

**The Catholic Women's League of Canada
Ontario Provincial Council
Education and Health Report—August 6, 2018**

Long term and Palliative Care Survey:

Question - List the top 3 things that were the most frustrating when dealing with getting a loved one into long term or palliative care.

Answers -

1. 148 members stated the number one frustration was that they received little or no direction or guidance in how or where to begin looking for a placement. Better communication and co-ordination between agencies and family members is desperately needed. (Also noted that there was no explanation of the difference between long term care and supportive housing)
2. 115 members stated that there are not enough beds in **quality** nursing homes or hospice.
3. 107 noted the lack of dignity in treatment of the dying. In hospital palliative care unit, when loved is in the final stages of life, should be with family in a private room. Give the family and loved one privacy when saying final good-bye. Attitude of medical professionals and nursing home staff can cause issues, residents treated as a business rather than focus on residents and making a home-like setting.

Other Noted Concerns:

- Lack of extra assistance by CCAC in helping family members to keep a loved one at home in final stages of life.
- Lack of qualified staff in nursing homes.
- How to care for a family member while waiting for a placement.

Suggestions to Help:

- Better communication for information on how and what is available to assist families through this process.
- Social workers and others assisting family members with placement visit the homes/hospices they are recommending—are they delivering a proper standard of care?
- Have a consistent person assist through the assessments, researching facilities and wait time until placement occurs.
- Educate care givers on supports available to help them cope. This will help caregivers make best decisions for all concerned.
- Extra assistance should be available to help this occur, keep hospital beds for others that do not have family to assist them to stay at home—cost effective for system.
- Better co-ordination among agencies.

NOTE: Some councils reported as a whole rather than individuals which indicates that the number of participants is actually higher than listed above.