



Promising Practice: Palliative Education and Care for the Homeless (PEACH)

Healthcare Excellence Canada (HEC) and the Canadian Partnership Against Cancer (the Partnership) would like to formally acknowledge the generosity of the PEACH 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 PEACH has made to equity in palliative care reach far beyond what can be captured in this brief document. PEACH has graciously shared their work and their time with us and for that we are deeply grateful.



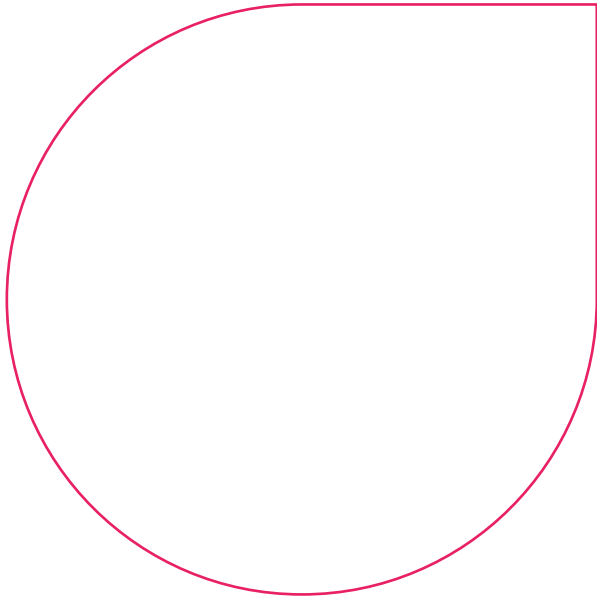
About Healthcare Excellence Canada

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

PEACH in Toronto, ON, was founded in 2014. It was originally fostered exclusively as a program of the Inner City Health Associates (ICHA). As of today, the program functions as a partnership between ICHA, Kensington Health (KH) and Toronto Central Home and Community Care Support Services (TC HCCSS).

Model

PEACH is Canada's first mobile palliative care intervention for people experiencing homelessness (PEH). PEACH provides home care supports, manages pain and symptoms and supports community partners in health and social services through education. PEACH is an "outreach intervention aiming to provide symptom management and psychosocial supports through a harm reduction and a trauma-informed lens" (Schneider & Dosani, 2021).

PEACH includes psychological components as part of the model, including the Good Wishes Project (Tedesco et al., 2020). This trauma-informed project is one of the psychological strategies of PEACH, offering a wish granting opportunity for people who are vulnerably housed or unhoused who are dying and have a final wish. This could include a gift certificate to a restaurant, a guitar, a shower curtain for their place or paying for their funeral. PEACH also holds Grief Circles to support staff who are working in the homelessness sector and are caring for people who are dying on the streets and in shelters. Grief Circles have become part of the “care culture” that PEACH aims to inspire and have been very helpful to support social care workers who too often are seeing death on the frontlines.

Team

PEACH started as an intervention with a physician and a street nurse working out of a Honda Civic, conducting visits in the community once a week. Now, the program functions as a 24/7 clinical delivery model, featuring six palliative care physicians, a PEACH psychiatrist, a nurse coordinator, a home care coordinator (who is employed by TC HCCSS), a peer worker (funded through Improving Equity in Access to Palliative Care collaborative funding—Cohort 1 program) and a health navigator with a social work background (who is employed by KH) (Buchanan et al., 2023). In addition, an interprofessional home care team via TC HCCSS provides services in non-traditional home settings, whether that be streets, parks, shelters, supportive housing, etc. for those who are vulnerably housed.

Funding

The physicians and nurse coordinator are funded by ICHA through an Alternative Payment Plan with the Ontario Ministry of Health and

the Ontario Medical Association. The home and community care coordinator is funded via Ontario Health’s Home and Community Support Services (Buchanan et al, 2023). The health navigator position is funded through KH (a private foundation originally funded the social work support via a pilot (Buchanan et al., 2023). Administrative and operational support for the program is provided by ICHA.

Population served

PEACH provides care for people who are along the continuum [outlined by Canada Mortgage and Housing Corporation \(CMHC\)](#), including people experiencing homelessness and people at risk of homelessness. PEACH uses the Canadian definition of homelessness, which is one of the most progressive in the world, according to Dr. Naheed Dosani. In a recent chart review, 41 percent of clients were living in a shelter or on the streets when referred to PEACH while the remaining 59 percent were living in precarious housing of various degrees (Schneider & Dosani, 2021).

Harm reduction approach

PEACH takes a harm reduction approach. The harm reduction approach looks different depending on the case. Palliative care and symptom-based care are provided to clients, in the context of substance use, with a goal of respecting autonomy and self-determination. Physicians on the team are trained in the latest practices in addictions medicine.

Education

Education and training the next generation of health workers to be trauma-informed and equity-oriented is a key priority for PEACH. To

achieve this, PEACH offers a medical education rotation that is available to trainees at all levels of medical training. Further to this, future palliative care physicians at the University of Toronto are required to rotate with PEACH through a unique training partnership. The experience is so popular with trainees that the waitlist is typically one and a half to two years. PEACH also provides educational sessions on providing palliative care and end-of-life issues for PEH to various organizations.

Referrals

The referral process aims to be low barrier. Referrals can be made by medical as well as social services staff (Buchanan et al., 2023). A recent chart review found that healthcare providers made the majority (75 percent) of referrals to PEACH, while the remainder typically came from social service organizations supporting PEH (Schneider & Dosani, 2021).

Advocacy

Advocacy is also an important component of PEACH's work. This includes building relationships with existing harm reduction organizations to focus on overdose prevention and safe supply, being an ally on trauma-informed care, signing petitions, writing op-eds and speaking at rallies on issues such as ending homelessness, decriminalizing drugs and increasing access to equity-oriented healthcare.

Advanced care planning

Advanced care planning is a core part of PEACH's work, including discussions around goals of care, preferences for resuscitation and designating substitute decision-makers (Schneider & Dosani, 2021).



Outcomes and Impacts

Research

PEACH has many research publications (see journal articles listed at the end of this document) with a number of ongoing research studies.

Client demographics

One recently published retrospective chart review of PEACH clients (Schneider & Dosani, 2021) examined demographics of clients, including sex, age, housing status at time of referral and time of death, referral information, health status/diagnoses, care preferences (e.g. resuscitation status) and healthcare use (e.g. emergency visits). From 2014 to 2017, 86 percent were male, and the median age was 60 years (see other sections for additional data).

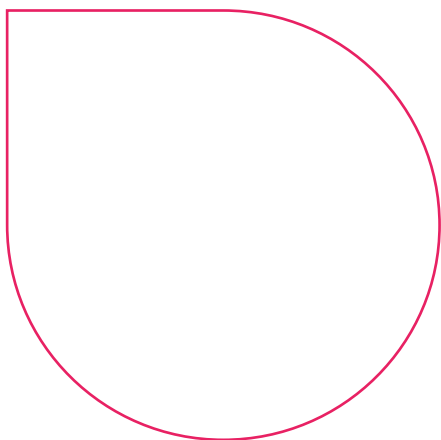
Evaluation data

PEACH undertakes an internal evaluation each year, as part of its annual review, to support strategic planning. An internal review of the program in its first year showed PEACH's

powerful impact: 64 percent of clients did not go to hospital or the emergency room, 78 percent died in their location of choice and 83 percent were connected to their family, showcasing the success of the program (Inner City Health Associates Annual Report (2015-2016)). Further, a retrospective chart review showed 40 percent of clients had no documented emergency department visit after they were referred to PEACH, while 33 percent visited one time, 5 percent twice and 21 percent had three or more visits; 38 percent had no hospital admissions that were documented, 46 percent had one, 6 percent had two, and 8 percent had three or more hospital admissions after referral to PEACH (Schneider & Dosani, 2021).

Building on lived expertise

PEACH recently added a peer worker (a person with lived experiences of homelessness) to the team to better support the care being provided to clients. In addition, a research initiative is currently underway to better understand the experiences of PEACH clients receiving care through the program. Dr. Dosani has noted numerous times in public media and in interviews that it is critical to elevate and empower client stories to be at the centre—to humanize the experience of what it means to be unhoused and to dispel the stigma.



Collaboration

Partnership

Since 2022, the PEACH model of care functions as a partnership between three organizations: ICHA, TC HCCSS and KH. It should be noted that KH also operates a 19-bed hospice located in downtown Toronto (see promising practice document on KH) as well as a community support program called The Second Mile Club. To make the program work optimally, funding for PEACH program staff is shared among organizations as noted above.

Key principles

Building relationships, and developing a compassionate community, is key to the PEACH approach to care. Achieving this has taken years of building trust with the homelessness community, social services sector and healthcare industry. This work has included building trust and rapport with PEH, supporting colleagues who are caring for PEH with palliative care needs and collaborating/partnering with various organizations to make care available to those who need it most. In turn, PEACH has developed a reputation for being a reliable, low-barrier and trusted program, dedicated to caring for Toronto's most vulnerable. The core values of PEACH are harm reduction, trauma-informed care, intersectionality and anti-oppression, and an interprofessional approach to care (Buchanan et al., 2023).

Advocacy

PEACH builds relationships around its advocacy work as well – for example with existing harm reduction organizations working on overdose prevention and safe supply. Building allies and street credibility with advocates is key. A presence in both traditional and social media has been important to make this work possible.

Community collaboration

PEACH prioritizes collaboration with community-based organizations and healthcare institutions to enhance access to high quality community-based care for PEH. This includes collaboration with many shelters and housing providers, palliative care organizations and hospitals that support PEH.



Lessons Learned

Key principles

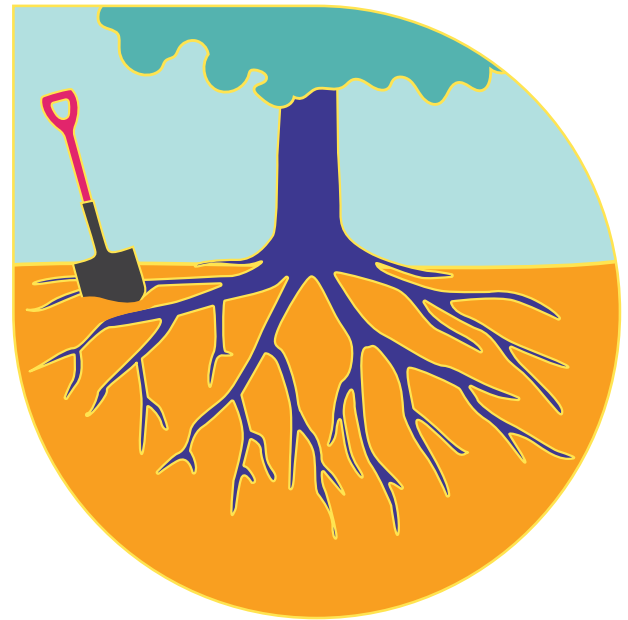
- Takes a trauma-informed and a harm reduction approach.
- Meets people where they are at (e.g. streets, parks, shelter, etc.).
- Provides low threshold, low barrier care. Why? Because traditional “home-based” palliative care often cannot meet the needs of this population due to the many barriers that exist (e.g. in the traditional system, people need a home, telephone, money for items not covered by the health system and family members to support them).
- Focuses on the social determinants of health, including food insecurity, housing, social support and medication coverage.
- Offers flexibility in terms of what people need.
- Provides services while integrating advocacy work into the overall work.

Enablers

- **Having a sustainable funding model.** The partnership between ICHA, KH and TC HCCSS has supported a sustainable funding model to support staffing of the program. Further to this, year after year, PEACH continues to prove its effectiveness in terms of care outcomes and cost.
- **A focus on data collection largely through ICHA’s electronic medical record,** to help support internal evaluation and program effectiveness.
- Having **strategic communication** objectives and communication goals, telling stories and ensuring the work is highlighted through traditional and social media. The branding of PEACH has been highly effective in clarifying the program’s role within the complex Toronto healthcare environment, while also garnering philanthropic support.
- Having a group of clinicians who are **hyper-focused on palliative care and the social determinants of health** at the same time, as this ensures a focus on palliative care for those who are vulnerable compared with a more overall approach to social health and well-being.
- Having **Centres of Excellences** like PEACH (and others across Canada and around the world) to continue to build capacity and show others how to support this work.
- Having a focus on **health equity and health justice**, and ensuring education is a key component of the work via partnerships with academic institutions.

Challenges

- **Resistance to change:** Many people working in healthcare and social care work want to improve care for PEH but are often working in systems that do not allow changes to the status quo.
- **Band-Aid solution versus addressing system:** Programs like PEACH can sometimes be viewed as “Band-Aid” solutions to help fill gaps in our social and healthcare systems. This is why the PEACH team and its affiliates, advocate for the end of homelessness, ensuring people have access to housing, addressing poverty, fighting for harm reduction etc., because this is all essential. This advocacy ensures that everyone is responsible for addressing these structural challenges and ensures that our mainstream health and social systems also are focused on improving care for PEH.
- **Disconnected system of palliative care:** The current palliative care system is disconnected, and not a true integrated system. This impacts PEH in devastating ways as this population often faces great challenges in navigating the complex health and social systems around them.



This promising practice was co-produced with PEACH . This 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

- [PEACH COVID-19 Palliative Care Resources for Physicians and Frontline Workers](#)
- Hwang SW, Dowbor T, Devotta K, Pedersen CI. Palliative care services for people experiencing homelessness in Toronto: A preliminary needs assessment. *Centre for Urban Health Solutions Survey Research Unit, St. Michael's Hospital*. doi: [10.13140/RG.2.2.25673.85604](https://doi.org/10.13140/RG.2.2.25673.85604)
- Tedesco A, Shanks L, Dosani N. The Good Wishes Project: An end-of-life intervention for individuals experiencing homelessness. *Palliative Medicine Reports*. 2020;1(1), 264-269. doi: [10.1089/pmr.2020.0006](https://doi.org/10.1089/pmr.2020.0006)
- Schneider E, Dosani N. Retrospective study of a Toronto-based palliative care program for individuals experiencing homelessness. *Journal of Palliative Medicine*. 2021;24(8), 1232-1235. doi: [10.1089/jpm.2020.0772](https://doi.org/10.1089/jpm.2020.0772)
- Buchanan N, Dosani N, Bond A, Spaner D, Tedesco A, Persaud N, Morey T. Palliative Education and Care for the Homeless (PEACH): A model of outreach palliative care for structurally vulnerable populations. *Healthcare Quarterly*. 2023;26(1), 24-30. doi: [10.12927/hcq.2023.27055](https://doi.org/10.12927/hcq.2023.27055).
- [Inner City Health Associates Annual Report \(2015-2016\)](#)

News articles

- [What are the palliative care services available to the homeless population in Canada?](#)
- [CBC News Health: Doctor hits the road to deliver palliative care to Toronto's homeless](#)
- [Palliative care team helps the homeless die 'with dignity,' a healing circle helps them grieve](#)