151
Fax: 604-257-5148
#305-1985 West Broadway
info@jfsa.ca
www.jfsa.ca

Seniors Services Society 604-520-6621
Fax: 604-520-1798
750 Carnarvon Street, New Westminster
info@seniorsservicessociety.ca
www.seniorsservicessociety.ca

Vancouver 3-1-1..... 3-1-1
Vancouver city services information. Available 24 hours a
day, 7 days a week.

Counselling Services

End-of-life is a stressful time and there are counselling
services that are available that could help you through
the process. The services available to you depend on your
ability to pay.

BC Bereavement Helpline 604-738-9950,
Toll Free 1-877-779-2223
<http://www.bcbereavementhelpline.com/contact-us/>

Crisis Centre BC Crisis Line 604-872-3311
Available 24 hours a day 7 days a week

Distress Line Network of BC 604-310-6789
Short term emotional support and referrals.
Available 24 hours a day 7 days a week

Family services of Services of
Greater Vancouver 604-731-4951

Jewish Family Services 604-257-5151

Living Through Loss Counselling 604-873-5013
www.ltlc.bc.ca

Lower Mainland Grief Recovery Society 604-696-1060
lmgr@lmgr.ca

Richmond office 604-279-7100

Richmond Seniors Peer Counselling 604-279-7020

Salvation Army Family Services Centre 604-872-7676

Senior Distress Line 604-872-1234
Available 24 hours a day, 7 days a week

Specialized Services and Programs:

ALS Society of BC 604-278-2257,
Toll Free 1-800-708-3228
info@alsbc.ca
www.alsbc.ca

Alzheimer Society of BC
Dementia Helpline (Lower Mainland) 604-681-8651,
Toll Free 1-800-936-6033
Resource Centre 604-675-5150
Chinese Resource Centre
Vancouver 604-687-8299
Richmond 604-279-7120
First Link 604-675-5155
www.alzheimerbc.org

BC Cancer Agency 604-877-6000,
Toll Free within BC 1-888-906-CURE/2873 (in BC)

BC Centre for Elder
Advocacy and Support 604-437-1940,
Toll Free within BC 1-800-437-1940

BC Coalition to Eliminate
Abuse of Seniors 604-437-1940,
Toll Free 1-866-437-194

BC Hospice Palliative Care Association 604-267-7024,
Toll Free 1-877-410-6297
www.bchpca.org

BC Palliative Care Benefits Program:
Pharmacare for BC Residents
Lower Mainland 604-683-7151
From the rest of B.C. 1-800-663-7100
www.health.gov.bc.ca/pharme/plans

Bounce Back: Reclaim your Health
www.cmha.bc.ca/how-we-can-help/adults/bounceback

Canadian Mental Health Association
Vancouver-Burnaby 604-872-4902

Canadian National Institute
for the Blind (CNIB) 604-431-2121
Toll Free 1-800-563-2642
www.cnib.ca

Canadian Cancer Society 1-888-939-3333
Chinese languages services available Monday to Friday,
9:00 am - 6:00 pm
www.cancer.ca

Diabetes Resource Centre
Information Line Toll Free 1-800-226-8464
info@bc.diabetes.ca
www.diabetes.ca

Leukemia and Lymphoma Society of Canada
Vancouver 604-733-2873

Living a Healthy Life with
Chronic Conditions Program 1-866-902-3767

(University of Victoria) Chronic Disease
Self Management Program
www.coag.uvic.ca/cdsmp

Multiple Sclerosis (MS) Society of Canada
BC Division..... 604-689-3144
Toll Free 1-800-268-7582

Parkinson Society of British Columbia..... 604-662-3240
Toll free 1-800-668-3330
info@parkinson.bc.ca
www.parkinson.bc.ca

PeerNetBC..... 604-733-6186
www.peernetbc.com

Richmond Hospice Association 604-279-7140
richmondhospiceassociation@telus.net

Western Institute for the
Deaf and Hard of Hearing 604-736-7391
TTD..... 604-736-2527
www.widhh.com

Legal Services

Many caregivers face complex legal problems and may need some expert advice.

The following organizations may be helpful to you:

Dial-A-Law 604-687-4680

Free service provided by the BC branch of the Canadian Bar Association.

Taped messages on specific areas of law.

Disability Alliance BC..... 604-872-1278
Toll Free 1-800-663-1278

This service will help you access the Canada Pension Plan
<http://www.disabilityalliancebc.org/>

Income Security Program..... Toll Free 1-800-277-9914
Canada Pension Plan (CPP), Guaranteed Income Supplement (GIS), Old Age Security (OAS), OAS Spousal Allowances.
<http://www.esdc.gc.ca/en/pension/index.page>

Lawyer Referral Service 604-687-3221
Toll Free 1-800-663-1919
(Monday to Friday 8:30 am - 4:30 pm)
Will help you find a lawyer with experience in your area of need.

Legal Services Society
Call Centre (legal aid applications) 604-408-2172

Administration (general inquiries only) 604-601-6000

Free legal service to those who meet the criteria.
Legal resources and publications.
www.lss.bc.ca

Individual Income Tax and Trust Enquiries
..... Toll Free 1-800-959-8281

Senior Supplement..... Toll Free 1-866-866-0800
65+ low income, Guaranteed Income Supplement (GIS), Old Age Security (OAS).
<http://www.mhr.gov.bc.ca/programs/other.htm#ss>

Service BC Government Services..... 604-660-2421

Telecommunication Device for the Deaf..... 604-775-0303
Toll Free 1-800-663-7867

The Public Guardian and
Trustee of British Columbia..... 604-660-4444

Useful Numbers

BC Housing 604-433-2218
 Canada Pension Plan (CPP).....Toll Free 1-800-277-9914
 Department of Veteran Affairs..... Toll Free 1-866-522-2122
 Medical Services Plan (MSP) 604-683-7151
 Pharmacare 604-683-7151
 Seniors Services Society 604-520-6621

Hospital Donations

Many patients, families, and friends ask for information about donations to our program.

Here's how donations are used:

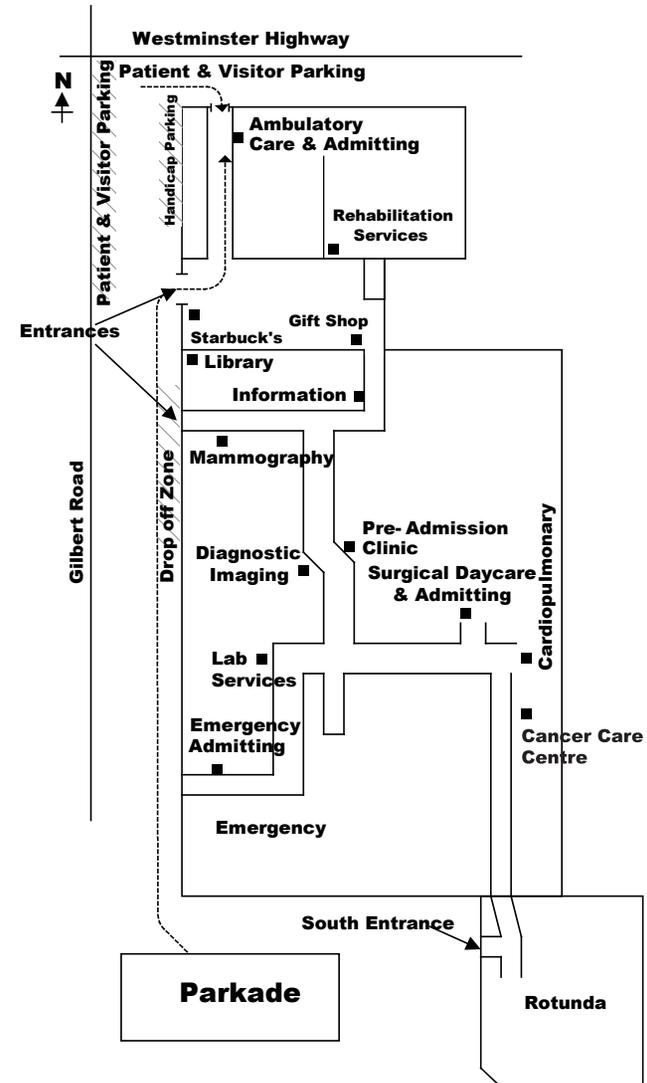
- Funding for staff education, which enables us to send staff and volunteers to conferences about palliative care.
- Extra funding for research studies to investigate ways of improving the care of our patients and their families.
- Funding for special occasions and events.

Should you, your loved ones choose to give to this fund, please make cheques out to: The Richmond Hospital Foundation and indicate Palliative Care.

Donations to this fund are gratefully acknowledged and you will receive a tax-deductible receipt. If you wish to designate your monetary gift for a specific need, we will be happy to discuss this with you.

Supportive Palliative Care Unit

Richmond Hospital
7000 Westminster Highway,
3rd Floor (Red Zone)
Richmond, BC, V6X 1A2
604-2789711 ex 4230



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to whom it was given by the health care team.
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