



## 25<sup>th</sup> Together We Care Golf Tournament

**June 21<sup>st</sup> was a memorable day for the Hospice Palliative Care Society as it marked its 25<sup>th</sup> Annual golf tournament under a sunny sky at the Bell Bay Golf Club. A full slate of teams filled the course and raised approximately \$70,000 to support the Society's work for end-of-life patients and their families.**

A very special highlight of the day was a \$25,000 contribution by Cape Breton University (CBU). Dr. Tanya Brann-Barrett, CBU's Associate Vice-President, Academic and Research made the presentation and noted that the donation was made in the spirit of the new Memorandum of Understanding recently signed by the Society and CBU.

The Society is grateful for the efforts of committee chair, Herb Martell and the planning committee, our many volunteers, sponsors, prize donors and golfers who participated in this event.



## The Rose Café

On Tuesday, April 30<sup>th</sup> Hospice Cape Breton hosted their first dinner party for patients and their “plus one.” Guests of patients were invited to join their family member for a lovely meal in the Hospice dining room, compliments of the Society. Tables were decorated, music set the mood and the room was transformed into “The Rose Café.” A whole team of Hospice staff ensured every detail was taken care of. With the success of this event, we will be hosting another dinner party as part of our regular programming. Our thanks to all who worked to make this event possible.



“

The Society has achieved a great deal in a quiet way over the last year. We are transitioning organizationally, and it has been a year of steady progress. We have followed the direction of our Strategic Plan, consolidated our position and established momentum to stay on course. We work together, sometimes we lead, sometimes we follow and that is our strength.

– Cheryl Read, Board Chair, AGM, June 2024

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## A Safe Harbour

**The An Cala Unit in the Cape Breton Regional Hospital was opened in 2008 with funds raised by the Hospice Palliative Care Society. The unit is now undergoing a total refit, and here Deanna Harvey, R.N. who works in the Palliative Care Service, talks about the unit, its impact and why a refresh is so important.**

In Gaelic, An Cala means safe harbour, and according to nurse Harvey that's just what it has been for patients and families. The care provided can range from pain management to end-of-life care, and staff and volunteers do everything in their power to meet the unique needs of each patient, and their families.

One of the most notable features about the unit is its home-like feel, specifically designed to be very different from a typical hospital setting. The goal is to ensure that both patients and their families are comfortable with the amenities that make it feel more like home. For example, volunteers are on hand to provide home-baked goods, deliver flower arrangements, simply lend a sympathetic ear or a much-needed hug.

Thanks to the generosity of so many in our community, the Hospice Palliative Care Society is able to totally refurbish the kitchen and each of the patients' rooms. The new furniture will be easier to use for patients who need assistance. There will also be a multi-functional piece in each room that can provide bench seating, a table option, and a place for families to get some rest when staying with their loved ones. The artwork will be replaced as will curtains, paint and each room will have a mini fridge.

For Deanna Harvey, she says “staff and volunteers can take pride in knowing that patients and families are comfortable and content during their time on the unit. It means a lot to be able to provide these special touches to our patients and families.”

## Navigating Together

**When you are caring for a loved one facing a life-limiting illness, emotions can run high. There are a lot of questions, and it is not always easy to find the answers. That's where a social worker's help can be vital. Meaghan Grant-Bennett has worked as a social worker in hospital for 16 years and says social workers can help in many ways. After a person's initial assessment, social workers can determine where support is needed and in what way. Hospice Palliative Care social work support is provided both by Meaghan and Jean McKeough. They see patients in Hospice, on the An Cala unit, within other hospital units and in the community at patients' homes.**

Meaghan says that when someone is diagnosed with a life-limiting illness, assistance with the transitioning piece of this is very important. Patients analyze where their life was, where it is now and where it possibly may go and having support through this can be very helpful. Having someone outside of their family and friend circle can help them open up more because at times patients are nervous to talk about their feelings with their loved ones due to fear of making them upset. Family members as well are provided with the same support should they wish to work through the diagnosis and its impact.

Another way social workers can be helpful is by providing navigation through financial barriers. Sometimes patients/families are unable to pay for groceries, they cannot get to a medical appointment or perhaps they cannot pay for a medication that they need. Social workers can become involved in these situations and help identify the community supports that may be available. Examples include Community Services, funds from the Cape Breton Regional Hospital Foundation and of course, the funds offered through the Hospice Palliative Care Society.

Meaghan points out that a social worker does not have the same medical lens that other professionals within the care team would have such as a nurse and doctor. This allows for a different perspective when it comes to a patient's care. “We try to take all social factors into perspective when we are caring for a patient. This includes education, health status, age, life experience, socio-economic status, views and beliefs, environment and so much more. Getting a well-rounded picture of who a patient is allows us to tailor our supports so that they are getting exactly what they need”, states Meaghan.

Meaghan says her days are not planned, because she never really knows what is going to come up. She is very proud of the team dynamics working with patients in hospice palliative care and says that “the team makes decisions together and it is very patient focused.” She states that she has been a social worker with Nova Scotia Health for a long time now and after working in many areas of the hospital, she has learned that this area is where she is meant to be.

She says initially sometimes people get frightened when they hear the term palliative care and social worker. “Once we can explain the role that we can play during such a critical time, there is understanding and relief. Patients and their families seem to welcome us with open arms once there is an understanding of what we can offer and a realization that having someone help them navigate this new territory is important, available and sometimes exactly what they are looking for,” says Meaghan.





## Memorandum of Understanding with Cape Breton University

In mid-June the Hospice Palliative Care Society moved forward with an exciting partnership between the Society and Cape Breton University (CBU) that included the signing of a Memorandum of Understanding. This is a first for the Society and marks a significant commitment for both organizations to work together on the integration of palliative care at the training level for nurses, social workers and physicians at CBU. Over time, this initiative will generate more unified professional practices and better support for patients and families in our community. The Society has long held an interest in educational pursuits that better enhance opportunities for those providing care to those with life-limiting illnesses.

*Photo: David Dingwall, President and Vice-Chancellor at CBU, and Hospice Palliative Care Society representatives Dr. Jane Lewis, Herb Martell, Mora Giovannetti, Patricia Jackson, Dr. Anne Frances D'Intino and Corrie Stewart*



## End-of-Life Info Expo provides much-needed Information to the Public

On May 25, 2024, the Hospice Palliative Care Society of Cape Breton County held its first End-of-Life Info Expo at the United Protestant Church in Sydney River. Modelled after a similar event held on the South Shore in the Spring of 2023, the event drew a crowd of approximately 150 information seekers. More than 20 exhibitors provided literature and information on topics of interest, and 5 one-hour-long information sessions (Hospice Palliative Care 101, Anticipatory Grief and Bereavement Support, Legal Aspects and Financial Planning, Medical Assistance in Dying and Advanced Care Planning) provided more detailed information and opportunity for questions. The target audience included anyone facing life-limiting illness personally, or within their family unit, and/or individuals simply wishing to learn more to ensure a planned approach within their own lives. While lessons learned will result in some modifications in the future, formal evaluations were overwhelmingly positive, and it is anticipated that the event will be repeated in 2025.



## Annual General Meeting 2023/24

On a wet and wild day in late June, Hospice Palliative Care Society Board members gathered to hear a series of reports from the Chair, Executive Director and Committee Chairs that noted progress over the past year along with considerations for future projects.

**Many initiatives were highlighted, including the following:**

- An Cala Refresh bringing the Palliative Care Unit in the Cape Breton Regional Hospital to a standard of comfort in keeping with the Hospice;
- A solid fundraising year that included yet another highly successful Dancing with the Stars and Annual Together We Care Golf Tournament events, and a sound financial position thanks to donors and special events;
- A new community initiative in the End-of-Life Info Expo held in late May;
- Signing of a Memorandum of Understanding with Cape Breton University;
- The many and varied contributions of Hospice Palliative Care volunteers;
- The ever expanding and much-loved Music Therapy Program that now incorporates group music sessions for patients in addition to many special and unique offerings for patients and families;
- Ongoing bereavement support;
- The exceptional care of the Palliative Care Service staff and physicians in the An Cala Unit, Hospice Cape Breton and community care at home and in long term care facilities;
- A commitment to quality care and safety at all times and participation by the Service in a research project for a new patient care tool for use in hospice;
- Continuation of the Family Assistance Program;
- Donor recognition events such as Giving Tuesday; and
- Public relations and communications support for public education, community events through videos, web, social media, photography, and the written word.



## What's Next?

Exploration of possible practical and useful projects like the Bereavement Trail to link the Hospice to the Rotary Park Trails,

A future conference in relation to Hospice Palliative Care is now under discussion, and

Continuation of education and communications investments to support the Service, Society staff, the community and the Board.

## Awards

The activities and time dedicated by many make a difference when needed most. While the volunteer time and financial support of all is greatly valued, this year the following three notable awards were presented as well:

**Hospice Palliative Care Society Award - Friends of Charity**  
**Joe Guillena**  
**Ray Doucet**

**Carol McKeen Award (2)**  
**Danny Patterson**  
**Larry MacLean**

**Lifetime Member Awards**  
**Debbie Keating**  
**Sheila Kennedy**

During the June 27th AGM, thanks were given to retiring board members Debbie Keating, Sheila Kennedy and Aurelle Landry and a warm welcome extended to three new individuals who have committed to a three-year term. They include: Todd Gouthro, Erin Huntington and Kateri Stevens.



## There's No Place Like Home

Like many of us, Joann Shanahan thought that in order to receive palliative care, you had to be at the very end of your life. Until her husband Wayne's experience with the Service, she couldn't have imagined the profound and months-long impact palliative care would have on she and her family. After her husband Wayne was diagnosed with lung cancer, he was referred to the Palliative Care Service. As Wayne had previously spent five months in hospital for a undiagnosed illness, they chose to receive palliative care at home.

"Wayne's quality of life was immediately impacted," said Joann. "Every need was met, and it was met with care and compassion." She says nurse Brett Gillis checked in frequently, and not only answered her many questions but also was a willing and sympathetic sounding board when times got challenging. She says doctors often came to the house to provide for Wayne's needs. "I rarely had to make a call because Brett and others checked in so frequently," says Joann. "And, if I did call, I received a response within a very reasonable period of time."

For Joann, the comfort of being at home meant that friends could easily drop by to offer their support, which they did with comforting frequency. She says so many provided meals, or offered to take care of whatever needed to be done. For Wayne, it meant sleeping in his own bed, going out on the deck to watch the progress of the garden he planted or watching TV in his favourite chair.

Joann says the Palliative Care Service, and the supports it provides, with the assistance of the Hospice Society, meant that she was never on her own. "I know without the Service's support, the quality and quantity of Wayne's life would be different," said Joann. "And being at home is what Wayne wanted."

Joann says she has so much gratitude and appreciation for the experience. "Even though it was one of my toughest times, it was made so much more bearable with the compassion, care and support of the Palliative Care Service.



## 2024/2025 Board of Directors

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## The importance of pain and symptom management in palliative care

Many people associate, "palliative care" with "end-of-life care," but that's only one aspect. Pain and symptom management also play a vital part.

Pain and symptom management is provided to all palliative care patients including those managing life-limiting illnesses which could be a chronic disease like chronic obstructive pulmonary disease (COPD) or conditions like cancer, ALS, stroke, etc. Even though a life-limiting disease is progressive, patients can lead active lives for many years after diagnosis.

"When pain and symptom management is involved early in the treatment of life-limiting illness, it makes a positive difference for the patient," said Lynette Sawchuk, palliative care program manager in Nova Scotia Health's Eastern Zone. "They can come in and out of the palliative care program as needed. We treat their symptoms and when stabilized, they can be discharged from the program and go back to living their lives."

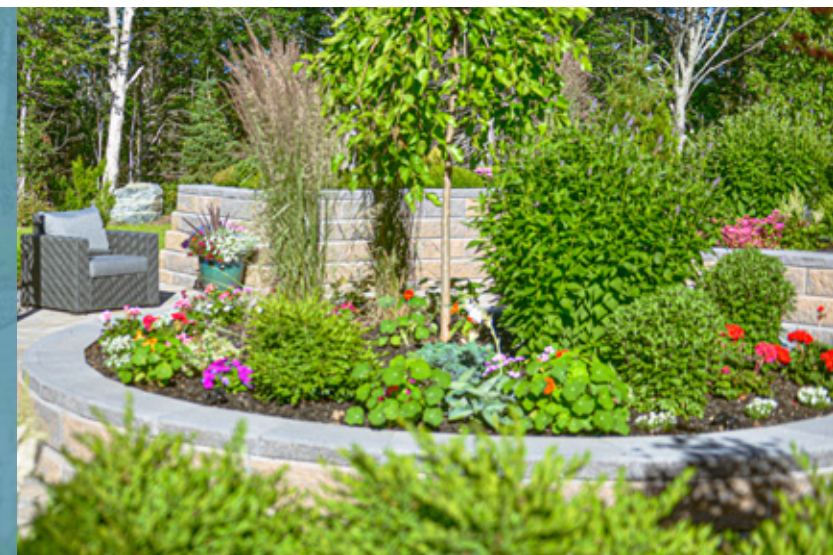
In 2008, the An Cala palliative care unit opened at Cape Breton Regional Hospital. It provides pain and symptom management to patients with life-limiting illness, complex palliative care needs and end-of-life patients who do not meet provincial hospice criteria. Patients have access to all palliative care resources including social work, volunteers, music therapy, bereavement services, etc. As well, the Hospice Palliative Care Society of Cape Breton County and Nova Scotia Health are partnering on refreshing the unit, so it continues to be a home-like place of comfort for patients and their families.

"It's all about quality of life," said Sawchuk. "When you combine well-managed symptoms and good palliative care, there's greater quality of life for the patient. That means more time for precious moments with loved ones. If pain and symptoms are not managed, you lose those precious moments."

*Photo: Ronald MacDonal, hospital consult nurse with palliative care, prepares a CADD pain pump in the An Cala medication room.*



Thanks to the hard work and dedication of the Society's Garden Committee, Hospice patients and families are able to enjoy sunshine and conversation in the beautiful Hospice Garden.





## Thank you to our Donors!

The Hospice Palliative Care Society of Cape Breton County thanks the many individuals, organizations and businesses that contribute to a wide range of programs and personal needs for patients and families year-round. Those contributions offer comfort and care items, music therapy and a host of support items at a time when they are needed most. One such recent contribution of \$5,000 was donated by the Masonic Foundation of Nova Scotia. District Deputy Grand Master Douglas Lawrence and Director of Ceremonies John Dillon presented their cheque to Society Chair Cheryl Read along with Palliative Care Service nurse Lenore Sprake.



## Hitting the Right Note

Music is the universal language, and every week music therapist Jill Murphy brings patients, families, staff and volunteers together to share songs, stories and laughter. To learn more about the music therapy program and its amazing impact, please visit [www.hospicecapebreton.org](http://www.hospicecapebreton.org) to view a new video on group music therapy.

## Special Strawberry Tea

Volunteers Pam LeVatte, Linda Van Schaak and Deana Pruski baking and preparing dozens of shortcakes for second Strawberry Tea with patients and families held on July 5 this year.



Palliative Care Society  
of Cape Breton County  
**HOSPICE** making a difference  
when it matters most

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