

# Residential Hospice: An Important Link in the Palliative Care Continuum



Residential Hospice represents an important link in the continuum of palliative care services available to individuals and families faced with end of life decisions. In recognition of the critical need for these services, the Government of Ontario has expanded funding

to support new residential hospices and increased dollars for nursing and personal care within existing facilities.

Residential Hospices provides a bridge between community hospice services and palliative care services in hospital. The five community hospices of York Region: Doane House Hospice, Evergreen Hospice, Hospice Georgina, Hospice King Aurora Richmond Hill, and Hospice Vaughan provide support to individuals in the community from diagnosis to end of life, including bereavement support. While some individuals may choose to die at home with community support, for many this is not an option they can consider. Residential hospices provide support within the last 3 months of life, however, the average stay is short, ranging from 10 to 17 days in many facilities.

In 1988, Hill House Hospice in Richmond Hill paved the way by opening the first 3-bed residential hospice for York Region. The November 2017 addition of the Margaret Bahen Hospice, a 10-bed residential hospice, will strengthen the continuum of palliative care services in the community.

Margaret Bahen Hospice for York Region, built by Southlake Regional Health Centre and operated by Better Living Health and Community Services, will feature nursing and personal care staff 24 hours per day along with spiritual support, medical care, pharmacy, complementary therapies and referral to other programs and services. The hospice will be led by Sonya Murray, Senior Vice President of Community Services; Dr. Arnell Bagnis, Medical Director; and Trish Flawn, Director of Care.

What is most unique about residential hospice is the approach that is used to provide care and the setting that it is offered

in. A truly holistic approach to care ensures the medical, pain management, emotional and spiritual needs of the resident and their loved ones are supported in a home-like environment.

Access to a residential hospice can come from a number of sources. The most common approach is through the palliative care bed registry through the Central Local Health Integration Network (LHIN). However, in practice, access to a residential hospice should happen through any healthcare provider within the palliative care network of services. There is no charge for using residential hospice services.

Residential Hospices are also a unique service within our healthcare system because of the funding model that has been adopted. While the province, through the LHIN, covers the cost of the nursing and personal care services, all of the costs for administration, building operations and repairs and support staff must be provided by the organization through fundraising efforts. This means that the Margaret Bahen Hospice for York Region will need to raise approximately \$700,000 in charitable donations on an annual basis.

In addition, both residential and community hospice rely heavily on the support of volunteers and donors. In partnership with Doane House Hospice, we will be recruiting 150+ new volunteers from Nowmarket and the surrounding community for a number of important roles.

End of Life care and palliative care options are a personal



choice and each individual has a unique set of priorities, beliefs and needs that all factor into decisions about the type of care they choose to receive. The important principle for our healthcare system is that we have a seamless continuum of palliative care options that can support and meet the needs of individuals and families during a very difficult time.

**"Hospice matters. The end of life deserves as much beauty, care, and respect as the beginning." - Anonymous**

\*In the article "Community Hospice Services - 34 years strong" The name of Hospice Group supporting Suffer, Know and Prepare was omitted in error. Please accept our apologies.



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- REGISTERED NURSE
- FOOD SERVICES COORDINATOR
- SPIRITUAL CARE COORDINATOR
- PERSONAL SUPPORT WORKER (PSW)
- REGISTERED PRACTICAL NURSE (RPN)
- HOUSEKEEPER

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