



# HOSPICE PALLIATIVE CARE SOCIETY *of* CAPE BRETON COUNTY

ANNUAL REPORT  
2017-18 | 2018-19



## OUR WORK CONTINUES

We have been in the community for over 30 years. Throughout that time our focus has always remained on those who need our support – the patients and families within the Palliative Care Service.

Our priorities focus on programs and services that support compassionate, holistic care. We support patients and families in our community as they live with end-of-life illnesses and the unique personal needs that accompany them at this time in their lives.

The Society is fortunate to have dedicated Board members, engaged committees, committed volunteers and devoted and hardworking staff. We value our long-standing relationship with the inspiring physicians and staff of the Palliative Care Service of the Nova Scotia Health Authority (Eastern Zone) working in Cape Breton County hospitals and communities.

With the future in mind, the Society's 2019-2022 Strategic Plan identifies five strategic directions. They include: build a Hospice Residence; identify and increase key community partners; expand the volunteer base to respond to increased demands of a new residence and home programs; develop a comprehensive annual fund program; and empower and support the committees of our Board of Directors.

We are excited to embark on our largest single project ever—building and furnishing a new Hospice Residence. We are grateful for the significant contribution of Membertou Development Corp, our fundraising Co-Chairs Brian and Monica Shebib and the 2019 announcement that the Government of Nova Scotia will provide operating costs. It is our intention to open the doors in 2021. The Board is grateful for the support of countless volunteers and community members who are committed to ensuring that this much needed Hospice Residence will become a reality.

Thank you one and all for your continued interest in the Society's work and those who need specialized care at end-of-life. As often noted by those in Hospice Palliative Care, "We may not be able to add days to life but we can add life to days."



**Patricia Jackson, Co-Chair**



**Irene Khattar, Co-Chair**

## WHO WE ARE, WHAT WE DO

We are a group of community-minded volunteers dedicated to helping patients and their families navigate the challenges of end-of-life care. We understand that palliative care focuses on the physical, emotional, psychological, social and spiritual needs of those facing an end-of-life illness. While the health-care system fulfils the basic needs of palliative care patients, it does not provide for the many additional supports required for holistic palliative care. That's where the Society comes in, and why the partnership between the Hospice Palliative Care Society of Cape Breton County and the Palliative Care Service (of the Nova Scotia Health Authority—Eastern Zone) is so important. This partnership ensures the holistic needs of individuals and their families are identified and met, whether at home, in hospital or in long term care.

*Continued...*



We focus on several programs that assist and provide comfort for individuals and families in our area. They include: education and support for Palliative Care staff; bereavement support; music therapy; and family assistance. Many of these programs are made possible with the help of a network of dedicated volunteers who provide that personal touch. They are there to listen, to provide home-made treats, bright flower arrangements, or a hug when it is needed most. Volunteer training and the work they do is financially supported by the Society.

Many may be familiar with the An Cala Unit located in the Cape Breton Regional Hospital. The unit offers a home-like setting and does not resemble a traditional hospital floor. The Hospice Palliative Care Society raised over \$1 million 11 years ago to establish An Cala with a view to providing that extra layer of comfort for holistic palliative care. Opened in 2009, it is proof of what a caring community can accomplish. The Society and the former Cape Breton District Health Authority recognized that patients needed access to a dedicated unit where care and comfort would be delivered in conjunction with specialized symptom management and treatment.

The Unit's nine private rooms were furnished and equipped to a standard assuring the comfort of patients and families. A home-like kitchen is the heart of the unit where volunteers prepare baked goods or a hearty bowl of soup and families can gather for a cup of tea and a moment of respite. The unit is also home to a library, conference and family meeting rooms as well as the offices of the palliative care team—the doctors, nurses and support staff who provide comprehensive palliative care to patients. The Society continues to finance the ongoing upkeep and renewal of the An Cala Unit's furnishings, equipment and provides care items for patients and their families.

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**It is difficult to put into words why I decided to become a palliative care volunteer. I had a feeling or a calling that I wanted to give back to people in need, but truth be known, I am given much more in return. The experience of being with a patient is an honor and truly humbling. I feel as a volunteer I am able to give comfort not only to the patient but the family as well.**

**Danny Patterson**, Palliative Care Volunteer

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The Society will help whenever medical staff identify the needs of individuals and families in their care. The Society also ensures that special events, like Christmas parties or personal milestones such as graduations, anniversaries and weddings are not forgotten and ensure they are noted and celebrated. After all, every moment is precious.

For palliative care patients at home, the Society provides needed medical equipment not covered by provincial healthcare. If a family is facing financial challenges, and is in need of items such as fuel or food for example, the Society ensures those needs are met as well.

**“ These hard-working Society volunteers and staff help in many ways—both large and small—to provide the extra supports needed to meet these unique needs. They help relieve the burdens and concerns of patients, families and caregivers—allowing them to focus on what matters most at this important time. ”**

**Anne Frances D'Intino, MD, MSc (Pall Med), CCFP (PC), FCFP, FRCPC**



## PROVIDING STAFF EDUCATION AND SUPPORT

The Hospice Society's unique partnership with the Palliative Care Service has been thriving for over 30 years. When the An Cala Unit was originally opened 11 years ago, the nurses who staffed the new unit were highly skilled, from various backgrounds and craved specialized training in palliative care. The Society provided it. The educational and emotional needs of staff continue to be met by the Society. Staff share their on-going learning needs. The educators and specialists who can meet those needs are then identified and the training is provided for staff and funded by the Society.



**Staff benefit from these sessions, while keeping abreast of best practices, and new staff have a chance to learn new techniques. It's important to attend regular conferences to network, to be in tune with evidence-based changes in the field. The Society has supported local workshops, provincial conferences as well as national conferences and learning opportunities.**

**The Palliative Care Service cares for close to 1,000 patients who die each year. It is of the utmost importance to promote staff health and wellness. Thanks to the Society, the staff have enjoyed retreats, self-care workshops and simply fun nights for staff to decompress and share their feelings away from the workplace.**

**Working or volunteering in palliative care means you have patients facing the end of life, along with grieving families and colleagues who require emotional support. We are all human. Our personal lives do not stop when others' lives need to be helped first. The team must be present and able to assist the family at this most vulnerable time. You have to put aside your own personal feelings, struggles or losses. The training provided by the Society has helped to hone the assessment skills of Palliative Care staff. These skills are critical as the journey the patient is on is only taken once.**

**Laurie Mortimer, BScN RN CHPCN(c)**  
Palliative Care Clinical Nurse Lead  
Eastern Zone, Cape Breton



## THE BEREAVEMENT PROGRAM

While the Society provides support for patients and families as they navigate the final stages of life, we recognize it's important to be there after a loved one has died. Grief is a very personal process. No one goes through it in the same way. There is no handbook. There is no time frame. Grief can sometimes be easier to handle when it is shared, when supports are provided. The Society understands that bereavement care is a fundamental component of the Service's philosophy of palliative care. It is important to help families understand that they are not alone, their emotions are normal. This is one of the programs where the Service and Society work in partnership.

Perhaps one of the most important aspects of the bereavement program is the opportunity to talk with someone who understands what you are going through. Alan MacDonald is the Service's Bereavement Program Coordinator, and he and his volunteers touch the lives of many. After the death of a loved one, a volunteer contacts the family and maintains that contact on a regular basis throughout the next 12 months.

The Society knows that some individuals have needs beyond the scope of the bereavement program and cannot process their grief without additional counselling support. The Society has a reserve fund

that addresses these counselling needs. As well, each year the Society and Palliative Care Service organize and host two memorial services that allow families to come together and celebrate their loved ones.

The program provides opportunities for family members to share their grief, to talk about their feelings and memories. Often, profound connections are made. And, that was the case for MacDonald with one individual in particular.

Jason Marchand lost his wife Donna at the age of 41. The father of three young children, he relies on his big, close-knit family. That was one of the reasons the home-like setting of the An Cala Unit was such a comfort for their family as they could gather to cook meals and share memories during Donna's stay on the Unit. Donna passed away on Canada Day. That date also means a lot to Alan, whose wife was 41 when she passed away on Canada Day several years earlier. Jason says the calls from Alan and chats over coffee helped him a lot. "It's nice to have someone to bounce things off. Alan calls every month. He listens. It's nice to have that."

**“ I can't express just how beautiful this evening was. I feel I had been holding back my tears and feelings for the past 4 months. Everything about tonight was perfect. I know you and your team work hard at putting this together but mostly how hard you work on a daily basis. You are all earth angels. Thank you from the bottom of my lightened heart for everything, especially your hug tonight, it meant a lot. ”**

**Sheila O'Brien,**  
Family Member, Dominion



## MUSIC THERAPY

The focus of the Society is to help patients live life fully. One of the ways this is achieved is through the music therapy program. The program is funded by the Society and enhances the quality of life for both patients and their families. Music is such an important part of daily lives. It makes sense that music continues to be the thread that's woven into our lives, and our memories. The music therapy program allows for individuals to discuss feelings, share their most important memories, and provides some comfort for family members in a very accessible and meaningful way. One of the most poignant and popular aspects of the program is the legacy project. It is therapeutic for patients and provides lasting and precious memories for families.

The "Build-a-Bear" program is part of that legacy project. The idea for this program was raised by the daughter of a patient who had the idea of recording her father's voice. Thanks to this gem of an idea, Music Therapist Jill Murphy has helped individuals record their voice and place it in a teddy bear as a legacy for their families. Jill Murphy recalls that patient Darryl Bach wanted to surprise his two daughters with this precious gift. Jill records the voices and places the voice box in the bear. She notes the profound impact it has on those receiving the bear, and those who are giving it.

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**I usually counsel individuals to say the name of their loved one, to say I love you, and remind them I'll be with you. Many individuals wonder if loved ones will remember the sound of their voice. This helps to ensure they always have a reminder close at hand.**

**Jill Murphy, BMT, MTA**  
Music Therapist, Hospice Palliative Care Society

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This simple concept has provided comfort to many. A grandmother was able to record a message for the granddaughter she would never meet. Murphy had the foresight to acquire a stethoscope as part of the program. She has recorded the heart beat of individuals which can then be interwoven with a favourite piece of music.

The music therapy program has also provided great comfort for those receiving care at home. Murphy will sit with patients, learn their stories and simply take the time to sing with them. She remembers one gentleman whose body was failing and his speech was slowing but his eyes would light up as soon as he saw her guitar.



*Darryl Bach and daughters.*

“ His toes will tap, maybe not as strongly as before, but still to the beat of the music. We sing together, and his family joins in, as they have for many years. We sing about the old times. We share a laugh and I listen to his stories. His family watches with tears in their eyes. This is their father. I cannot say enough what an honour it is to be a part of these memories, to be able to bring joy and peace to families who are facing difficult and uncertain times. ”  
**Jill Murphy**, Music Therapist



## FAMILY ASSISTANCE

According to the National Hospice Palliative Care Association, 80 per cent of individuals wish to die at home. For some, that is not always possible. For those fortunate enough to remain at home, sometimes special equipment is needed, or the loss of financial stability has made it difficult to keep loved ones home comfortably. The Society, thanks to community support, provides funds to allow them to stay at home, surrounded by the people they love and in the environment they are most comfortable. Funds go to meet very diverse needs. In some cases, funds have gone to hospital bed rentals or specialized equipment. If nursing care is needed throughout the night for an individual facing the last stages of life, the Society helps to provide it. In a typical year, more than \$15,000 is spent on these all important needs to ensure for compassionate care for those at home.

That was the case for Mary Luker, and her husband Robert. As a home-care worker for 25 years, Mary knew how important providing care and comfort at home can be for families. This took on a whole new meaning, when she became Robert's caregiver. He saw the toll it was having on his wife, and offered to go to hospital. However, Mary knew that wasn't what he wanted. It wasn't what she wanted either. Their journey was made easier thanks to the support of the Society and the Service. Mary said having that support took a lot of stress off her shoulders.



**I loved taking care of him, and I'm so glad that he was able to stay at home with the people he loved in the place he was most comfortable. Bob was able to live the way he wanted each and every day.**

**Mary Luker**

Stephen Grant and his wife Valerie MacNeil Grant had a similar experience. Stephen and Valerie knew each other as kids, and reconnected later in life. Stephen became the caregiver when Valerie was diagnosed with ALS. Caring for her became a full-time job, which meant the loss of a paycheck. Stephen recalls the morning he tried to turn on the heat but there was no oil. When the visiting community palliative care staff learned of the situation, they advised the Society, which promptly arranged for a full tank of oil, and another one a few weeks after that.

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**Valerie set out to live her life with faith, hope and a smile on her face, so caring for her was something she made easy. She made every day beautiful. Those coming into our home provided so much support. They listened. And they did whatever was needed to make us comfortable.**

**Stephen Grant**

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Staff of the Palliative Care Service are always sensitive to the needs of their patients. Whether it's in the An Cala Unit, in other areas of the hospital, or at home, they will work with the Society to ensure the unique needs of each patient and their families are met.

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**When a nurse leaves a home with no heat, the Society provides it. When a patient does not eat because there is an empty fridge, the Society stocks it. When a dying loved one is not visited because transportation is too expensive, the Society pays to bring them to the bedside. When a young mom's pain is not controlled because school is starting and her two young daughters need school supplies, the Society provides the supplies. When a global pandemic occurs and the doctors and nurses on shift haven't sat down all day, the Society delivers food to support the team.** ”

**Laurie Mortimer, BScN RN CHPCN(c)**  
Palliative Care Clinical Nurse Lead  
Eastern Zone, Cape Breton

## WHO WE SERVE

The Hospice Palliative Care Society of Cape Breton supports the palliative care needs of people throughout Cape Breton County. With an aging population, the need for palliative care services in this community is growing, underscored by the increasing number of referrals. Every referral represents a larger circle of family members and loved ones who are impacted by the work of the Palliative Care Service and the Society.

In 2017-2018, there were **961** patient referrals to the Palliative Care Service, **70%** of whom were over the age of **70**. In the same year, there were **749** patient deaths in the Service. Of those, **188** deaths occurred in patients' homes (including long-term care), **290** in the An Cala Palliative Care Unit and **271** in acute care hospital beds.

A total of **973** patient referrals were received in 2018-2019 and **71%** of these individuals were over the age of **70**. There were **745** deaths in the Service – **184** occurred at home and in long-term care, **309** in the An Cala Palliative Care Unit and **252** in acute care hospital beds.

It is worth noting that the patient diagnosis is no longer cancer dominant but in fact almost **50%** of patients cared for within the Service and supported by the Society suffer from non-malignant health issues as well as those referred due to cancer.

On average, there are **215** patients in the Palliative Care Service at any given time.

The Society recognizes that bereavement is a fundamental component of palliative care. As such, it provides support for bereavement support services for loved ones. Approximately **856** individual families were referred for bereavement follow-up in 2017-2018, and **950** were referred in 2018-2019. The Society also organizes and hosts two memorial services each year for the family members and loved ones of all deceased patients who were cared for by the Palliative Care Service.



**Our palliative care staff, physicians, volunteers and the Hospice Society truly work as a team to care for our patients and families. Palliative Care is never only about the physical. It is about the whole person and the support we received from each and every part of our team allows us to wholly meet the varied needs of our patients and families.**

**Lynette Sawchuk**, RN\_BC, BScN, MHS, CHE  
Program Manager, Palliative Care Eastern Zone



## THANK YOU - MERCI - WELA'LIN

Thanks to the ongoing support and generosity of the community, the Hospice Palliative Care Society of Cape Breton County has been a champion for the provision of compassionate holistic care for patients and families facing life-limiting illness. The Society's programs and services help patients live well until the end of their lives.

**Thank you for your generous support. Because you give, so can we.**



- 1 Golden K Hospice Donation    2 DWTS 2019 Fundraising Event    3 Rotary Ribfest Fundraiser    4 Port Morien Annual New Year's Day Polar Fundraiser
- 5 Sunflower Treasures Annual Pop Up Shop    6 Second Wind Community Concert Band Annual Concert for Music Therapy
- 7 Women of Peace & Hope for Hospice Palliative Care    8 Cape Breton Credit Union Staff/Fundraisers    9 Together We Care Annual Golf Tournament

“ This is for you from us, the volunteers. That’s what we say when we bring our little flower arrangements to a patient’s room. Sometimes “you” is the patient who holds the arrangement tight, even when they leave their hospital room for tests or place it close to brighten their day. Sometimes “you” is a family member who is sitting with someone they love who can no longer have a conversation with them and simply needs to be with someone for a few minutes. Whoever the person is, family or patient, they always express their appreciation for the presence of the volunteer and the pretty flowers. ”

**Andrée Kelly “Flower Lady”,**  
Palliative Care Volunteer



## VOLUNTEER REFLECTIONS

“ Some years ago while visiting a friend on the unit who was close to death, I was asked to join his nurse and his wife for a moment. While not remembering the words spoken in that brief meeting, I recall being left with the feeling that for the kind, soft-spoken nurse we met with, life is sacred until the last breath, but that there is a last breath. Her demeanour and reverence for life combined with her compassion for the dying and for those left to grieve, left me with such a lasting impression that in retirement I am now privileged to be a Palliative Care volunteer. ”

Marie MacSween, Palliative Care Volunteer

“ Family members talk to me as a volunteer because I don't wear a lab coat. I wear an apron. This is about kitchen conversations. ”

Brenda Brown, Palliative Care Volunteer

“ I volunteer with Palliative Care to connect with my community, to share my love of baking and because I have compassion for people. Volunteering in the An Cala kitchen supports the Cape Breton tradition of the kitchen being the heart of the home. Our guests are nourished with comfort food, an understanding ear, a smile and a hug when needed. ”

Elaine Cuff, Palliative Care Volunteer



## THE NEXT CHAPTER

For 33 years, the Society has been meeting the needs of individuals and their families whether at home, in long term care or in hospital. We are proud of our history. We are extremely proud of the volunteers who bring joy, compassion and understanding to every task they undertake. We want to ensure that level of care continues, and in fact is enhanced. That is why the Society is raising the funds to build and furnish a new Hospice Residence for Cape Breton County.

On August 2, 2019 the Province of Nova Scotia announced they will cover the annual operating costs of the Hospice (approximately \$1.75 million). The 15,200 square foot residence will offer ample space for patients and families. It will also feature a kitchen, shared dining space, gardens, space for celebrations and cultural events as well as operational, volunteer and clinician offices.

The Hospice Residence will provide a home-like setting where individuals can enjoy their families, their favourite foods and the tranquil gardens that will surround it. It will give families a chance to focus on what's really important—each other. While it is not always possible for individuals to die at home, this residence will provide another important option. It will enrich and enlarge the services currently provided by the Service and the Society—made possible through our network of incredible volunteers and the many generous donors of the Cape Breton Regional Municipality and beyond.

This \$5.2 million project will complete the circle of care. Plans are underway to open the doors to this ten-bed residence in 2021.



“ Every day palliative care staff and volunteers do the remarkable. They help individuals and families navigate the end-of-life journey by providing pain management, emotional and physical support as well as the little touches that make such a difference when they need it most. To help them in their mission, it's not enough to just care. It's caring enough to take action. That's why the \$5.2 million campaign to build and furnish a Hospice Residence is so important. Together, we can write a new chapter in our community's history. ”

**Brian and Monica Shebib,**  
Circle of Care Campaign Co-Chairs



“ Paula didn't want to be at home, and she didn't want to be in hospital, she really saw the importance of having the option of a Hospice Residence. Going through this journey, she saw the need very clearly and wanted to ensure that this option would become a reality for others in the future. ”

**Helen Graham,**  
Sister to Paula Graham, former patient and  
generous supporter of the Hospice Residence

## SUMMARY OF FINANCIAL STATEMENTS MARCH 31, 2019

The following is a brief description of the nature and purpose of the Society's two funds:

### OPERATING FUND

The operating fund pertains principally to the core operations of the Society. Revenue includes contributions for which a specific purpose has not been designated by the donor.

### RESTRICTED FUND

The restricted fund relates to specific activities of the Society. Revenue includes contributions which have been restricted for a specific purpose by the donor and contributions that have been restricted internally by the Society. Restricted funds include the music therapy program, planning and construction of the hospice residence, support for the ongoing comfort services of the An Cala Palliative Care Unit, and support for educational opportunities for nurses working in the An Cala Unit.

### STATEMENT OF OPERATIONS Year ended March 31, 2019, with corresponding figures for 2018

	2019			2018		
	Operating Fund	Restricted Fund	Total	Operating Fund	Restricted Fund	Total
<b>REVENUES</b>						
Donations	\$199,304	\$887,930	\$1,087,234	\$166,772	\$41,313	\$208,085
Events and fundraisers, net	15,708	72,277	87,985	70,227	-	70,227
Investment income	2,656	6,168	8,824	1,909	2,955	4,864
Miscellaneous	-	-	-	114	-	114
	<b>217,668</b>	<b>966,375</b>	<b>1,184,043</b>	<b>239,022</b>	<b>44,268</b>	<b>283,290</b>
<b>EXPENSES</b>						
Program delivery	\$50,917	\$12,647	\$63,564	\$50,373	\$9,631	\$60,004
Administration	47,982	2,124	50,106	42,780	1,461	44,241
Professional fees	3,000	-	3,000	-	2,312	2,312
Overhead and communications	4,691	11,305	15,996	3,785	358	4,143
Fund development	34,823	109,420	144,243	22,396	110,171	132,567
	<b>141,413</b>	<b>135,496</b>	<b>276,909</b>	<b>119,334</b>	<b>123,933</b>	<b>243,267</b>
<b>EXCESS (DEFICIENCY) OF REVENUES OVER EXPENSES</b>	<b>\$76,255</b>	<b>\$830,879</b>	<b>\$907,134</b>	<b>\$119,688</b>	<b>\$(79,665)</b>	<b>\$40,023</b>

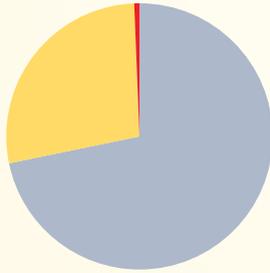
### STATEMENT OF FINANCIAL POSITION March 31, 2019, with corresponding figures for 2018

	2019			2018		
	Operating Fund	Restricted Fund	Total	Operating Fund	Restricted Fund	Total
Assets	<b>\$313,338</b>	<b>\$1,212,274</b>	<b>\$1,525,612</b>	<b>\$283,516</b>	<b>\$336,471</b>	<b>\$619,987</b>
Liabilities	\$7,099	\$3,024	\$10,123	\$11,632	\$-	\$ 11,632
Fund Balances	306,239	1,209,250	1,515,489	271,884	336,471	608,355
	<b>\$313,338</b>	<b>\$1,212,274</b>	<b>\$1,525,612</b>	<b>\$283,516</b>	<b>\$336,471</b>	<b>\$619,987</b>

Excerpts from Audited Financial Statements prepared by MNP LLP, Chartered Professional Accountants.

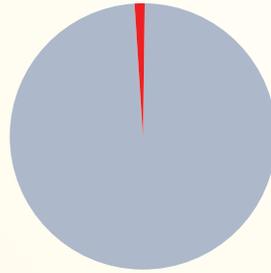
For a full copy of the Audited Financial Statements, please contact the Hospice Palliative Care Society of Cape Breton County.

### RESTRICTED FUND REVENUE



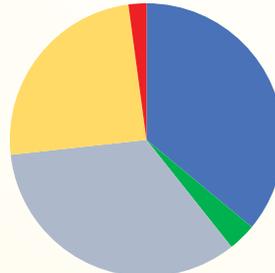
- Donations and Fundraising
- Partnership and Community Contributions
- Investment Income

### OPERATING FUND REVENUE



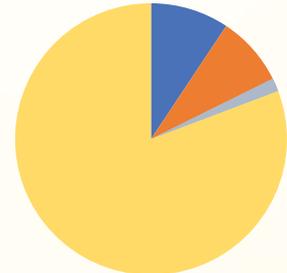
- Donations and Fundraising
- Investment Income

### OPERATING FUND EXPENSES



- Administration
- Fund Development
- Professional Fees
- Program Delivery
- Overhead and Communications

### RESTRICTED FUND EXPENSES



- Administration
- Fund Development
- Overhead and Communications
- Program Delivery

### MISSION

To support and promote compassionate care for individuals and their loved ones who need palliative and end-of-life care.

### VISION

As a leading community healthcare partner, the Hospice Palliative Care Society of Cape Breton County advances sustainable programs and services for palliative care patients and families of Cape Breton County.

### BOARD OF DIRECTORS

#### Executive Members

- Patricia Jackson, Co-Chair • Irene Khattar, Co-Chair • Jane Lewis, Vice-Chair
- Dale Orychock, Secretary/Treasurer • Herb Martell, Member at Large
- Michele McKinnon, Public Relations Chair • Nancy Dingwall, Hospice Build Lead
- Dr. Anne Frances D'Intino, Consulting Physician

#### DIRECTORS

- Lorne MacDougall • Bernadette Romeo • Linda Dieltgens • Sheila Kennedy
- Heather Rudderham • Debbie Keating • Cheryl Read • Monica Shebib

#### ADVISORY BOARD MEMBERS

- Michelle Murphy, Acting Program Manager, Palliative Care
- Lynette Sawchuk, Program Manager, Palliative Care
- Laurie Mortimer, Clinical Nurse Lead, Palliative Care
- Lisa McNeil-Campbell, Volunteer Resources Consultant
- Elaine Cuff/Frank Sinclair, Volunteer Representatives

#### STAFF

- Aurelle Landry, Executive Director • Kathy Forsey, Executive Assistant
- Jill Murphy, Music Therapist • Alicia MacIntosh, Campaign Assistant

#### LIFE MEMBERS

- Pam Seville • Carolyn Fiolek • Suzanne Merner • Bernice MacDonald





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Palliative Care Society of Cape Breton County

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