



PARTNERSHIPS CAN DO GREAT THINGS

Published Wednesday September 26th, 2007 -
Telegraph Journal - Appeared on page A1

Sandy Johnson, executive director for hospice, left, Dr. Nancy Grant, Dr. Chris O'Brien, and Premier Shawn Graham, far right, gather at a table in the dining room at a new hospice Tuesday. The Hospice of Greater Saint John recently purchased a former convent on Dufferin Row in West Saint John and is lobbying government to help fund the 10-bed residential lodging for people at the end-of-life. Funding would allow more than \$2.28 million a year to be reallocated to acute-care services and free up 130-150 hospital beds a year. Hhospice has offered to cost-share the residence with the province. For more information, contact Sandy Johnson, Executive Director at (506) 632-5723 or sjohnson@hospicesj.ca



Hospice of Greater Saint John founder Dr. Nancy Grant and Dr. Chris O'Brien, centre, director of the Saint John Regional Hospital's palliative care unit, listen as Premier Shawn Graham makes a point as he takes a tour on Tuesday, September 25, 2007 of the hospice building, known as Bobby's Hope House.



Residential Hospice - The Facts

- Today, 1,000 people die annually in the Greater Saint John area – over 800 die from a palliative illness such as cancer, end-stage heart, lung and kidney disease, as well as ALS, AIDS, etc. The number of palliative deaths is set to double within the next 15-20 years.
- Seniors account for 75% of the annual palliative deaths.
- Experts say that by the year 2025, the proportion of seniors in NB is projected to be 21% higher than the national average. Of New Brunswick's three major centres, Saint John is the oldest.
- In the last month of life, 50-75% of palliative people are hospitalized because they need 24-hour care that families are unable to provide.
- Today at the Saint John Regional Hospital, there are over 200 people with a palliative illness who spend the last weeks of life in an acute care bed outside of the Palliative Care Unit. These are people who could have lived and died in Residential Hospice, freeing up these acute care beds for emergency room admissions, post-operative care and procedures such as cancer treatments, joint replacements and cataract surgery, etc.
- Residential Hospice is a proven model of quality healthcare and has been an important part of healthcare reform in other Canadian provinces. In October 2005, the Ontario Government announced annual funding in the amount of \$580,000 through the Dept. of Health for 30 residential hospices.
- A Residential Hospice is a home away from home – a place to live and die in peace and dignity surrounded by loved ones and cared for by a team of qualified professionals and volunteers. They offer compassionate, quality 24-hour medical care and comprehensive support for people who can no longer be cared for at home, but do not require the expensive and highly medical/technical care delivered in an acute care hospital.
- The average length of stay (ALOS) in a Residential Hospice bed is 17-22 days. Our 10-bed Residential Hospice will have the capacity to serve 130- 150 patients/year – patients who will otherwise occupy acute care beds.
- The cost of delivering hospice palliative care in a Residential Hospice bed is \$300/day in comparison to \$1,000/day in an acute care hospital bed.
- Hospice is proposing that the NB Government provide funding in the amount of \$200/day or \$580,000 per year to support nursing care at the Residential Hospice. Hospice is prepared to fundraise the additional \$260,000 needed per year to operate the Residential Hospice.
- There will be no fee for Residential Hospice care. Hospice and Government will cover the daily cost of care to the patient/family in a shared funding model: \$200/day from Government and \$100 from Hospice through fundraising and donations.

- To save money, the NB Government would need to close hospital beds which is not likely given the demand for acute care beds. However, Hospice is offering our government the opportunity to spend \$580,000 per year to delivery quality palliative care to 130-150 palliative patients in a Residential Hospice, rather than the \$2.86 to \$3.3 million they currently spend. Government could then re-allocate the \$2.288 - \$2.72 million dollars “saved” to acute care services.
- The Palliative Care Unit will remain at the Saint John Regional Hospital to offer advanced pain and symptom management and expert end-of-life care to over 200 people annually who have uncontrolled symptoms and acute palliative care needs.
- Hospice Greater Saint John is prepared to be Atlantic Canada’s first Residential Hospice and to serve as a pilot for others throughout NB and the Atlantic Region.