

## Info Sheet

### Hospice Palliative Care: Terminology & Models of Care<sup>i</sup>

#### Definition

In 2002, a new terminology was proposed in Canada: the words “hospice” and “palliative care” were coined to recognize the convergence of hospice and palliative care into one movement. *Hospice palliative care aims to relieve suffering and improve the quality of living and dying.* It is appropriate for any patient and family living with a life-threatening illness due to any diagnosis, regardless of age and prognosis.

#### Domains of Issues Associated with Illness and Bereavement

There is a minimum of eight (8) domains of issues that patients and families living with a life-threatening illness commonly faced: (1) disease management; (2) physical domain; (3) psychological domain; (4) social domain; (5) spiritual domain; (6) practical domain; (7) end of life care/death management; and (8) loss and grief.

This information proposes the availability of hospice palliative care services at the time of diagnosis, when relevant. For example, many cancer patients may require hospice palliative care early in the course of their disease. The information also highlights the need for grief and bereavement services. It emphasizes the fact that hospice palliative care does not solely focus on end-of-life care.

#### Models of Hospice Palliative Care in Alberta

Like the rest of Canada, the delivery of hospice palliative care in Alberta is based upon the primary care model, with the desire for the majority of care for palliative patients to be provided by primary caregivers in their community/health region. A caregiver is anyone who provides care. It includes professionals from multiple disciplines, support workers, volunteers, family members or friends. Within the primary care model, the family physician has the overall responsibility for the medical care of patients. The following illustration describes the levels of hospice palliative care available to patients and families in the nine health regions in Alberta.

The Canadian Hospice Palliative Care Association (Ferris et al., 2002a) describes each level of care as follows.

#### Primary Care

At the primary level of hospice palliative care, the professionals identify the issues, manage the disease, its manifestations and the predicaments it creates, and provide the core competencies of hospice palliative care<sup>ii</sup>. In all health regions and care settings across Alberta, primary caregivers are committed to provide this level of care. They are of major importance in the care of the patient and family.

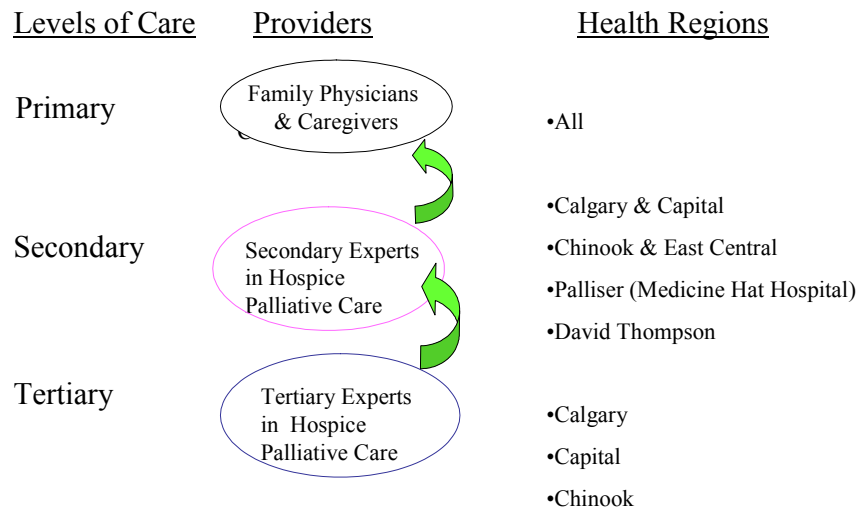
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## Models of Care in Alberta

This illustration is based on information gathered from  
Regional Palliative Care Leaders or Key Informants



### Secondary Care

At the secondary level, interdisciplinary teams of hospice palliative care experts support and mentor primary caregivers in every setting where patients/families receive care. Often, such teams function in an advisory capacity. The professionals are available for performing clinical multi-dimensional assessment of patients/families<sup>iii</sup>. For example, they can provide:

- Advice on all palliation (physical, psychological, social, spiritual, end of life care/death management, and loss and grief)
- Advice on hospice palliative care resources available to patients/families
- Liaison with other hospice palliative care experts

This secondary level of support is available in six health regions with differences in the extent of services along with variability in the availability of interdisciplinary palliative care teams. The Calgary, Capital, Chinook and East Central Health Regions have developed a palliative care consultation team available to professionals involved in all health care facilities, including cancer centres and hospices.

In the Calgary and Capital Health Regions, professionals from all health disciplines can be accessed while in East Central Health the team is mainly composed of physicians and nurses. In the Chinook Health Region, in addition to physicians and nurses, pharmacists are also available.

In the Palliser Health Region, a similar team (physician, nurses, and a volunteer coordinator) has been established at the Medicine Hat Hospital for the provision of advice to hospital staff, linkages with home care, recruitment and training of volunteers. Finally, the David Thompson Health Region has a nurse coordinator available for consultation across the health care continuum. A physician is also available for consultation for the Palliative Care Unit.

Ideally, secondary experts should be accessible around the clock. Currently, the Calgary, Capital and Chinook Health Regions have measures in place that provide palliative patients in the community with access to services 24 hours a day and 7 days a week.

## Tertiary Care

At this level, tertiary experts<sup>iv</sup> provide consultation to secondary experts and primary caregivers on complex hospice palliative care situations. They educate/train secondary and tertiary experts, conduct research and develop best practice guidelines. The Chinook Health Region provides education and mentorship for medical (including third year palliative care residents) nursing, and social work students at the undergraduate and graduate level. Most of the clinical tertiary palliative care in Alberta is provided in the large urban centres such as Calgary and Edmonton, who have well established tertiary hospice palliative care level. Some tertiary care is provided in non-metro regions (e.g., Chinook Health Region) for patients who do not wish to travel to the urban centres. However, the urban tertiary experts provide on call coverage 24 hours a day and 7 days a week.

Within its tertiary expert role, the Capital Health Region Regional Palliative Program has developed various clinical tools (e.g., assessment tools, palliative care tips, etc.) that are accessible via Internet at <http://www.palliative.org>.

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<sup>i</sup> Most of the information provided in this Info Sheet is based or excerpted from the following documents:

▪ Ferris FD, Balfour HM, Bowen K, Farley J, Hardwick M, Lamontagne C, Lundy M, Syme A, & West P. (2002a). *A model to guide hospice palliative care*. Ottawa, ON: Canadian Hospice Palliative Care Association.

<http://www.chpca.net>

▪ Ferris FD, Balfour HM, Bowen K, Farley J, Hardwick M, Lamontagne C, Lundy M, Syme A, & West P. (2002b). A model to guide patient and family care: Based on nationally accepted principles and norms of practice. *Journal of Pain and Symptom Management*, 24(2), 106-123.

<sup>ii</sup> The Pallium Project has identified areas of responsibility and related tasks for Primary Palliative Care Professionals in the following document: The Pallium Project. (2002). *Primary palliative care professional- Profile of major areas of responsibility and related tasks*. <http://www.pallium.ca>

<sup>iii</sup> The Pallium Project has identified areas of responsibility and related tasks that apply to secondary experts. The Pallium Project. (2002). *Palliative care leaders- Profile of major areas of responsibility and related tasks*.

<http://www.pallium.ca>

<sup>iv</sup> Ibid.