

Canadian Network of Pediatric Hospices (CNPH)
 Retreat Minutes: Friday February 25th 2011

Agenda Item		Action
Welcome & Overnight inspirations	<ul style="list-style-type: none"> • Round table overnight reflections • Discussion and sharing RE: Staffing models, operational business and various stats • Decision to pick one topic to bring forth to discuss, brainstorm & share information about during last 15 minutes of the teleconference meeting. 	
Establishing a Pediatric Hospice: Core Components	<p>Preface to be developed.</p> <p><i>Core Components;</i></p> <ol style="list-style-type: none"> 1. Governance & Administration <ul style="list-style-type: none"> • A framework is in place to ensure decision making accountability. The membership is representative of the population served. • Need to have a skill assessment and have staffing based on those skills. (Representative of the work we do) 2. Financial Sustainability <ul style="list-style-type: none"> • Funding requires a diverse number of sources and strategies to ensure future financial sustainability • Sound management strategies and a business plan in place. Refer to Accreditation Canada – Governance plan • Policies and procedures in place for both governance and operations • Policy: Refer to existing pediatric hospice palliative care norms and standards of practice documents. 3. Policy & Procedures <ul style="list-style-type: none"> • Current models exist within the various published norms and standards of practice for pediatric hospice palliative care. 4. Regulatory Requirements <ul style="list-style-type: none"> • The Hospice needs to meet required provincial licensing and standards and will be working towards and or maintaining accreditation • It's recognized that to achieve accreditation financial resources will be required. 5. Organizational Structure <ul style="list-style-type: none"> • Refer to Accreditation Canada - Building the infrastructure to achieve positive outcomes: This subsection addresses the organizational systems and processes needed to deliver high quality services and achieve the organization's goals and objectives, including human resources and performance management systems, and physical environment and information system infrastructure. 6. Facility – Physical Environment/Space <ul style="list-style-type: none"> • Family accommodation • Wheelchair/handicap accessibility • Family gathering spaces 	<p>Marli will develop.</p> <p>Rogers House & Canuck Place will share their Skill Matrix</p>



	<ul style="list-style-type: none"> • Play areas • Range of developmental activities • Access to outdoor space • Adequate kitchen and dining space • Onsite laundry • Adequately sized, equipped and secured mediation room • Adequate space/environment to provide feeds. • Adequate multidisciplinary meeting space. • Nurse call system • Bathing room • Oxygen/suctioning equipment • Security <p>7. Staffing</p> <ul style="list-style-type: none"> • Residential pediatric hospice services included respite & family support/pain & symptom management/transition, end of life care • Accessibility to tertiary specialized pediatric services. These services are inclusive of a comprehensive continuum of pediatric palliative care • 24/7 access to pediatric specialists and palliative care • Advanced practice nurse • Access to nurse educator • At minimum 2 licensed nursing professional 24/7, one of whom is a registered nurse (on site) • Unregulated health care workers are required to have training from an accredited program (HCA, NA, PCA, PSW) • Access to psychosocial support with grief & loss expertise • Access to bereavement supports • Access to spiritual care • Access to OT/PT • Child life/recreational therapist and expressive therapists • Coordinator of volunteers • Access to bioethicist • Access to specialized pharmacist services • Access to school & developmental programs • Clinical coordination/management is required • Intake coordination. 	
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