

CONFERENCE PROGRAM AT-A-GLANCE

THURSDAY, JUNE 11, 2015	
5:30 pm	Dinner
6:15 pm	Keynote: Marge Byington Potter "Health Care: Providing for the <i>Total Health</i> of a Community"
FRIDAY, JUNE 12, 2015	
07:30 – 08:00 am	Registration and Breakfast
08:00 – 08:15 am	Opening Remarks: Mary Broga, Board Chair
08:15 – 09:45 am	Opening Plenary Session: Collaborative Practice Revisited: Compassion as the Missing Ingredient <ul style="list-style-type: none"> • Kathryn Pfaff, RN, PhD • Jean Echlin, RN, MSc • Lisa Hamilton, BScN Student
09:45 – 10:00 am	Refreshment Break
10:00 – 11:30	Concurrent Breakout Session 1
Session	Session Title and Speaker(s)
A	Pediatric Palliative Care: It Takes a Village <ul style="list-style-type: none"> • Lisa Pearlman, RN(EC), MN, ACNP, NP-Paed
B	When disaster Strikes: Collaboration in the Midst of Crisis <ul style="list-style-type: none"> • Nancy Comiskey, Administrator, RN • Jennifer Patterson, Director of Care, RN
C	Preparing Families for a Continuing Bond <ul style="list-style-type: none"> • Kimberly Calderwood, BA, MSW, PhD, RSW • Mike Bennett, MSW, RSW
D	Volunteers at the Heart of Hospice: Ask Us How We Share the Wheel <ul style="list-style-type: none"> • Matthew Pfaff, B. Sc.

11:30- 12:15 pm	Lunch <i>Optional Tour of The Hospice Village</i>
12:20 – 1:50 pm	Concurrent Breakout Session 2
Session	Session Title and Speaker(s)
A	Pediatric Palliative Care: It Takes a Village <ul style="list-style-type: none"> • Lisa Pearlman, RN(EC), MN, ACNP, NP-Paed
B	When disaster Strikes: Collaboration in the Midst of Crisis <ul style="list-style-type: none"> • Nancy Comiskey, Administrator, RN • Jennifer Patterson, Director of Care, RN
C	Preparing Families for a Continuing Bond <ul style="list-style-type: none"> • Kimberly Calderwood, BA, MSW, PhD, RSW • Mike Bennett, MSW, RSW
D	Volunteers at the Heart of Hospice: Ask Us How We Share the Wheel <ul style="list-style-type: none"> • Matthew Pfaff, B. Sc.
1:55– 2:05 pm	Refreshment Break
2:10 – 3:30 pm	Keynote: Lynn Fitzsimmons "Igniting The Human Potential Within"
3:30 – 3:40 pm	Closing Remarks: Carol Derbyshire, Executive Director
3:45 – 3: 50 pm	Special Musical Performance: Corey Mullen

KEYNOTE PRESENTERS

Keynote: Thursday, June 11

Marge Byington Potter

As a true Leader within her community, Marge Byington Potter, whose Grand Rapids roots are seven generations deep, has serviced her community achieving statewide and regional impact through business and public policy activities. She has served for 10 years on the Kent County Board of Commissioners, including two as its first female chair. In 2008, Marge was awarded the Grand Rapids Area Chamber of Commerce's annual ATHENA Award, and in February 2010 was honored by the Grand Rapids Business Journal as one of "The 50 Most Influential Women in West Michigan". She was honored by the Michigan Women's Foundation as a Women of Achievement and Courage. As a leader within her community, she was instrumental in collaborating with others to revitalize the Grand Rapids core community.

Marge serves the community in many ways. She is a member of the West Michigan Policy Forum and serves on their transportation committee. She also holds board positions at Spectrum Health Foundation, Grand Valley State University Foundation, Girls Choral Academy, Michigan Humanities Council, Michigan Women's Foundation and the Muskegon Museum of Art. As well she and her husband Paul Potter endow an annual Grand Valley State University scholarship for a GRPS graduate.

Keynote: Friday, June 12

Lynn Fitzsimmons, International Motivational Speaker & Author

Lynn Fitzsimmons was born blind and because she was once considered to be handicapped, she struggled for most of her life to be accepted by society as "normal". Today Lynn is a successful International motivational speaker, mentor, success coach and author, helping people to transform their own lives. Lynn believes that "Life is worth living" and her passion is to share her story of struggle and transformation to success in order that others may learn that they need to participate in their own lives and take control of their own true destiny. A true hero, Lynn has inspired and helped so many people. She turned her disability into a simple challenge that is just part of her life. Her "challenge" became her inner strength and is an example of her courage and fortitude. Lynn has the ability to touch hearts, igniting a flame of passion in an individual creating motivation to "step out" of their comfort zone, face fear, challenge them to achieve their dream, making it a reality.

OPENING PLENARY WORKSHOP DESCRIPTION

Collaborative Practice Revisited: Compassion as the Missing Ingredient

Kathryn Pfaff, RN, PhD, Jean Echlin, RN, MSc, Lisa Hamilton, BScN Student

Interprofessional collaboration or collaborative practice is an evidence-based practice model that has been shown to improve health outcomes in and across all care sectors and settings. It is linked with increased access to care, improvements in chronic disease management, patient safety and healthy workplaces (Canadian Interprofessional Health Collaborative, 2009). Although numerous policy statements promote interprofessional collaboration, and organizations attempt to integrate its concepts, it remains elusive in many health care institutions. This presentation will argue an important missing ingredient in operationalizing collaborative practice - This is compassion.

Compassion is the heart of hospice and palliative care, and key to its success in achieving the benefits associated with interprofessional collaboration. The presentation will revisit collaborative practice within a hospice-driven focus on compassionate care. It will define a new term, 'compassionate collaborative practice', present a revised practice model, and introduce strategies to promote and engage care partners in compassionate collaborative practice.

Learning Objectives:

- Participants will identify the antecedents and attributes associated with compassionate collaborative practice. Using a 'concept-in-action' approach, we will answer the question: "How will I know it, when I see it?"
- Participants will map the process of compassionate collaborative practice, its challenges and facilitators, and co-develop strategies to answer the question: "How will we get there?"
- Using the LEADS Framework (Canadian College of Health Leaders, 2010), participants will identify the skills, abilities and knowledge to answer the question: "How can I lead and transform compassionate collaborative practice in my organization?"

CONCURRENT WORKSHOP DESCRIPTIONS

Friday, June 12, 2015

Session 1: 10:00 – 11:30 am

Session 2: 12:20 – 1:50 pm

A: Pediatric Palliative Care: It Takes a Village

Lisa Pearlman, RN (EC), MN, ACNP, NP-Paed

Paediatric palliative care (PPC) accounts for a small number of palliative care referrals in each community. Children with oncologic disease represent ~15-20% of PPC referrals however their refractory symptom burden put them at high risk of suffering. Children with medical complexity and technology dependence have serious illness and high morbidity. PPC teams follow a cohort of children with diverse diagnosis who may live for months to years making the dying point almost impossible to predict. Within PPC, the 'who' to refer and the timing of when to refer are deeply complex and controversial issues with no evidence to guide practice. The intent of this workshop is to emphasize collaborative leadership as an essential process to deliver sensitive and family-centered pediatric palliative care. There is a requisite set of recognized tasks to effectively support children with life-limiting illness at home in their community. These include: (1) the nature of pain and suffering in the paediatric client, (2) nuances of communication in PPC, (3) aggressive pain and symptom management, (4) collaboration with multidisciplinary specialists, and (5) identification of existing resources for support. Integration of these tasks forms a strong foundation for APC specialists to mitigate suffering not only for the child but for all members of the family.

Learning Objectives:

- To provide a general overview of what makes paediatric palliative care unique and distinct from a adult palliative care with an emphasis on demographics, barriers, controversies and opportunities.
- To review the requisite set of recognized tasks to effectively support children with life-limiting illness at home in their community.
- To provide take home tangible examples of how to best communicate with children with life-limiting illnesses and their parents.

B: When Disaster Strikes: Collaboration in the Midst of Crisis

Nancy Comiskey, Administrator, RN & Jennifer Patterson, Director of Care, RN

On January 8, 2014, Brouillette Manor experienced a sudden, unexpected disaster. Weeks of extreme cold had weakened a main fire hose standpipe, made of cast iron, and it split, flooding the ceiling above the nursing station, which collapsed, pouring water into the home.

The disaster occurred at 3:50 p.m., as the workday was winding down, and without warning, the staff and management were faced with implementing the home's emergency evacuation plan.

This 90 minute workshop, presented by the administrator, Nancy Comiskey, and director of nursing, Jennifer Patterson, will highlight the disaster from its beginning. Many community partners collaborated with Brouillette Manor to evacuate and support the residents, family, and staff, throughout this ordeal, which occurred in extreme sub-zero temperatures. Collaborative leadership is exemplified in their story, as they describe what worked well, what lessons were important to learn, and what changes happened as a result of their experience.

Learning Objectives:

- The importance of having a comprehensive emergency evacuation plan, which encompasses various possible scenarios and degrees of disaster.
- The importance of accurate, effective communication in the face of disaster for residents, families, and staff; how this is achieved, and can be improved.
- Collaborative community leadership to advocate for better emergency preparedness with first responders, transportation, and municipal leadership.

C: Preparing Families for a Continuing Bond

Kimberly Calderwood, BA, MSW, PhD, RSW & Mike Bennett, MSW, RSW

This interactive workshop presents the findings of a series of bereavement studies, including interviews with bereaved parents, interviews with service providers, and analysis of In Memorials and gravesites. Key findings include:

- Participants' "stories" of their bereavement process starting with what was happening prior to the death (highlighting the crucial role played by hospice workers and the range of other service providers assisting loved ones of those who die).
- All 20 bereaved parents and 11 service providers interviewed consistently indicated that the top issue that was not helpful for bereaved parents was the "stupid things people say" (including physicians, counsellors, and other health care practitioners).
- What seemed to play the largest role in the bereaved person coming to a place of

“peace” was the development of a continuing relationship with the deceased.

- Bereaved people often feel alone in their grief, that others do not understand, and that they need to conceal their grief because of the pressures to “get over it” and “move on.”

The implications for palliative care and other health care workers will be discussed, including but not limited to: the importance of educating others about the bereavement process, preparation for what others will say in the future, fostering the option of developing a continuing relationship with the loved one. The discussion will also include reflections on how real life examples might be dealt with, and suggestions for future research and initiatives to improve quality of life for bereaved individuals.

Learning Objectives:

- Regardless of the role we play, how we interact with families prior to the death will be part of their bereavement narrative; it is crucial to learn what to say and what not to say, and how to lay the foundation for a healthy bereavement process.
- Western society is death-resistant, expecting people to “get over it,” which silences people in their bereavement process and makes them feel alone. We can play a role in encouraging families to ignore the myth of “acceptance” and foster a continuing relationship with their loved one.
- The bereavement process is influenced by the connections at a range of levels (family, friends, health care providers, media, social media, literature, policy, laws, educational settings etc.). To contribute to dispelling the Western myths about death, we can all play a role in shaping societies understanding.

D: Volunteers at the Heart of Hospice: Ask Us How We Share the Wheel

Matthew Pfaff, B. Sc.

This workshop will examine the collaborative leadership skills and attitudes of the Hospice volunteer in the context of an interprofessional healthcare team. Discussion will be generated through an expert panel of volunteers and volunteer coordinators. Reflections of collaborative leadership in Hospice Care will be shared by panel members. Emphasis will be placed on how the Hospice of Windsor & Essex County equips and mobilizes its volunteer base to become collaborative leaders in the interprofessional Hospice care team. Panel members will share how the Hospice of Windsor & Essex County instills the skills and attitudes of collaborative leadership in its volunteer base. The role of the Hospice volunteer in enhancing aging, end of life, dying, and death from a community perspective will be discussed.

Learning Objective:

- To explore the collaborative leadership skills and attitudes of the Hospice volunteer.
- To learn how the Hospice of Windsor & Essex County equips and mobilizes its volunteer base to become collaborative leaders in the interprofessional healthcare team.
- To offer how the role of the Hospice volunteer enhances aging, end of life, dying, and death from a community perspective.