SERVICE PROVIDERS	TORONTO EAST GENERAL HOSPITAL	PROVIDENCE HEALTH CENTRE	ST. MICHAELS HOSPITAL	TORONTO GRACE HOSPITAL		UNIVERSITY HEALTH NETWORK [PMH**, TGH, TWH]
Contact Information	825 Coxwell Ave., East York, ON, M4C 3E7, (416) 469-6580 (Major Intersection: Danforth Ave. and Coxwell Ave.)	3276 St. Clair Ave East, Toronto, ON, M1L 1W1, (416) 285-3666 (Major Intersection: Warden Ave. and St. Claire Ave. East)	30 Bond Street, Toronto, ON, M5B 1W8, (416) 864-5226 (Major Intersection: Yonge St. and Queen St. East)	650 Church St, Toronto, ON, M4Y 2G5, (416) 925-2251 (Major Intersection: Bloor St. East & Jarvis St.)		585 University Avenue, Toronto, ON, M5G 2N2, (416) 946-4501 (Major Intersection: University Ave. & College St)
Overview of the Organization	**Palliative Care Unit and In-Patient palliative care consultations for oncology patient.**	**Palliative Care Unit with Short Term / Long Term beds and In-Patient palliative care consultations on hospital units.**	**Palliative Care Unit and In-Patient palliative care consultations.**	**Palliative Care Unit, In-Patient palliative care consultations.**	**Community Visiting Physician program**	**Palliative Care Unit, In-Patient palliative care consultations, Outpatient Services program for oncology patients.**
List of Hospice Palliative Care Services Offered.	**[Psychological Care & Management Services]** Emotional support, stress / depression / fear of death management. **[Social Service]** Private spacing for family functions, cultural routines, religious purposes. **[Physical Illness & Management]** Primary, secondary diagnosis, pain and symptom management, complete spectrum of treatment and evaluation. **[Practical Services]** Friendly visiting, therapeutic touch, recreational therapy, feeding assistance, comfort trays and blanket knitting. **[Spiritual Services]** Spiritual and religious consultation, guidance and education. **[Grief & Bereavement]** End of life grief support, bereavement sessions. **[Service for Caregivers]** Bereavement. **[Additional Services]** Pet therapy.	**[Psychological Care & Management Services]** Emotional support, stress / fear / anxiety / depression / cognitive impairment management. **[Social Service]** Culturally accommodating environment, assistance with legal documentation. **[Physical Illness & Management]** Primary, Secondary diagnosis, pain and symptom management. Complete spectrum of treatment. **[Practical Service]** Friendly visiting, recreational and bedside activities, outdoor escorting. **[Spiritual Services]** Spiritual consults and guidance. **[End of Life Management]** Assistance with funeral preparations, legacy creations. **[Service for Caregivers]** Social work, education center, chapel, overnight stay, referral to grief support. Complementary therapy (Fee's apply).	[Psychological Care & Management Services] Emotional support, stress / anxiety coping, management of depression symptoms; Quiet Room for families to making phone calls, counseling with SW or chaplain; Multi-Faith Room for families of various faith traditions; Family Room with kitchen and couches; Cots available family members staying overnight. [Physical Illness & Management] Medical and nursing care, social work, dietician, physiotherapy and spiritual care. All services available within the hospital only. Primary, secondary diagnosis, pain and symptom management, complete spectrum of evaluation and treatment. [Spiritual Support] Spiritual support, guidance and consultation, end of life support. Chaplains available at the time of death. [Post-Death Management] Memorials, life celebration sessions, discussion regarding funeral arrangements, organ donations. [Grief and Bereavement Services] Grief counseling, bereavement support for up to one year post-death. [Support for Caregivers] Emotional support provided by staff and volunteers; family meeting with team planned after admission to unit [Additional Services] Music therapy,Volunteers	**[Psychological Care & Management Services]** Emotional support, stress / depression / fear of death management. **[Physical Illness & Disease Management]** Primary, secondary diagnosis, pain and symptom management, complete spectrum of treatment and evaluation. **[Social Services]** Assist with power of attorney and other legal documentation. **[Practical Services]** Emotional support, friendly visiting, comfort trays, family members support, staff assistance. **[Spiritual Service]** Spiritual counseling, education, guidance. **[End of Life Management]** Assist with funeral and memorial preparation, management of last hours of life / anticipation of death. **[Grief and Bereavement Services]** Quarterly grief and bereavement workshops. Group memorial services. **[Service for Caregivers]** Bereavement, memorial services.	**[Psychological Care & Management Services]** Emotional support, stress / anxiety / feat coping and management. **[Physical Illness & Management]** Primary, secondary diagnosis, pain and symptom management, treatment of adverse reactions, allergies and additional elements that arise with continuing care. **[End of Life Management]** Pronouncement, management of symptoms during last stages of life. **[Grief and Bereavement Services]** Bereavement can be accessed upon request.	**[Case Management]** Advance care planning, consultation and discussions regarding available care avenues.
Hours of Operation for patient / client admission	Monday to Friday 800a.m. - 500p.m. Transfers into the palliative care unit from inpatient units can occur at any time, including weekends.	Monday to Friday 700a.m. - 400p.m. Re-Intake can occur outside the regular admission window.	Monday to Friday 10:0a.m. - 2:00p.m.. Hospital patients can be transfers to the palliative care unit anytime.	Monday to Friday 800a.m. - 600p.m. Weekend admission can occur for patients in the Toronto Grace Hospital Visiting Physician program.	Admission can occur anytime. However generally intake is done Monday to Friday 900a.m. - 800p.m.	Monday to Friday 700a.m. - 400p.m. Weekends admission can occur on emergency basis..
Admission Guidelines	Adults only (18 +). A "Do Not Resuscitate" form signed.	Don't necessarily require a "Do Not Resuscitate" form, but hope the conversation has occurred. Adults (18+). Do not require behavior management or safety from wandering.	An adults (18+). Termination of any active treatment and agreement to Palliative care. A "Do Not Resuscitate" form completed.	Adult (18+); A "Do Not Resuscitate" consent form must be signed. Palliative Performance Scale <= 40.	CCAC criteria. A "Do Not Resuscitate" consent form is preferred and patient is willing to accept a palliative care approach. General 18+ service, however children can be admitted into the program if external support is available.	Short stay acute palliative care unit. Patients with advanced cancer whose goals are symptom management, quality of life and support for both patient and family. Patient must have be assessed by UHN palliative care physicians do gain admittance into the palliative care unit.
Type of Illnesses admitted	Cancer and non-cancer terminal diagnoses. No limitation.	All terminal disease categories. No limitation	Cancer and Non-Cancer. No limitation	Cancer and non-cancer end stage diseases. No limitation.	No limitation as long as treatment can be done in community setting	Cancer ONLY. Symptoms can no longer be managed at home or on an outpatient basis. Cancer and non-cancer illnesses; acute stroke; end-stage diseases: dementia, hearth disease, lung disease. Neurological diseases: Parkinson's.
Accepted Prognosis	Less than 3 months.	Short Term bed (30-90 days), life expectancy exceeding 30 days. Exceptionally admit with prognosis of less than 30 days. Long Term bed (3-12 months) life expectancy must exceed 90 days.	Less than 3 months	Less than 3 months. Patients with a 6 months or less prognosis or PPS <= 50 will be considered if patients have extensive technological dependence (ex. Feeding tube, etc.)	Less than 12 months.	Less than 2 weeks for the palliative care unit.
Potential Service Limiting Criteria	Wandering behavior (dementia), psychotic behavior. Bi-Pap (bi-level positive airwave pressure), C-Pap (continuous positive airwave pressure), Unit-Dialysis.	NG tubes, ventilation, spinal catheters, active Tuberculosis, peritoneal dialysis, severe mental health issues and / or behavior difficulties.	Case by case assessment.	BiPAP or ventilation, dialysis, intraspinal catheters.	Occasional concern for providers safety. Evidence that patients do not wish a Palliative approach to their illness. The community physician is not intended to replace the family physician.	Intravenous chemotherapy, total parenteral nutrition
Service Fees	None	Co-payments after 90 days.	None	No fees. Fee exist for preferred accommodation. For private rooms: $275 / day; For semi-private $240 / day;	None	None;
Number of Hospice Palliative Care purpose beds	18	35	10	19	19	12
Respite Availability	3 respite beds available for a maximum of 30 days.	Not Applicable	Not Applicable	2 respite beds available for a maximum of 14 days	Not Applicable	Respite available through Princess Margaret hospital palliative care unit for a maximum of 14 days. There are no designated respite beds.
Hospital Outpatient Services / Community Day Programming	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Service provided through a Cancer and Parkinson's clinic.
In-Patient Palliative Care Consultations**	Consultations are performed by physicians, supported by a Registered nurse.	Registered nurses provide patient management consults. Palliative care physicians provide pain and symptom management consults.	Consults are performed by team comprised of a Nurse Practitioner and a Palliative Care Physician. Available on selected hospital in-patient units.	Consults are performed by palliative care physicians on request.	Not Applicable	Consults performed at all 3 locations. Toronto General and Toronto Western hospital teams include physicians and advance practice nurses. Princess Margaret hospital has an inteprofessional team composed of physicians, nurses, APN's, pharmacists, SW, PT, OT, chaplain.
Median Wait time (days) / Length of the Wait List (Please note: This information was collected at one point in time, and wait times fluctate for organizations at any given time. This is not a guarantee of wait, but should be noted with caution).	A median wait time of 4.5 days from referral to service. A wait list of 3 people at any one point in time. Consults are performed within 24 hours.	A median wait time of 16 days from referral to service. A wait list of 22 people at any one point in time. Consults are performed within 24 hours.	A median wait time of 4 days from referral to service. A wait list of 8 people at any one point in time. Consults are performed within 24 hours.	A median wait time of 4 days from referral to service. No wait list. Consults are performed within 24 hours.	A median wait time of 4 days from referral to service. No wait list.	A median wait time of 2 days from referral to service for a palliative care bed. Consults are performed within 24 hours.
Priority for Accessing Services	TEGH Acute Care Unit patients are prioritized. Patient with shorter prognosis, and those in greater medical need (with possibility on preventing Emergency Room visits) are prioritized.	Service prioritized by application date, medical acuity, availability by gender (no co-ed accommodation), infection control needs. Patients from community are prioritized over hospital patients.	St. Michael's hospital patients receive first priority to PCU beds. Followed by patients living in the community. Shorter prognosis is prioritized if associated with greater medical need.	Greater medical and technological need gets priority. Patients living in the community are given priority over patient in living with care facilities. Shorter prognosis is prioritized if associated with greater medical need.	Priority is based on the urgency of medical needs. Patients living in the community are prioritized over patients within institutions. A lower prognosis would also be prioritized because it would be equated with a higher need.	UHN patients are prioritized over patient from other hospitals. Palliative care patients from receiving care in the community or through outpatient clinics are given priority.
Back Up List Description	This list is for patients care for in the community that do not meet intake criteria, but have been advised that HPC services will be required. Maximum of a 1 year prognosis. The list is continuously reviewed and updated.	This list is for patients cared for in the community that do not meet intake criteria, but have been advised that HPC services will be required. Maximum of a 1 year prognosis. The list is reviewed monthly.	This list is for patients care for in the community that do not meet intake criteria, but have been advised that HPC services will be required. Maximum of a 1 year prognosis. The list is reviewed monthly.	This list is for residents care for in the community that do not meet intake criteria, but have been advised that HPC services will be required. Maximum of a 1 year prognosis. The list is reviewed monthly.	Not Applicable	Not Applicable
Available Human Resources	Doctors, Registered Nurses, Registered Practice Nurses, Personal Support Workers, Social Worker, Spiritual Advisor, Pharmacist, Nutritionist, Physiotherapist, Occupational Therapist, Recreational Therapist, physio and occupational therapy assistant.	Doctor, Registered Nurses, Registered Practice Nurses, Psychiatrist, Personal Support Workers, Social Worker, Spiritual Advisor, Pharmacist, Nutritionist, Physiotherapist, Occupational Therapist, Recreational Therapist, Ethicist, Rehabilitation Assistant, Therapeutic recreationist.	Doctors, Registered Nurses, Social Worker, Spiritual Advisor, Pharmacist, Nutritionist, Physiotherapist, Music Therapist, Clinical Assistants.	Doctors, Registered Nurses, Registered Practice Nurses, Psychiatrists, Social Workers, Spiritual Advisors, Pharmacist, Nutritionist, Physiotherapist, Occupational Therapist, Recreational Therapists, Ethicist, Rehabilitation Assistant.	Doctors	**[Princess Margaret hospital: Palliative Care Unit]** Doctors, Advance practice nurse, Registered nurses, Social Worker, Chaplain, Physiotherapist, Occupational therapist. **[In-Patient Consult Team] Toronto Western Hospital:** Doctor, Advance Practice Nurse. **Toronto General Hospital:** Doctors, Advance Practice Nurse.
After Hours Patient / Client / Resident Support	Hospital physicians are continually available on a 24 / 7 schedule. Palliative care unit physician are available during work hours, and during their on-call rotation	Palliative care unit physicians are continually available on a 24 / 7 schedule.	Hospital physicians are continually available on a 24 / 7 schedule. Palliative care unit physician are available during work hours, and during their on-call rotation	Hospital physicians are continually available on a 24 / 7 schedule.	Visiting physicians are available around the clock (24 / 7). Physician are on-call outside or regular visiting hours.	Hospital physicians are continually available on a 24 / 7 schedule.
Number of Volunteers	10 volunteers for residents and family / caregivers	24 volunteers for residents and family / caregivers	38 volunteers for residents and family / caregivers	20 volunteers for residents and family / caregivers	Not Applicable	*** Data Pending
Catchment (Service Area)	Ontario	Ontario, GTA	Ontario	Ontario, Toronto Central Core.	**Service Boundaries:** *North* - Eglinton; *South* - Lake Ontario; *East* - Humber River; *West* - Huron Ontario.	Ontario, Toronto Central Core
Inter-professional Consultations**	Patients admitted to hospital acute care can request to be seen by an inter-professional team that can perform a palliative care assessment					

SERVICE PROVIDERS	BRIDGEPOINT HEALTH CENTRE	St. JOSEPH'S HEALTH CENTRE		TORONTO REHABILITATION INSTITUTE	BAYCREST	SUNNYBROO
Contact Information	14 St. Mathews Rd, Toronto, ON, M4M 2B5, (416) 461-8252 (Major Intersection: Broadview Ave. & Gerrard St. East)	30 The Queensway, Toronto, ON, M6R 1B5, (416) 530-6000 (Major Intersection: The Queensway & Parkside Dr.)		130 Dunn Avenue, Toronto, ON, M6K 2R7, (416) 597-3422 (Major Intersection: King St. West & Dufferin St.)	3560 Bathurst St.,Toronto, ON, M6A 2E1, (416) 785-2500 (Major Intersection: Bathurst St. & Wilson Ave.)	2075 Bayview Avenue, Toronto, ON, M4N 3M5, (416) 480-6100 Intersection: Bayview
Overview of the Organization	**Palliative Care Unit with Short Term / Long Term beds. Provide In-Patient palliative care consultations.**	**Transitional Unit for Palliative Care, In-Patient palliative care consultations.**	**Community Visiting Physician program**	**Palliative Care Unit and In-Patient palliative care consultations.**	**Palliative Care Unit with Short Term / Long Term beds and In-Patient palliative care consultations on hospital units and in our Long Term Care Facility (Apotex)**	**Palliative Care Unit**
List of Hospice Palliative Care Services Offered.	**[Case Management]** Minimum data set (MDS) assessments, admission / discharge planning, care planning. **[Psychological Care & Management Services]** Emotional support, stress / anxiety / fear / depression coping and management. **[Social Service]** Private spacing for family gathering, space for activities. assist with power of attorney and other legal documentation. **[Physical Illness & Disease Management]** Primary, secondary diagnosis, pain and symptom management. **[Practical Services]** Companionship, activities, book reading, comfort trays, pet therapy, outdoor walking. **[Spiritual Services]** Spiritual guidance, consultation and education. **[End of Life Management]** Assist with funeral and memorial service preparations, education, referrals. **[Grief and Bereavement Services]** Grief counseling, referrals for bereavement support. **[Service for Caregivers]** Emotional counseling and support. **[Additional Services]** Pet therapy.	**[Case Management]** Individualized patient assessment and care planning. Assist with applications to external palliative care units. **[Psychological Care & Management Services]** Emotional support, stress / fear / anxiety / depression management. **[Physical Illness & Disease Management]** Primary, secondary diagnosis, pain and symptom management. **[Practical Services]** Emotional support, friendly visiting, staff assistance, patient / family education, advocacy, grief support, administration. **[Spiritual Services]** End of life spiritual guidance, counseling, linking with community spiritual groups. **[Grief & Bereavement Services]** Grief and bereavement support sessions. **[Service for Caregivers]** Bereavement support.	**[Psychological Care & Management Services]** Emotional support, stress / anxiety / fear coping. **[Physical Illness & Disease Management]** Primary, secondary diagnosis, pain and symptom management, treatment of adverse reactions, allergies and additional elements that arise with continuing care. **[Grief and Bereavement Services]** A follow up bereavement visit is available if requested. **[Service for Caregivers]** Bereavement.	**[Psychological Care & Management Services]** Emotional support, stress / anxiety / fear coping, management. **[Social Services]** Private spacing for family functions, cultural celebration, religious routines. **[Physical Illness & Disease Management]** Primary, secondary diagnosis, pain and symptom management, complete spectrum of treatment and evaluation. **[Practical Services]** Personal care, feeding, comfort trays, friendly visiting, taking patients to activities, escorting. **[Spiritual Services]** Spiritual guidance, education, end of life consultation, and referrals to religious groups. **[Post-Death Management]**Patient and family are assisted with funeral and memorial planning.	**[Case Management]** Advance care planning, admission / discharge management. **[Psychological Care & Management Services]** Emotional support, stress / fear / anxiety / depression / cognitive impairment management. **[Social Services]** Culturally sensitive environment with private and group spacing for family functions and religious routines. A strong link to the Jewish culture (i.e. Shabbat elevators). **[Physical Illness & Disease Management]** Primary, secondary diagnosis, pain and symptom management. **[Practical Services]** Personal care, emotional support, friendly visiting and interaction, language translation - team speaks a variety of languages, advocacy, comfort trays. **[Spiritual Services]** Spiritual guidance, consultation and support. **[End of Life Management]** Memorial services (2 / year), legacy creation, assist with funeral arrangement planning. **[Grief and Bereavement Services]** Limited bereavement sessions, grief counseling. **[Service for Caregivers]** Bereavement, spiritual advising. **[Additional Services]** Music therapy, therapeutic recreation, patient relaxation program.	**[Case Management]** Care planning, assessment. **[Psychological Care & Management Services]** Emotional support, stress / anxiety coping, and management of depression symptoms. **[Social Service]** care giver support groups, assistance with funeral planning, the team tries to accommodate religious routines and celebrations where possible. **[Physical Illness & Management]** the team investigates as appropriate for pain and symptom management.. **[Practical Services]** we have access to Physio therapy, recreational therapy music therapy, the community... **[Spiritual Service]** Spiritual care is offered. **[Service for Caregivers]** Support groups, as well as anticipatory grief support is offered. **[Grief and Bereavement Services]** Condolence letter, a general memorial. **[Post-Death Management]** Memorials
Hours of Operation for patient / client admission	Monday to Friday 800a.m. - 200p.m.	Monday to Sunday 800a.m. to 400p.m.	Admission can occur anytime. However generally intake is done Monday to Friday 900a.m. - 800p.m.	Monday to Thursday 800a.m. - 300p.m.	Monday to Friday 730a.m. - 600p.m.	Monday to Friday 800am - 1200pm
Admission Guidelines	An adult (18+). A "Do Not Resuscitate" consent form signed.	Palliative care services are accessed within the "Alternate Level of Care" unit. No direct admission, patient are transferred in from other hospital units. No admission standards. To access palliative care patients must not be receiving any active treatment and be an adult (18+).	CCAC criteria. Consent to palliative care treatment and goals. No age restrictions.	An adult (18 +). A "Do Not Resuscitate" consent form signed. Patient must accept palliative care goals.	Adults 55+ diagnosed with a terminal illness. Patient must accept a palliative approach. A "Do Not Resuscitate" consent form signed.	Adult (19+) diagnosed with a terminal illness. A "do not resuscitate form" would need to be signed
Type of Illnesses admitted	Cancer and Non-Cancer. ALS patient generally limited to 3 admissions at any point in time. Patient with a true Psychosis diagnosis may not be admitted	No limitation;	No limitation as long as treatment can successfully be done in a community setting.	Any terminal cancer and non-cancer illnesses requiring symptom relief. No limitation.	Any malignant and non-malignant illnesses requiring palliative care.	Malignant and non-malignant illnesses requiring palliative care.
Accepted Prognosis	For beds designated as Short - Term patient should have a prognosis of less than 3 months. For beds designated as Long - Term patients should have a prognosis of 3 - 12 months.	A general standard of less than 3 months, in order for a patient to be considered as in need of palliative care.	Less than 6 months	Less than 3 months	For beds designated as Short - Term patient should have a prognosis of less than 3 months. For beds designated as Long - Term patients should have a prognosis of 3 - 12 months.	Less than 3 months prognosis
Potential Service Limiting Criteria	Any procedure that is considered active treatment vs. palliative treatment. Blood transfusion, dialysis. intraspinal catheters.	Treatment considered to be active with no emphasis on palliation.	None	Active cancer treatment (chemotherapy), dialysis, tube feeding, intraspinal catheters, intravenous therapy, case by case assessment for patients with feeding tubes.	Smoking, ventilasors, CPAP machines, dialysis, total parenteral nutrition (TPN), intraspinal catheters, blood transfusions. Intravenous therapy (done on very limited basis)	Interventions not available on the unit. Please inquire through our Admissions Specialist for specifics
Service Fees	Co-payments after 60 days.	None	None	Co-payment initiate after a 90 days. Fee's for respite stay.	Co-payments for Long Term beds (after 90 days). Respite care fee: $75 / day.	Co-payments after 90 days, private room, parking, telephone
Number of Hospice Palliative Care purpose beds	33	15**(This is a portion of Alternate Level of Care unit beds that can be used for hospice palliative care)	Not Applicable	10	31	24
Respite Availability	2 respite beds available for a maximum of 60 days	Not Applicable	Not Applicable	2 respite beds available for a maximum of 90 days	Respite beds are available for a maximum of 14 days. There are no designated respite beds.	No respite beds
Hospital Outpatient Services / Community Day Programming	Not Applicable	Outpatient service available through a clinic that provides supportive care, pain and symptom management.	Not Applicable	Not Applicable	Not Applicable	Not applicable
In-Patient Palliative Care Consultations**	Physician and nurses provide palliative approach consults on request from other units within the hospital.	Consultations are provided on all hospital units by an Interprofessional team. Team comprised of a Social Worker, Case Manager, Nurse and a Physician. Complete autonomy for the team to be mobile around the hospital and consult or identify patients in need of palliative care.	Not Applicable	Consults are generally performed by a palliative care physician. On occasion an Advance Practice Nurse will also contribute to the consultation. They can be done on any unit of the hospital upon patient or primary care physicians request.	Palliative care physicians perform pain and symptom management consults on different units of the hospital and in our Long Term Care Facility(Apotex)	The Palliative Care Unit offers a comprehensive interdisciplinary approach to care. The team members meet weekly (every Wednesday afternoon) to discuss your needs and concerns and to propose a plan of care to be developed with you and evaluated by you. Team members are available for family conferences as needed.
Median Wait time (days) / Length of the Wait List (Please note: This information was collected at one point in time, and wait times fluctate for organizations at any given time. This is not a guarantee of wait, but should be noted with caution).	A median wait time of 2 days from referral to service. No wait list. Consults are performed within 24 hours.	A median wait time of 2 days to be transferred into the Alternate Level of Care unit *(Once the patient has been identified as in need of palliative care). 2 people on the wait list at any point in time. Consults are performed within 24 hours.	A median wait time of 2 days from referral to service. No wait list.	A median wait time of 21 days to be accepted or transferred into the palliative care unit. 8 people on the wait list at any point in time. Consults are performed within 24 hours.	Wait times and numbers of patients on our wait list are variable. Palliative care consultation are generally performed with 24 hours.	It's variable, please contact our Admissions Specialist
Priority for Accessing Services	Patients living in the community are prioritized over hospital patients.	Gender compatibility (no co-ed rooms); Qualitatively based on the inter-professional team discretion. (For in house transfers to ALC)	Priority is based on the urgency of medical needs, time on the wait list, and potential benefit. Patients living in the community are prioritized over patients within institutions. A lower prognosis would also be prioritized because it would be equated with a higher need.	Priority given to patient lacking community support systems and have difficulty managing at home. Patients living in the community are prioritized over hospital patients. Patient with prognosis of lower than 1 month are given priority.	Priority of services is based on the urgency of patient need (patient centered model). Patients living in the community are prioritized over hospital patients.	Depending on need
Back Up List Description	This list is for patients receiving care in the community that do not meet intake criteria, but have been advised that HPC services will be required. Maximum of a 1 year prognosis. The list is reviewed monthly.	Not Applicable	Not Applicable	This list is for patients receiving care in the community that do not currently meet intake criteria, but have been advised that HPC services will be required. Maximum of a 9 month prognosis. The list is reviewed twice a year.	This list is for patients receiving care in the community that do not meet intake criteria, but have been advised that HPC services will be required. No limitation of prognosis. The list is reviewed every 4-6 months.	Submission for future admission will stay on file for approx 9 months
Available Human Resources	Doctors, Registered Nurses, Personal Support Workers, Social Worker, Case Manager, Spiritual Advisor, Pharmacist, Nutritionist, Physiotherapist, Occupational Therapist, Recreational Therapist, Ethicist, Respiratory Therapists.	Doctors, Registered Nurses, Social Worker, Case Manager.	7 Doctors.	Doctor, Registered Nurses, Registered Practice Nurses, Social Workers, Spiritual Advisor, Physiotherapist, Occupational Therapist, Wellness Partner, Ward Aid.	Doctors, Registered Nurses, Registered Practical Nurses, Health Care Aides, Physiotherapy Assistants, Social Workers, Nutritionist, Physiotherapist, Occupational Therapist, Recreational Therapist, Speech / Language Therapist, Pharamacist, Volunteers, Pastoral Care Staff, Clinical Ethicist	**[Palliative Care Unit]** members of our team are the following; Physicians, Patient Care Manager, Advance Practice Nurses, Registered Nurses, Registered Practice Nurses, Social Worker, Spiritual Care, Dietician, Physiotherapist, Occupational Therapist, Recreational Therapist, Speech / Language Pathologist, Music Therapist, Recreational Therapist, Pharmacist, and Creative Arts.
After Hours Patient / Client / Resident Support	Hospital physicians are continually available on a 24 / 7 schedule.	Hospital physicians are always available on a 24 / 7 schedule. Palliative care physicians are available on-call outside regular hours.	Visiting physicians are available around the clock (24 / 7). Thus a medical crisis can always be addressed.	Hospital physicians are continually available on a 24 / 7 schedule.	Physicians available after hours - on call basis 24/7	24 hour physician on - call.
Number of Volunteers	10 volunteers for residents and family / caregivers	4 volunteers for residents and family / caregivers	Not Applicable	5 volunteers for residents and family / caregivers	40 volunteers for residents and family / caregivers.(Note this number can vary)	This varies, but they are specific for palliative care
Catchment (Service Area)	Ontario, Toronto Central Core.	Ontario	Toronto Central Core	Ontario, Toronto Central Core	GTA	Ontario, GTA
Inter-professional Consultations**						

SERVICE PROVIDERS	K HOSPITAL	HOSPITAL FOR SICK CHILDREN	TEMMY LATNER CENTRE FOR PALLIATIVE CARE			PERRAM HOUSE
Contact Information	(Major Ave. & Lawrence Ave.)	555 University Ave, Toronto, ON, M5G 1X8, (416) 314-1038 (Major Intersection: University Ave. & College St)	60 Murray Street, 4th Floor, Rm L4000, M5T 3L9, (416) 586-4800 (Major Intersection: University Ave. & College St)			4 Wellesley Palace, Toronto, ON, M4Y 2K4, (416) 925-9866 (Major Intersection: Jarvis St. & Carlton St.)
Overview of the Organization	**In-Patient palliative care consultations, an Outpatient Services program.**	**In-Patient palliative (end of life) care, In-Patient palliative care consultations, Community Outreach / Home Visitation program.**	**In-Patient Consultations**	**Community Visiting Physician Program**	**Max and Beatrice Wolf Children's Centre & The Dr. Jay Grief Program**	**Residential Hospice**
List of Hospice Palliative Care Services Offered.	**[Psychological Care and Management]** Emotional well being, stress coping. **[Physical Illness & Disease Management]** Pain and symptom management, secondary diagnosis. **[Spiritual Services]** Spiritual guidance, celebrations of life, memorial services assistance. **[Grief and Bereavement Services]** End of life grief counseling, bereavement sessions. **[Service for Caregivers]** Support, counseling, grief and bereavement.	**[Case Management]** Individualized needs assessment, care planning, care avenues consultation. **[Psychological Care & Management Services]** Emotional support, stress / anxiety coping. **[Social Services]** Financial assistance, referrals. **[Physical Illness & Disease Management]** Pain and symptom management, secondary diagnosis, treatment of allergies, side effects etc. **[Spiritual Services]** Counseling and support during end of life care (in-patient stay only) **[End of Life Management]** Assist with memorial, funeral planning. **[Grief and Bereavement Services]** Follow up bereavement visits for up to 1 year following death. Additional contact through phone calls and mail. **[Service for Caregivers]** Bereavement services. **[Additional Services]** Music therapy (up to 3 visits), therapeutic clown.	**[Psychological Care & Management Services]** Emotional support, stress / anxiety / fear coping and management. In-patient palliative care assessments, care planning. **[Physical Illness & Disease Management]** Primary, secondary diagnosis, pain and symptom management, treatment of adverse reactions, allergies. **[Spiritual Services]** Available on in-patient basis. Spiritual guidance, education, support and counseling. **[End of Life Management]** Pronouncement, symptom management during final moments of life. **[Grief and Bereavement Services]** A Visiting Physician can perform a follow up bereavement visit, if requested. In addition: children referred to the children's program at centre and family are referred to a community hospice program.	**[Psychological Care & Management Services]** Emotional support, stress / anxiety / feat coping and management. **[Physical Illness & Management]** Primary, secondary diagnosis, pain and symptom management, treatment of adverse reactions, allergies and additional elements that arise with continuing care. **[End of Life Management]** Pronouncement, management of symptoms during last stages of life. **[Grief and Bereavement Services]** Bereavement can be accessed upon request.	**[Psychological Care & Management Services]** Education and counseling about death and dying. **[Spiritual Service]** Provision of ecumenical psycho spiritual support. **[End of Life Management]** Prepare children for funerals, memorial service, life celebrations. Palliative care for children living in our catchment area. Pediatric palliative care consultant on staff but all physicians will see children. Consultation prior to imminent death of relative or close friend. Education on issues surrounding death. **[Grief and Bereavement Services]** Individual and group support sessions. No limit on support length. **[Services to Caregivers]** Educate parents on appropriate support systems that should be in place / made available for children experiencing a death of a significant person in their life. **[Additional Services]** Weekend, overnight camp and various special events are organized.	**[Psychological Care & Management Services]** Emotional support, anxiety, fear and stress coping. **[Social Services]** Private spacing for spiritual/religious routines, gatherings, game playing and general interaction. **[Physical Illness & Management]** Primary and secondary diagnosis, pain and symptom management, psychological treatment, management of side effects. **[Practical Services]** Personal care assistance, cooking, friendly interaction, and emotional support. **[Spiritual Service]** Spiritual support, education, linking to faith groups. **[End of Life Management]** Pronouncement, body handling, funeral assistance, memorial services, celebrations of life. **[Services for Caregivers]** Spiritual and emotional support services.
Hours of Operation for patient / client admission	Consultations are generally done Monday to Friday 900a.m. - 500p.m. **Outpatient** services are accessed during clinic hours.	Monday to Friday 800a.m. - 600p.m.	Palliative care consultation are generally done Monday to Friday 900a.m. to 500p.m. However they can be performed around the clock 24 / 7.	Intake for the Visiting Physician program can occur anytime, but is generally done Monday to Friday 900am - 800p.m.	Monday to Friday 900a.m. - 500p.m. For counselling: 24/7 coverage for pediatric palliative care patients	Monday to Friday 9a.m. - 6 p.m.. In case of family urgency a resident can be admitted outside the intake window.
Admission Guidelines	Palliative care consultations are accessed without limitations. **Outpatient** services are available to all patients requiring palliative care assessments, pain and symptom management.	Must be under the age of 18 and be diagnosed with a life threatening or limiting illness.	Consultation can occur without limitations. Must be palliative; can be on active therapy; no age restriction; CCAC not required.	Community physician program follows CCAC criteria. A "Do Not Resuscitate" form is preferred with a patient willing to accept a palliative care approach. General 18 + service, however children can be admitted into the program.	Any child with any terminal illness. For the grief program, a child up to age of 20 who has experienced the dying (palliative diagnosis) or death of a nuclear family member or another significant person in their life .	Adults only (18+), A "Do Not Resuscitate" form signed. Cessation of any active curative treatment and an agreement by the client to palliative care approach. Don't need a referral from a physician.
Type of Illnesses admitted	Any malignant and non-malignant terminal illness diagnosis. **Outpatient:** Patients with "active disease" and poorly controlled symptoms requiring palliative care assessment.	All terminal, progressive life limiting illnesses are accepted.	No limitation on diagnosis / illness	No limitation on diagnosis / illness	No limitations on diagnosis or illness	Any Cancer and Non-Cancer diagnosis, end-stage major organ failure. Very few limitations. Non-violent mental health illnesses can be accommodated.
Accepted Prognosis	Not Applicable	Generally less than 12 months. However, this is a very arbitrary guideline. Thus patient with longer prognosis will be considered on a case by case basis.	None for Consults.	Generally less than 12 months for the visiting physician program.	Palliative care for children has no time limitation. Continued service past 12 months if there is further necessary need for supportive counseling.	Less than 3 months.
Potential Service Limiting Criteria	None for palliative care consultations. **Outpatient:** Patient with no active disease and treatment related pain are followed for ONLY 6 months.	Family reluctance to accept palliative care treatment approach. Patients diagnosed with Leukemia (90% of cases are treatable thus not considered terminal);	None.	None.	None	Severe mental health concerns, confusion and wondering behavior. Ventilators, intravenous therapy, dialysis, intraspinal catheters or interventions that would require a 24 / 7 presence of a physician.
Service Fees	None;	None;	None.	None.	None	No fees. If a resident is receiving ODSP rent supplementation than payments are forwarded to Perram House.
Number of Hospice Palliative Care purpose beds	Not Applicable	3 (End of life care beds).	Not Applicable	Not Applicable	Not Applicable	8
Respite Availability	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Respite care can be provided for a maximum of 14 days if space (a bed) is available.
Hospital Outpatient Services / Community Day Programming	Service provided through Odette cancer centre, ALS clinic, Kidney care clinic, CHF clinic.	Not Applicable	Not Applicable	Outpatient clinics under development to open January 2011	Clients can obtain assistance through home on site visits with the counselors, depending on the needs of the family. Seminars, week and overnight camp, and other additional on site group activities are made available.	Not Applicable
In-Patient Palliative Care Consultations**	In-patient consults provide comprehensive palliative care assessments for all referred patients, regardless of diagnosis and prognosis. Each patient is assessed and reviewed by a the inter-professional team, which is composed of doctors, nurses, social worker and a spiritual advisor.	Palliative care consults are provided by an interprofessional team composed of an advance practice nurses, a physician and a social worker. Consults are done on all hospital floors.	Interprofessional consults are provided on all units of Mount Sinai hospital. Team is composed of physicians, a nurse, and a spiritual advisors.	Interprofessional consults are provided on all units of Mount Sinai hospital. Team is composed of physicians, a nurse, and a spiritual advisors.	Available through a different program stream at the centre.	Not Applicable
Median Wait time (days) / Length of the Wait List (Please note: This information was collected at one point in time, and wait times fluctate for organizations at any given time. This is not a guarantee of wait, but should be noted with caution).	Consults are performed within 24 hours. **Outpatient** services are available on request. For non-urgent needs a median wait of 7 days may be incurred.	A median wait time of 17 days from referral to service. There is no wait list. Palliative care consultations are performed within 24 hours.	Consults are performed within 24 hours.	Visiting physician program has a median wait time of 14 days from referral to service, with 8 people on the wait list at any point in time. More urgent patients can be seen within a day once a physician has been contacted	High Urgency clients (family palliative diagnosis, parent suicide etc.): 1-10 days for intake, 14 days for services to start. Lower Urgency clients: 7-10 days for intake. A wait list of 10 clients at any one point in time.	A median wait time of 6 days from referral to service. There is a wait list of 3 people at any one point in time.
Priority for Accessing Services	Triage process based on clinical scenarios and patients need. **Outpatient**: malignant illnesses are prioritized over non-malignant. Patient living in the community are prioritized over hospital patients.	Patient with higher risk of sudden (acute) death are prioritized. Previous and active patient of Sick Kids hospital are prioritized over patients from other hospitals. Patients living in the community are prioritized over hospital (non-Sick Kids) patients.	Mount Sinai patients living in the community are always prioritized with no wait listing. Non - Mount Sinai patients living in the community are prioritized over patients within a care setting. Lower prognosis is prioritized because its equated with higher medical need.	Mount Sinai patients living in the community are always prioritized with no wait listing. Non - Mount Sinai patients living in the community are prioritized over patients within a care setting. Lower prognosis is prioritized because its equated with higher medical need.	Higher Urgency Clients (family palliative diagnosis, suicide, homicide or sudden death, complex family circumstances, lack of home support) are prioritized. Clients seeking regular bereavement support are served at a 1st come 1st serve basis. Clients that are patients of Temmy Latner Centre physicians are given priority over externally referred clients.	Residents of Toronto are prioritized. Homeless and marginalized individuals are prioritized. Referrals from shelters are prioritized over clients living in the community or in-person. Community clients are prioritized over hospital clients. Clients with prognosis of less than 1 month are prioritized.
Back Up List Description	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	This list is for residents receiving care in the community that do not currently meet intake criteria, but have been advised that HPC services will be required. Maximum of a 1 year prognosis. The list is reviewed and updated monthly.
Available Human Resources	Doctors, Advance Practice Nurses, Registered Nurses, Social Worker, Spiritual Advisor, Pharmacist.	Doctor, Advance Practice Nurses, Social Worker, Music Therapist, Therapeutic Clown, Art Therapist, Massage Therapist.	Doctors, Advance Practice Nurse, Psychiatrist, Spiritual Advisors.	Doctors	Doctor, Counselors.	Doctors, Registered Nurses and Personal Support Workers; Physco-therapist, Psychiatrist, Occupational therapies, physiotherapist and dietician made available on requirements.
After Hours Patient / Client / Resident Support	Palliative care physician are available around the clock (24 / 7). Thus, in-patient services are always available.	For Inpatient services: hospital physicians are available on a 24 / 7 schedule. There is no after hours community support by the visiting team.	Consulting physicians are available around the clock (24 / 7). Thus a medical crisis can always be addressed.	Visiting physicians are available around the clock (24 / 7). Thus a medical crisis can always be addressed.	24/7 coverage for pediatric palliative care patients	Physicians are not present around the clock but are available as an on-call service 24 / 7.
Number of Volunteers	Not Applicable	Not Applicable	Not Applicable	Not Applicable	50 volunteers that assist coordinating outpatient / off-site activities (i.e. camp, special events)	28 volunteers for residents and family / caregivers
Catchment (Service Area)	Ontario, GTA.	Ontario, GTA	Consults are done for all Mount Sinai hospital patients (Ontario, GTA);	Visiting Physician: North - Steeles Ave; West - Weston Rd; East - Victoria Park; South - Lakeshore.	Service Boundaries: North - Steeles; South - Lake Ontario; East - Warden; West - Royal York. Telephone advice is available for clients residing within the GTA.	Toronto Central Core
Inter-professional Consultations**						

SERVICE PROVIDERS	DOROTHY LEY HOSPICE		CASEY HOUSE		2 SPIRITED PEOPLE OF 1st NATIONS	ALLIANCE HOSPICE
Contact Information	220 Sherway Dr, Etobicoke, ON, M9C 0A7, (416) 626-0110 (Major Intersection: The Queensway & Dixie Rd.)		9 Huntley St, Toronto, ON, M4Y 2K8, (416) 962-7600 (Major Intersection: Bloor St. East & Jarvis St.)		593 Yonge St, suite 202, Toronto, ON, M4Y 1Z4, (416) 944-9300 (Major Intersection: Yonge St. & Wellesley St.)	29 Gervais Dr, Suite 201, Toronto, ON, M3C 1Y9, (416) 385-8885 (Major Intersection: Eglinton Ave. East & Don Mills Rd.)
Overview of the Organization	Residential Hospice	Community Hospice	Residential Hospice	Community Hospice (non-volunteer)	Community Support and Hospice volunteer program for people of aboriginal decent.	Community Hospice volunteer program, Outpatient day program.
List of Hospice Palliative Care Services Offered.	**[Case Management]** Individual needs assessment, care planning and care delivery. **[Psychological Care & Management Services]** Emotional well being, fear / anxiety / stress coping. **[Social Service]** Family support, a culturally accommodating environment, spacing for spiritual, religious, and cultural routines. **[Physical Illness & Management]** Primary and Secondary diagnosis, pain and symptom management. Education on last hours of living **[Practical Services]** Companionship, personal care, nutritional and mobility support. **[Spiritual Services]** Spiritual needs assessments, counseling and support. **[Pre-Death Management]** Life closure, anticipatory grief, legacy creation, management of last hours. **[End of Life Management]** Pronouncement, offer support with funerals, memorials & life celebrations. **[Grief & Bereavement]** Individual / group support sessions, memorial services. **[Service for Caregivers]** Spiritual, grief/bereavement, emotional support, information, education, integrative wellness **[Additional Services]** Integrative wellness modalities offered for the palliative individuals.	**[Case Management]** Individualized assessment, care planning. **[Psychological Care & Management Services]** Emotional support sessions, family reconciliation sessions, stress / fear / anxiety coping. **[Social Services]** Culturally and spiritually sensitive care, advocacy, assistance with legal documentation. **[Practical Services]** Driving, escorting, errands, friendly interaction etc. **[Spiritual Service]** Spiritual needs assessment, counseling, linking to external spiritual groups. **[End of Life Management]** Support with funeral and memorial services arrangement, celebrations of life, legacy creation, life closure sessions. **[Grief & Bereavement]** Individual support session, end of life grief counseling. **[Service for Caregivers]** Information sharing sessions, emotional support, bereavement, advocacy. **[Additional Services]** Therapeutic touch therapy Expressive arts therapy through an outpatient program.	**[Case Management]** Individualized needs assessment and care planning. **[Psychological Care & Management Services]** Emotional support, stress / anxiety / fear coping and management. **[Social Service]** Financial assistance, legal assistance , cultural and lifestyle support, private and group accommodations for activities. **[Physical Illness & Management]** Primary and secondary diagnosis, pain and symptom management. **[Practical Services]** Friendly companionship, personal care, escorting, and running errands. **[Spiritual Services]** Spiritual counseling and linking to faith groups. **[End of Life Management]** Funeral arrangement support, referrals to power of attorney resources, various forms of legal consults. **[Grief & Bereavement]** Anticipatory grief support, post death counseling sessions, education. **[Service for Caregivers]** Bereavement support, education. **[Additional Services]** Complementary therapy (financing provided).	**[Case Management]** Individualized needs assessment, care planning. **[Psychological Care & Management Services]** Emotional support, stress / fear/ anxiety coping. **[Social Services]** Financial assistance, legal consults, lifestyle and cultural sensitivity. **[Spiritual Service]** Connect to religious groups, spiritual support, guidance. **[End of Life Management]** Assist with funerals, memorials, life celebration arrangements. **[Grief and Bereavement]** Anticipatory grief support, bereavement counseling, education **[Service for Caregivers]** Bereavement **[Additional Services]** Complementary therapy (financing provided).	**[Case Management]** Care planning, needs assessments. **[Social Services]** Continuous support and promotion of people of 1st Nations culture and traditions, financial assistance (based on needs), referrals. **[Practical Services]** Grocery shopping, house cleaning, accompanying for walks, errands, activities of daily living (ADL). **[Spiritual Services]** Spiritual support, guidance, aboriginal ceremonies. **[End of Life Management]** Celebrations of life , assistance with power of attorney and other legal documentation, facilitate burials within appropriate 1st nations community. **[Grief and Bereavement Services]** Support services specific to the aboriginal cultures, on-going partnership with "Fife House". **[Service to Caregivers]** Bereavement support, financial assistance, education. **[Additional Services]** A bus service is available that can take clients to medical appointments, grocery shopping or other health related ventures.	**[Case Management]** In home assessments, care planning. **[Psychological Care & Management Services]** Emotional support, depression / fear / anxiety / stress management, clinical referrals. **[Social Services]** Financial assistance , linking to cultural groups, referrals to legal resources. **[Practical Services]** Companionship, personal care & support, practical assistance, house keeping, respite, complementary therapy, family grief / bereavement support. **[End of Life Management]** Life closure, legacy creation, assistance with funerals and memorial planning, legal referrals. **[Grief and Bereavement Services]** Individualized and group anticipatory grief counseling, bereavement support sessions, professional bereavement services (for fee's) **[Services to Caregivers]** Bereavement counseling. **[Additional Services]** A day program is available for a fee. Which includes expressive arts therapy, social activities, meals. Complimentary therapy of up to 4 sessions per client (reiki, shiatsu, therapeutic touch). Professional counseling and bereavement through Psychologists (fee for service)
Hours of Operation for patient / client admission	Monday to Friday 9:00a.m. - 5:00p.m. Evening and weekend admissions can be accommodated based on physician availability.	Monday to Friday 900a.m. - 500p.m. Assessments can be done during evening or weekend hours. Occasionally an individual is admitted on the weekend.	Monday to Friday 800am to 5pm.	Monday to Sunday 800am to 9pm.	Monday to Friday 830a.m. - 500p.m..	Monday to Friday 930a.m. - 430p.m..
Admission Guidelines	A resident, over the age of 16, willing to sign a "Do Not Resuscitate" consent form and thus accept therapy measures towards palliation (comfort measures). Palliative Performance Scale of less than 40, occasionally take a score of 50 if individual lacks community support. Confirmation that the needs of the individual can be safely met in a residential hospice environment. OHIP coverage.	Any individual living or diagnosed with a life-limiting illness. Any individuals dealing with anticipatory grief or is in need of bereavement support following a loss. The program must be capable to appropriately meet the needs of the individual within a home setting.	Aged 16 and above. Active therapy clients are admitted. Clients with mental health needs who do NOT fall into Schedule 1 designation under the Mental Health Act are accepted. OHIP is NOT required.	Clients aged 16 + who's care needs can be safely met within a home setting.	To access Hospice Palliative Care the client must be of an aboriginal ancestry or have an aboriginal family link and identify themselves as gay, lesbian, trans-gender, or bisexual.	A client must be diagnosed with a terminal or life limiting illness, consent to hospice palliative care services, live within the catchment area, and be an adult (18 +).
Type of Illnesses admitted	No limitations. Any illness with a terminal diagnosis.	No limitations on diagnosis.	Must be affected with HIV / Aids.	Must be affected with HIV / Aids.	A person must be diagnosed with a terminal or life limiting illness. No limitation on diagnosis. However majority of the service are directed towards clients infected with AIDS / HIV.	No limitation on diagnosis.
Accepted Prognosis	Less that 3 months.	No limitation	No limit. For palliative care admission a prognosis of less than 60 days preferred, however not a strict criteria.	No limitation	None;	Generally 12 months or less, however, exceptions are made for clients diagnosed with terminal illness such as ALS and MS.
Potential Service Limiting Criteria	Case by case basis. Individuals seeking active treatment or resuscitation. Patients are not excluded as long as their needs can be met in a home like environment. Care needs are assessed on a case by case basis.	High elements of risk to staff and volunteers, home violence, mental health issues. It needs to ascertained that individuals are not using volunteer services to substitute for services such as PSW support.	Schedule 1 mental health clients, active cardiac monitoring intubation, dialysis	None	Dangerous living conditions, history of violence, mental health issues which may endanger volunteers.	Clients need to be independent with toileting and eating if attending the day program unless accompanied by an attendant.
Service Fees	None.	None	None	None	There are no fees for Hospice Palliative Care clients.	$7 dollar meal charge for the day program. Professional counseling services are available for a fee structure based on a sliding scale.
Number of Hospice Palliative Care purpose beds	10	Not Applicable	12	Not Applicable	Not Applicable	Not Applicable
Respite Availability	Not Applicable	Caregiver respite is available through volunteers.	1 designated respite bed is available for a maximum of a 14 days.	Not Applicable	Not Applicable	Caregiver respite provided by volunteers.
Hospital Outpatient Services / Community Day Programming	Not Applicable	Day program offered once a week. Encompasses expressive arts therapy group classes.	Not Applicable	Recreational Therapy is offered on an outpatient basis. This includes arts and exercise classes, craft activities and special event outings.	Hospice Palliative Care outpatient service are not available.	Day program: expressive arts, activities, group interaction
In-Patient Palliative Care Consultations**	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Median Wait time (days) / Length of the Wait List (Please note: This information was collected at one point in time, and wait times fluctate for organizations at any given time. This is not a guarantee of wait, but should be noted with caution).	A median wait time of 9 days from referral to service. A wait list of 7-10 people at any one point in time.	A median wait time of 2 days from referral to service. No waitlist	A median wait time of 5-7 days from referral to service. A wait list of 5 people at any one point in time.Priority given to palliative referrals.	A median wait time of 2 days from referral to service. No waitlist	A median wait time of 4 days from referral to service. There is NO wait list.	A median wait time of 16 days from referral to some form of service. There is NO wait list.
Priority for Accessing Services	Priority is based on urgency of need, Palliative Performance Indicators and care giver support score. Residents living in the community are prioritized over hospital referrals.	Clients are prioritized based on the urgency of need, availability of home support systems, time of referral (1st come = 1st serve). Clients living in the community are prioritized over clients within institutions.	Clients in need of Hospice Palliative Care are prioritized over supportive care clients. Factors that effect priority of care are urgency of medical need and patient acuity. Clients that live in the community are prioritized over clients within facilities.	Clients in need of hospice palliative care are prioritized over community support clients. Factors considered are urgency of medical need, acuity and availability of home support systems.	Clients with higher urgency of needs and lack of home support systems are prioritized. Clients living in the community are prioritized over clients within institutions.	Clients with higher urgency of support needs and low levels of home care support systems are prioritized. Clients with a prognosis of less than 3 months, and those living within the community are prioritized.
Back Up List Description	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Available Human Resources	Doctors provide on site visits, Advance Practice Nurse, Registered Nurses, Registered Practical Nurses, Personal Support Workers, Spiritual Care Coordinator, Nutrition Coordinator, Bereavement Care Coordinator, Integrated Wellness Coordinator.	Hospice Care Coordinators, Spiritual Care Coordinator, Bereavement Care Coordinator, Integrative Wellness Coordinator.	Doctors, Registered Nurses, Psychiatrists, Personal Support Workers, Social Worker, Recreational Therapist, Massage Therapist, Physiotherapist, Occupational Therapist (consulting via CCAC), one consulting Infectious Disease Physician, one consulting Psychiatrist , one consulting dietician	Registered Nurses, Social Worker, Recreational Therapist, Massage Therapist	Client Care Coordinator, Support Service Worker, Case Manager	Case Managers.
After Hours Patient / Client / Resident Support	Physicians are not present around the clock but are available as an on-call service 24 / 7.	Not Applicable	Nursing staff is on site 24 / 7. Physicians not present at all times but are available as an on-call service 24 / 7.	Community nursing staff can be accessed anytime (24 / 7) in case of a medical crisis.	Not Applicable	Not Applicable
Number of Volunteers	19 volunteers for residents and family / caregivers	86 volunteers for clients and family / caregivers	69 volunteers for residents and family / caregivers	Not Applicable	7 Hospice Palliative Care volunteers for residents and family / caregivers.	80 volunteers for residents and family / caregivers
Catchment (Service Area)	Ontario	Etobicoke	Toronto Central Core, GTA.	Toronto Central Core, GTA	Ontario, GTA	**Service Boundaries:** *North* - Steeles; *South* - Toronto Island; *East* - Victoria Park; *West* - Humber River.
Inter-professional Consultations**						

SERVICE PROVIDERS	CIRCLE OF CARE	HAZEL BURNS HOSPICE	HOSPICE TORONTO	JEWISH FAMILY & CHILD SERVICES: JEWISH HOSPICE PROGRAM	PHILIP AZIZ CENTRE	Toronto Central CCAC
Contact Information	530 Wilson Ave, 4th floor, Toronto, ON, M4K 2Z3, (416) 635-2860 (Major Intersection: Bathurst St. & Wilson Ave.)	2562 Eglinton Ave West, 2nd floor, Toronto, ON, M6M 1T4, (416) 782-5915 (Major Intersection: Eglinton Ave. West & Keele St.)	1102 - 25 King St. West, Toronto , ON, M5L 1G3, (416) 364-1666 (Major Intersection: King St. & Bay St.)	4600 Bathurst St, Toronto, ON, M2R 3V2, (416) 638-7800 (Major Intersection: Bathurst St. & Sheppard Ave. West)	416 Moore Ave, Toronto, ON, M4G 1C9, (416) 363-9196 (Major Intersection: Bayview Ave. & Moore Ave.)	245 Eglinton Ave East, Toronto, ON, M4P 3B7, (416) 217-3820 (Major Intersection: Eglinton Ave. East & Mt. Pleasant Rd.)
Overview of the Organization	**Community Hospice volunteer program.**	**Community Hospice volunteer program.**	**Community Hospice volunteer program, Outpatient Program, Children's Support Program, Complementary Therapy Program.**	**Community Hospice Program for clients of Jewish faith, Children's support program.**	**Community Hospice volunteer program. Children's program.**	**Toronto Central Community Care Access Centre assists clients to navigate through Ontario's healthcare system, understand their options and connect them to quality community-based health care and resources. Working with people of all ages to ensure they make informed choices about their care and**
List of Hospice Palliative Care Services Offered.	**[Case Management]** In home assessments, care planning. **[Psychological Care & Management Services]** Emotional support, stress / fear / anxiety management and coping. **[Social Services]** Assistance with documentation, linking to cultural and faith groups. **[Practical Services]** Grocery shopping, companionship, light meals, escorting, friendly interaction, complementary therapy. **[End of Life Management]** Provide assistance with funeral and memorial planning, completion of documentation, referrals. **[Grief and Bereavement Services]** Individual and group support sessions are available upon request. **[Services to Caregivers]** Bereavement support **[Additional Services]** Complimentary therapy (reiki, therapeutic touch), kosher meals on wheels (for fees), caregiver support groups, Personal Support Worker services (for fees), Transportation (for fees).	**[Case Management]** Home assessments, continual monitoring of support needs, care planning. **[Psychological Care & Management Services]** Emotional support, stress coping, clinical referrals. **[Social Services]** Information and referral to legal and cultural support agencies. **[Practical Services]** Emotional support, companionship, escorting, errands, shopping, preparation of light meals, complementary therapy, grief and bereavement support. **[Grief and Bereavement Services]** Stress and anxiety management, group / individualized bereavement support sessions, caregiver support groups. **[Services to Caregivers]** Bereavement, education, complementary therapy. **[Additional Services]** Complementary therapy (reiki, massage, shiatsu).	**[Case Management]** In home assessment of care needs, care planning, support systems monitoring.**[Psychological Care & Management Services]** Crisis intervention, emotional support, stress and anxiety coping, referrals for clinical needs. **[Social Services]** Family support, education, referrals **[Practical Services]** Caregiver respite, bereavement, escorting, emotional support, activities of daily living, casual interaction, game playing, light meal preparation, complementary therapy. **[Spiritual Services]** Spiritual consultation, advising, linking to desired faith groups. **[Post-Death Management]** Anticipatory planning, assistance with memorials and funeral arrangements, referrals. **[Grief and Bereavement Services]** Support through group expressive arts therapy. Bereavement available up to 13 months post death (group or individualized). **[Services to Caregivers]** Caregiver support, respite, bereavement, education, workshops. **[Additional Services]** Complementary therapy (reiki, massage, therapeutic touch).	**[Assessment, Case Management, & Psychosocial Services]** Assessment of care needs and planning. Family counselling, individual counselling, education, and bereavement support. **[Practical Services]** Caregiver respite provided by visiting volunteers, light meal prep, escorting to appointments & friendly interaction. **[Spiritual Services]** Rabbinical services are available. **[End of Life Management]** Assist with planning for funerals. Chaplaincy services available. **[Grief and Bereavement Services]** Individual and group support sessions for bereavement support. **[Services to Caregivers]** Emotional support and counselling, education, bereavement, spiritual services. **[Additional Services]** Children's support program.	**[Case Management]** Assessment of support needs, basic care planning. **[Psychological Care & Management Services]** Psychosocial, spiritual support, referrals for additional support. **[Social Services]** Extensive spiritual counseling, family support. **[Practical Services]** Caregiver respite, activities of daily living, children's programs, accomplanment to appointments, in-home volunteer support, companionship. **[Spiritual Services]** Provide spiritual care to clients and their loved ones throughout the trajectory of illness through to bereavement. **[End of Life Management]** Assist with legacy creation, life closure, arrangement of funerals and memorial services. **[Grief and Bereavement Services]** Grief support, phone call, support letter, and visits for support. **[Services to Caregivers]** Education, spiritual care, bereavement support, respite care, referrals for additional care **[Additional Services]** Children's recreational programs, specialized children's volunteers, monthly recreational programs for children while their HIV positive parents attend a support group.	**[Case Management]** [Case Management] conducts an assessment, identifying client/family's goals of care, develop and implement a plan of care to meet those goals, evaluates the plan through out the illness trajectory and adjusts the plan accordingly, Advance Care Planning, linking to other community palliative resource ie Palliative physician services, hospice services . Involves the collaborative efforts of an interdisciplianry team including the client and family. The team assesses the client's physical, functional and psychological health. **[Services]** Nursing, Social Work, Allied Health Providers, Personal Care and caregiver relief, equipment, supplies
Hours of Operation for patient / client admission	Monday to Friday 830a.m. - 430p.m.	Monday to Friday 900a.m. to 500p.m.	Monday to Friday 900a.m. to 500p.m..	Monday to Thursday 900a.m. - 500p.m.	Monday to Friday 900a.m. to 500p.m.	Monday to Sunday 24 hours a day.
Admission Guidelines	A person must be diagnosed with a life threatening / limiting illness.	An adult (18+), diagnosed with a terminal or life limiting illness.	Any person diagnosed with a terminal and / or life-limiting illness.	Must be Jewish or have a family member who is Jewish, and be diagnosed with a terminal/palliative illness.	A person must be diagnosed with a terminal or a life limiting illness.	Diagnosed with a terminal or life limiting illness, with documented illness progression. Client or decision maker must desire a palliative approach to care rather than a curative approach. Expected life span of 12 months or less
Type of Illnesses admitted	There is no limitation on illnesses.	Any life limiting illness. No limitation.	No limitation on diagnosis.	No limitation -reviewed on case by case basis.	No limitation	Any terminal or life limiting illness.
Accepted Prognosis	Generally less than 12 months. However a soft parameter, thus will accept clients with a longer or an unknown prognosis.	No limitation.	No limitation on prognosis.	A prognosis of less than 12 months.	No limitation on prognosis.	Less than 12 months
Potential Service Limiting Criteria	Dangerous and potentially violent behaviour tendencies from clients and their family	Dangerous living environment, violent behavior tendencies from clients and their family.	Dangerous and potentially violent home settings. Homeless individuals are not accepted into the program. Volunteers will not assist with any medical equipment and interventions.	A potentially dangerous environment for staff and volunteers.	Dangerous caregiver environment. Violent client behavior. Mental health conditions posing danger to volunteers and staff.	CCAC eligibility criteria
Service Fees	$21.50 / hour for home care Personal Support Worker. Food charges range from $5.79 to $7.87 per meal. Transportation $10.50 or $16 return depending on the	None.	None	None	None	None
Number of Hospice Palliative Care purpose beds	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Respite Availability	Caregiver respite is available through volunteers	Caregiver respite available through volunteers	Caregiver respite is available through volunteers.	Caregiver respite is available through volunteers.	Caregiver respite through volunteers	Caregiver Relief
Hospital Outpatient Services / Community Day Programming	Not Applicable	Bereavement and caregiver support groups are available on outpatient basis.	Expressive arts program and children's support program are available on an outpatient basis.		Not Applicable	Not Applicable
In-Patient Palliative Care Consultations**	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Median Wait time (days) / Length of the Wait List (Please note: This information was collected at one point in time, and wait times fluctate for organizations at any given time. This is not a guarantee of wait, but should be noted with caution).	A median wait time of 7 days from referral to service. However, depending on the uniqueness of clients requests a longer wait may be incurred. There is NO wait list.	A median wait time of 2 days from referral to service. No wait list.	A median wait time of 2 days from referral to service. No wait list.	A median wait time of 5 days from referral to service. 5 people on the wait list at any point in time.	2 Days. There is no wait list for services.	There is no wait list for services. Urgent referrals processed same day.
Priority for Accessing Services	Generally follow a 1st come - 1st serve guideline. Clients with a prognosis of less than 3 months are prioritized.	Clients with higher urgency of need and those lacking home support are prioritized. Clients living in the community are prioritized over clients residing within a care setting.	Case by case evaluation. Clients with higher urgency needs and those lacking support mechanisms at home are prioritized.	Clients with lower palliative performance score (<30) are prioritized. Clients are reviewed on a case by case basis.	Clients with higher urgency of need are prioritized. Lack of available home support systems, severe caregiver burnout, a shorter prognosis are all variables that are prioritized. Clients living in the community are prioritized over clients residing within a care setting.	All referrals priotitized by case managers
Back Up List Description	This list is for Hospice Palliative Care clients who do not wish to initiate immediate services but would like to be kept on file until they chose to start receiving support. These clients are contacted on the monthly basis until their file is closed or services begins.	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Available Human Resources	Social Workers, Case Manager	Case Manager, Grief Support Workers.	Case Managers with background in Social Work, Expressive Arts Therapist.	Part-Time Social Workers & Rabbi. A volunteer coordinator is provided through Circle of Care.	Case Manager, Spiritual Advisor.	***Data Pending
After Hours Patient / Client / Resident Support	Not Applicable	Not Applicable	There is an after-hours and weekend support line for clients and volunteers. Clients can be managed, referred or given support on emergency basis during a crisis.	Not Applicable	Not Applicable	24/7 Palliative Care Coordinators, 24/7 Toronto Central Care Coordinators, 24/7 Nursing availability
Number of Volunteers	54 volunteers for residents and family / caregivers	42 volunteers for residents and family / caregivers	155 volunteers for clients and family / caregivers. *numbers were revised in March 2010. **please note that these numbers are subject to change on a	23 volunteers for residents and family / caregivers	100 volunteers for residents and family / caregivers	N/A
Catchment (Service Area)	**Service Areas:** Toronto, Richmond Hill, Thornhill, North York, Vaughn.	**Service Boundaries:** *North* - Lawrence Ave (North West: Weston Rd. & Hwy. 401), *South* - St.Claire Ave (South West: Bloor St.), *East* - Bathurst St, *West* - Humber River.	Toronto Central Core for in home visitation clients. GTA for the expressive arts program and the children's program.	Richmond Hill, Thornhill, Vaughan, Toronto.	Volunteers: Toronto Central Core (M postal codes) Spiritual care for client infected with HIV / AIDS is done anywhere in the GTA.	Toronto Central LHIN
Inter-professional Consultations**						

SERVICE PROVIDERS	PALLIATIVE PAIN AND SYMPTOM MANAGEMENT SERVICES CONSULTANT	DISTINCT HEALTH CARE	CASTLEVIEW WYCHWOOD TOWERS (City of Toronto Long Term Care Homes & Services)	KENSINGTON
Contact Information	220 Sherway Dr, Etobicoke, ON, M9C 0A7, (416) 626-0110 (Major Intersection: The Queensway & Dixie Rd.)	33 Mercer Dr., Brampton, ON, L6X 1B5, (905) 789-8264 (Major Intersection: Main St. & Queen St. West)	351 Christie St, Toronto, ON, M6G 3C3, (416) 392-5700 (Major Intersection: Bathurst St. & Dupont St.)	25 Brunswick Ave., Toronto, ON, M5S 2L9, (416) 963-9640 (Major Intersection: Bathurst St. & College St.)
Overview of the Organization	**An educational service for Health Care providers.**	**Organization providing fee** based nursing and personal support care.**	**Long term care facilities, Palliative Care program.**	**Long term care facility, palliative care support services.**
List of Hospice Palliative Care Services Offered.	**[Training Services/Capacity Building]** Palliative Pain and symptom management consultation service and case based training can be conducted as one on one or group sessions. The training is designed to equip nurses and other health care providers with tools and techniques that will enhance palliative pain and symptom management skills and improve quality of care. The consultation can be conducted as a joint visit or as case-based training sessions.	**[Case Management]** Individualized assessment, care planning, living space safety planning. **[Psychological Care & Management Services]** Stress coping, fear/anxiety management, referral for additional support. **[Social Services]** Linking to appropriate legal services and community groups. **[Physical Illness & Disease Management]** Pain and symptom management, medication administration (pain pumps), wound care. **[Practical Services]** Activities of daily living, personal care, escorting, home support. **[Spiritual Services]** Will connect with faith groups or spiritual services desired by the client. **[Grief and Bereavement Services]** Unlimited grief support and counseling sessions **[Services to Caregivers]** Bereavement support, respite relief, educational services, referral to appropriate providers. .	[Case Management] Advance care planning, functional assessment, cognitive ability evaluation, admission and discharge planning. [Psychological Care & Management Services] Stress / fear / anxiety coping, management of depression symptoms. [Social Service] Multicultural volunteers are available to be matched with residents. [Physical Illness & Disease Management] Primary, secondary diagnosis, pain and symptom management. [Practical Services] Personal care, companionship, outdoor activities, game playing. [Spiritual Services] Spiritual counseling and education. [Grief and Bereavement Services] One on one grief and bereavement sessions with the social worker. [Service for Caregivers] Bereavement support, education, referrals to appropriate resources.	**[Case Management]** Advance care planning, functional assessment, cognitive ability evaluation, admission and discharge planning. **[Social Service]** Private and group spacing to accommodate culturally sensitive routines and rituals. **[Physical Illness & Disease Management]** Primary, secondary diagnosis, pain and symptom management. **[Practical Services]** Personal care, companionship, outdoor activities, game playing. **[Spiritual Services]** Spiritual support, counseling, education, private spacing for ceremonies or praying. **[End of Life Management]** Assistance with funeral arrangements, power of attorney, and legal referrals. **[Grief and Bereavement Services]** Grief support and counseling, bereavement support by request. **[Service for Caregivers]** Bereavement counseling, rooms available for overnight stay free of fee's, courtesy meals.
Hours of Operation for patient / client admission	Access to the service is Monday to Friday 900a.m. to 500p.m.. However consultation and training sessions can accommodate evenings or weekends as	Can occur Monday to Sunday 24 hours a day.	Monday to Sunday 24 hours a day.	Monday to Friday 900am - 500p.m..
Admission Guidelines	Services are available to Health Care providers receiving "Ministry of Ontario Long Term Care" funding.	Any persons seeking nursing or supportive assistance.	Resident must be an adult (18 +), have OHIP coverage, and have health requirements that cannot be met with any combination of home care giving or community-based services. Residents care requirements must be deemed appropriate for a long-term care facility. Community Care Access Centre (CCAC) admission criteria.	Resident must be an adult (18 +), have OHIP coverage, and have health requirements that cannot be met with any combination of home care giving or community-based services. Residents care requirements must be deemed appropriate for a long-term care facility. Community Care Access Centre (CCAC) admission criteria.
Type of Illnesses admitted	Not Applicable	No limitation. Any illness that can be managed at home is accepted.	No limitation, any chronic or life limiting illnesses.	No limitation, any chronic or life limiting illnesses.
Accepted Prognosis	Not Applicable	None	No limitation.	No limitation.
Potential Service Limiting Criteria	Hands-on palliative clinical assessment and care. Clinical recommendations are not provided. Palliative Care courses are NOT provided through this program. Health Care providers seeking courses are referred to Hospice Association of Ontario.	None	Violent behavior which may pose a potential risk to other residents. Dialysis, respiratory equipment (excluding a CPAP), PICC lines, intensive IV care.	Violent behavior with may pos a potential risk to other residents. Dialysis.
Service Fees	None	** All services are provided through a structured fee system based on client's location, types of services and quantity of services.	Standard Ontario Ministry of Health rates. Basic = $1578.02 monthly; Semi-Private = $1821.35; Private = $2125.52;	Standard Ontario Ministry of Health rates. Basic = $1578.02 monthly; Semi-Private = $1821.35; Private = $2125.52;
Number of Hospice Palliative Care purpose beds	Not Applicable	Not Applicable	456	350
Respite Availability	Not Applicable	Unlimited 24 / 7 respite support is available through nursing and personal support staff	3 respite beds are available for a maximum of 6 weeks.	Not Applicable
Hospital Outpatient Services / Community Day Programming	Not Applicable	Not Applicable	Not Applicable	Not Applicable
In-Patient Palliative Care Consultations**	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Median Wait time (days) / Length of the Wait List (Please note: This information was collected at one point in time, and wait times fluctate for organizations at any given time. This is not a guarantee of wait, but should be noted with caution).	There is no wait time. Service are arranged on request.	There is no wait. Services can be initiated within several hours of clients requests.	No wait time.	A median wait time of 2 years from referral to service. Wait list is managed by the Community Care Access Centre (CCAC).
Priority for Accessing Services	Not Applicable	Clients with larger urgency of need are prioritized. Clients living in the community would be prioritized over clients residing within care settings.	Priority is given to residents with lower acuity and higher medical needs. A medical diagnosis can be prioritized if spacing is available within a department designated for that diagnosis. Priority is guided by Community Care Access Centre (CCAC).	Priority is given to residents with lower acuity and higher medical needs. A medical diagnosis can be prioritized if spacing is available within a department designated for that diagnosis. Priority is guided by Community Care Access Centre (CCAC).
Back Up List Description	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Available Human Resources	Advance Practice Nurse, Registered Nurses.	Registered Nurses, Registered Practice Nurses, Personal Support Workers.	Doctors, Social Workers, Spiritual Advisor, Physiotherapists, Recreational Therapist (some services are not listed)	Doctors, Advance Practice Nurse, Registered Nurses, Registered Practice Nurses, Psychiatrist, Personal Support Workers, Case Managers, 2 Spiritual Advisors, Pharmacist, Nutritionists, Physiotherapists, Recreational Therapists.
After Hours Patient / Client / Resident Support	Not Applicable	Nursing is available around the clock (24 / 7).	Nursing staff is on site 24 / 7. Physicians not present at all times but are available as an on-call service 24 / 7.	Nursing staff is on site 24 / 7. Physicians not present at all times but are available as an on-call service 24 / 7.
Number of Volunteers	Not Applicable	Not Applicable	There are no Hospice Palliative Care trained volunteers	No hospice palliative care trained volunteers
Catchment (Service Area)	**Service Boundaries:** *North* - Steeles; *South* - Lake Ontario; *West* - Western Etobicoke boundary; *East* - Eastern Scarborough boundary;	Ontario	Greater Toronto Area	Ontario
Inter-professional Consultations**				