



Promising Practice: **Diane Morrison Hospice**



Healthcare Excellence Canada (HEC) and the Canadian Partnership Against Cancer (the Partnership) would like to formally acknowledge the generosity of the Diane Morrison Hospice team in sharing their skills, knowledge, expertise and experiences to form this promising practice document. For our program team, it is a privilege to share the details of this work; however, we recognize that the contributions the Diane Morrison Hospice has made to equity in palliative care reach far beyond what can be captured in this brief document. The Diane Morrison Hospice has graciously shared their work and their time with us and for that we are deeply grateful.



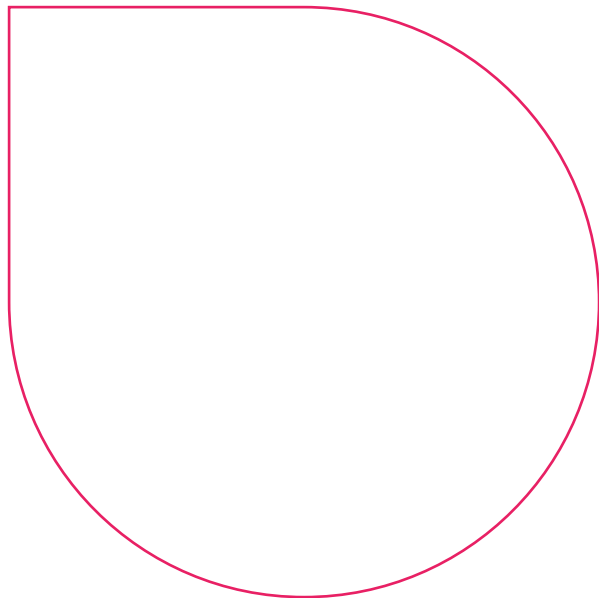
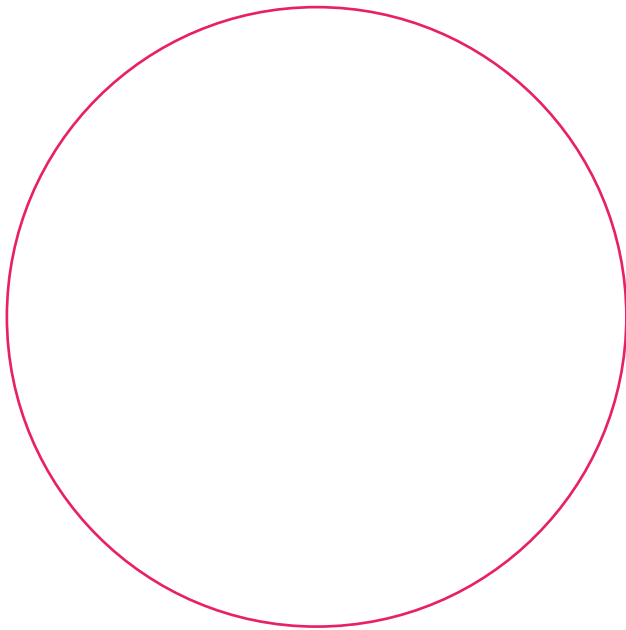
About Healthcare Excellence Canada

Healthcare Excellence Canada (HEC) works with partners to spread innovation, build capability and catalyze policy change so that everyone in Canada has safe and high-quality healthcare. Through collaboration with patients, caregivers and people working in healthcare, we turn proven innovations into lasting improvements in all dimensions of healthcare excellence. Launched in 2021, HEC brings together the Canadian Patient Safety Institute and Canadian Foundation for Healthcare Improvement.

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About the Canadian Partnership Against Cancer

The Canadian Partnership Against Cancer (the Partnership) is an independent organization funded by the federal government to accelerate action on cancer control for all Canadians. The Partnership is the steward of the Canadian Strategy for Cancer Control (the Strategy) and works to implement the Strategy to reduce the burden of cancer on Canadians. The partner network—cancer agencies, health system leaders and experts and people affected by cancer—brings a wide variety of expertise to every aspect of our work to support multi-jurisdictional uptake of the knowledge emerging from cancer research and best practices in order to optimize cancer control planning and drive improvements in quality of practice across the country.



The Promising Practice

Program history

The Diane Morrison Hospice, located in Ottawa, ON, began as a pilot program in 2001. At that time, the Hospice supported people who were dying from AIDS, and people died shortly after their arrival. The Hospice started as four to six beds and has increased over the years. In 2015, the bed number increased from 14 to 21 beds to add an extra floor (seven people) with chronic palliative needs. Hence, these seven beds were added to accommodate clients who were coming in very sick. With changes over time, and medical advancements, clients are more likely to have chronic illnesses and need longer-term care. With proper medical care and support, it is often the case that palliative clients stabilize and can return to the community. Others die in the Hospice with dignity and are circled with people who care about them. The Hospice also receives admissions in need of short stays due to recovery from invasive treatment and need around-the-clock medical care.

Model

The 21-bed Mission Hospice was created to offer palliative and end-of-life care for the homeless community in Ottawa. It is adjacent to The Ottawa Mission shelter and serves the most vulnerable population who live on the street, in shelters or are precariously housed. The Hospice was created to care for people who have no or very minimal support and experience addiction and complex mental health illness, along with a terminal illness. This model is unique as it provides 24-hour palliative nursing care, vital emotional, cultural, spiritual support and dignity to those who are alone and suffering. The team has a variety of skills and expertise, including the understanding of people living with trauma, serious mental illnesses and addictions. The atmosphere in Hospice is compassionate and non-judgmental, which allows people to feel cared for, often for the first time in their lives. This circle of care provides its clients with support for activities of daily living, pain and symptom management, managing addiction, spiritual and cultural care, and grief support (The Ottawa Mission, 2021). The Spiritual Care team provides a memorial service in The Ottawa Mission Chapel for each client lost, and invites the deceased person's friends, family, street community and care providers who have taken care of them during their journey—all are welcome.

In the Mission Chapel, a monthly Country Food Feast is offered to Inuit clients and their circle of friends and family. It is an open-door celebration that welcomes all Hospice clients and staff to come together and share a meal of traditional Inuit food such as caribou, arctic char and seal.

“The goal is to provide patients with the equivalent of a home and a family, as well as staff who are trained to provide quality care comparable to what is provided to nonhomeless Canadians”

(Aleman, 2017).

Funding

The Diane Morrison Hospice is able to run its daily operations and offer palliative and compassionate care due to a tri-partnership between Ottawa Inner City Health (OICH), The Ottawa Mission and Carefor Health and Community Services. More details are provided in the collaboration section. Funding streams include:

- Provincial Government funding for the medical practitioners
- City funding for the shelter beds
- Community donations for the day-to-day operations
- Some Local Health Integration Networks funding (now called Home and Community Care Support Services) has been added in recent years

Harm reduction approach

“Meeting clients where they are at.”

This philosophy integrates naturally with the Hospice's palliative approach: offering client-centred care and focusing on their goals of care and their quality of life. To achieve palliative care through a harm reduction lens, the staff are able to connect with clients in a non-judgmental manner to truly understand their needs. Therefore, the Managed Alcohol Program (MAP) or Safer Supply are available for Diane Morrison Hospice's clients. MAP caters to clients who typically drink non-beverage

alcohol (i.e. hand sanitizer, mouthwash), have high numbers of emergency room (ER) visits and are experiencing physical and/or mental harms from their drinking. This program is a low barrier program and has an objective of simply helping people to drink less on the streets and reduce compulsive alcohol consumption. In this program, five to seven ounces of wine are served every hour for 12 hours a day, and alcohol is treated and tracked in a similar way as medication. New admissions who are eligible receive higher doses at first and are closely monitored for detox symptoms. In this program, data show drastic reduction in ER visits and emergency medical services calls. In addition, clients achieve stability and are able to address other issues: health, social and spiritual. Safer Supply aims to reduce harms associated with illicit opiate use. Clients are prescribed safer opiates so they can stop or reduce illicit fentanyl use. It entails long-acting, slow-release morphine combined with short-acting hydromorphone. In this program, strong data show that clients have decreased incidents in overdose, there is a decrease in criminal behaviours and improved health and stability (Haines, Tefoglou, and O’Byrne 2022 and 2023; Haines and O’Byrne, 2023).

Referrals

Referrals to the Hospice typically come from partnering organizations who work with those experiencing homelessness in the community such as other shelters and/or Ottawa organizations, community health centres and hospitals. Clients cannot self-refer.

Population served

Clients are referred to the Hospice team. The nurse coordinator coupled with the program manager review each case to ensure that the criteria are met. The screening process for new admissions requires individuals to be homeless—living in a shelter, on the street or couch surfing and

terminally ill with a set prognosis. It is an inclusive definition that is also dependent on prognosis, if the client has other supports and if the client has addictions. The Hospice takes in clients who do not fit into mainstream hospices. For prognosis, it is not a short-term timeframe like a traditional hospice (e.g. two weeks). It is three to six months (on a case-by-case basis). This population base does not want to give up their housing if they are in housing or in the community, so it is important that they are at the point in their illness where they are frail and cannot support themselves at home and are in need of assistance. The Diane Morrison Hospice often witnesses many clients come in very ill and frail and then take a turn for the better. Once they receive proper healthcare, nutrition and medication, they may show stability and improve their health. In these cases, the staff work closely with community partners and housing workers to find housing while still ensuring medical attention is provided.



Outcomes and Impacts

Each partner has their own areas of expertise, their own needs in terms of data and is responsible for their own data tracking.

At The **Ottawa Mission**, they look at data on the number of people coming into the Hospice each year, the number discharged and where they go, how many people are dying in hospice care and how many memorials are held. The data are reported to the Board in monthly reports and in the annual impact report used to show donors and the community the impact of the day-to-day work. According to the most recent impact report, there were 37 new Hospice admissions, 13 deaths and nine memorials in the Chapel (The Ottawa Mission, 2022–2023).

Ottawa Inner City Health (OICH) evaluates and tracks nursing care, harm reduction and pain and symptom management. OICH collects data on clients, collects new and innovative data and conducts various studies, including recently on advanced care planning and spiritual care.

Carefor Health and Community Services tracks information on client personal care.

An older (2006) article **evaluating the pilot study** of the Hospice found 28 clients died in hospice, with a mean age of 49 years. The average length of stay was 120 days. The majority (82 percent) had a substance use disorder (drugs or alcohol) and a mental illness. This same study found that, compared to an acute care system (where costs can be \$900/day), the cost for hospice was only \$70 per day, resulting in a cost savings of \$1.39 million over the course of a year (Podymow, Turnbull and Coyle, 2006). There are plans to update this analysis given that the Hospice works with acute and chronic palliative care clients (The Ottawa Mission, 2021).

Collaboration

The Hospice is a **tri-partnership** between Ottawa Inner City Health (which provides the medical care to clients), The Ottawa Mission (which provides the operational components, including the building, food, volunteers and spiritual care), and Carefor Health and Community Services (which provides the personal care support). This model works well, as the partners work closely together and focus on the care and well-being for all people admitted to hospice. OICH has programs across Ottawa that work with all organizations working with the homeless population. This model makes referrals, admission and care into hospice much easier and ideal as it is low barrier.

Volunteers are key and an essential support service with the Hospice. The team of volunteers offers different day-to-day activities, such as music therapy, arts and crafts, and/or more importantly one-on-one time with clients. They share meals, lend an ear and run errands for people who request it. There are organizations in the community that bring in dogs for pet therapy.

Peer support in hospice is an integral piece of support offered to all Hospice patients. Peers accompany clients to medical appointments and help them navigate the health system, spend one-on-one time in hospice or in the community, and are part of the day-to-day living activities. Peer support workers are people with lived experience (homelessness, mental health and/or addiction) and paid for by Inner City Health and the Mission.

There are many partnerships and connections with housing and community services, and many **community partners** that work with this population. Partners include Kelly's Funeral home for funerals, Beechwood Cemetery for cremation, Housing Workers through The Ottawa Mission and many more.

Lessons Learned

Enablers

Partnerships are key to success. The **key factor facilitating these partnerships** is that roles are clearly defined with each partner based on their strengths. The Ottawa Mission knows what it needs to deliver, and it is clear what activities it does, and it does these well. OICH are the healthcare providers for all the clients experiencing homelessness in the community and have expertise in working with people who suffer from addiction and complicated mental illness. Carefor employs and oversees the work of personal care by their workers. It ensures that safe and consistent care is provided to all clients in hospice. Roles do not get blurred and they work together as a team. Communication is key, and everyone is well informed by the other partners in terms of what is happening and any changes or challenges they may be facing.

Having **different streams of funding** has also been an enabler. Creativity in the funding model, and having a fundraising team, is important.



A **flexible approach to care** is essential. There is no “cookie-cutter” approach, and the approach is solutions-oriented and person-centred. Staff take time and care with every single client to see what each person needs individually to ensure the care will be most successful. Being **forward thinking and innovative** in terms of filling clients’ needs has been critical. This includes harm reduction programs like MAP and Safe Supply. The staff look at client needs and help by meeting them where they are at. Many organizations from around the world have met in person or over the telephone to learn about the work of the Diane Morrison Hospice.

Volunteers help fill a huge need. Isolation and loneliness are a large challenge for people’s mental health, and many clients are estranged from their family or have challenging family dynamics including trauma and abuse. Volunteers go through extensive training and are offered support by the team to ensure they are a good fit to work with clients. This role is important as it offers people a greater circle of care that reaches beyond the immediate team.

The Hospice team values and reflects on client wishes at all times. It is essential that all **clients’ decisions and wishes are well supported and respected.** This ensures clients are heard, respected and treated with dignity.

Finding the right supports. At times, new admissions to hospice can receive healthcare and nurturance that they wouldn’t have gotten in the community, for many reasons (past trauma, stigma, mental health, addictions). Upon receiving care, clients often stabilize and show great health improvements. When this happens, and the individual does not need hospice care any longer, the team must work on transitioning the person back into the community. Outside resources and key contacts are key to ensure they are appropriately placed/housed and successful. These essential connections include housing workers, mental health supports and

others to ensure they are not isolated upon discharge. It can be a real challenge when moving from hospice to housing, thus attaching people to the right organizations and supports is key. Another important liaison that allows people to prosper is peer support. They offer wellness checks, follow up to important appointments and connect clients to resources that offer basic day-to-day needs. Clients without a healthcare provider are welcomed to access medical care at The Ottawa Mission's Primary Care Clinic until they are connected in the community.

Cultural connection and access to traditional food and programming for Indigenous people is essential. The Hospice team ensures that their clients' values are respected as these are vital to their day-to-day living. There is a Spiritual and Cultural Worker who comes in weekly to offer activities such as arts and crafts, ceremonies like smudging and spends one-on-one time with Indigenous people. The Hospice holds a country feast monthly for Hospice clients and their family and friends which includes traditional meats from up North. There is caribou, seal, arctic char and so much more.

The Spiritual Care team offers each person unconditional acceptance, dignity and compassionate care. Everyone at Hospice has access to The Mission Chaplain and the Spiritual Care team of non-denominational and multi-faith volunteers. The Spiritual Care team is present and involved in the day-to-day living of every person who desires companionship.

Challenges

COVID-19 had a large impact, including disrupting the volunteer aspects of the program and restricting Hospice clients in terms of where they can go and for how long.

Lack of sustainable funding has been an issue for years. Year after year, the Hospice must keep applying for funding to maintain its budget, which allows the work to continue.

Barriers to accessing healthcare services (or systemic issues) outside of the Hospice.

A lot of times, clients experience stigma and discrimination when they go for medical appointments based on their address, their medical history or how they present at the hospital. This is why the Hospice sends peer workers to appointments with clients to ensure there is someone advocating for them and that they are getting the help they need at the hospital.

Limited housing options for chronic palliative individuals experiencing homelessness. It has been challenging finding adequate housing for clients who stabilize at the Hospice and have a chance of better quality of life either at a long-term care facility or assisted living setting. There are very limited housing options resulting in clients staying at the Hospice for years due to clients having a history of alcohol use, substance use or with behaviour and/or mental health issues.

This promising practice was co-produced with the Diane Morrison Hospice. Information was compiled in the fall of 2023. In keeping with the changing and evolving nature of care the information may change in the future. We encourage you to reach out to this team for any further information that may be helpful as you work to improve access to palliative care for those you serve.

For more information

To learn more, contact:

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Additional Resources

- Aleman A. [What are the palliative care services available to the homeless population in Canada? Homeless Hub, The Canadian Observatory on Homelessness.](#) Published March 17, 2017.
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- The Ottawa Mission Impact Reports: [2020–2021](#); [2021–2022](#); [2022–2023](#)
- Podymow T, Turnbull J, Coyle D. Shelter-based palliative care for the homeless terminally ill. *Palliative Medicine.* 2006;20(2), 81–86. doi: [10.1191/0269216306pm1103oa](#)
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