



Conversations to exchange best practices and explore new ideas

Session 1: Compassion Matters

Date: March 16, 2023



AGENDA ITEM	DISCUSSION
Objectives, Overview and Session Materials	<p>Presenter: Melody Jobse, Community Engagement Lead BC Centre for Palliative Care</p> <p><u>Learning Objectives</u></p> <p>By the end of the session participants will:</p> <ul style="list-style-type: none"> - Have an increased understanding of the Compassionate Communities concept - Be inspired to encouraged to explore collaboration with other communities in action
Presentation Key Points	<ul style="list-style-type: none"> • This session was an introduction to the Compassionate Communities initiative • The session explored the concept and practice of compassionate communities as captured in Dr. Julian Abel’s book <i>Compassion Matters</i> <p>Recording of the presentation can be found here: https://youtu.be/25CpyVlw8VE</p>



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- BC CPC was established in 2014
- The BC CPC works with both the Health System and Community Organizations – bringing stakeholders together to identify and accelerate the spread of best practices in palliative care
- Engaging and empowering patients, families and communities in their own care allows them to draw on their own resources and cope better with illness

- Dr Julian Abel keynote speaker at the BC inaugural Compassionate Communities Symposium in September 2022 hosted by BC CPC
- Dr. Abel is a palliative care specialist doctor and has developed a special interest in compassionate communities, initially as part of supporting people undergoing experiences of death, dying, loss and care giving

Why does compassion matter?

- Social relationships are fundamental to human health
- Compassion and connection have a greater effect on extending the length of life more than measure of cessation of smoking or drinking alcohol, maintaining a healthy diet, regular exercise of treatment for high blood pressure

- Compassionate Communities focuses and reorients care closer to home, creating supportive environments for patients & families, and can develop individual skills to cope with illness
- People are motivated by compassion, to take action and responsibility of their own care and the care of others
- The key principle underpinning Compassionate Communities movement is that community is an equal partner in the provision of health care & social support at the end of life



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	<ul style="list-style-type: none"> • Why is Community an equal partner? Because each one of us will experience illness, caregiving, dying, and grief throughout our life journey <ul style="list-style-type: none"> ○ We spend only 5% of lifetime interacting with health care professionals seeking care ○ 95% of our time is spent in the community ○ The Communities in which live, and gather are rich in social assets, skills and talents ○ People in the community can be equipped and prepared to help each other during these life experiences so that everyone can live the best possible way • Compassionate Communities is an approach to care that engages and empowers communities and citizens to take responsibility in the provision of supports that address the social and emotional dimensions of the illness experience for the patient, family /caregivers • Compassionate Communities assess, connects, mobilizes, and builds on what already exists in the community
<p>Discussion / Break out rooms</p>	<p>Discussion Questions</p> <p>What was the most intriguing/inspiring thing you learned and how might you apply it in your work/daily life?</p> <ul style="list-style-type: none"> • Have some insight on the benefits of social relationships • Isolation kills • Supports in community, by community – lots of advocating around this. Particularly in rural • Rural requires an entrepreneurial aspect • Newcomers have challenges due to the insular nature of communities • New folks have challenges connecting • Seniors’ homes - See the importance of taking folks out in community, the socializing aspect. • Removes some of the sadness, folks look forward to interacting with volunteers • Come together in groups – you learn that you are not alone • Recognition that we have been doing this all along



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- Nice to see this movement growing globally
- Realization that health care cannot meet or sustain the demand for support
- Surprised by the data shared on the impact of compassion
- Data helps understand the impact more of what programs many already have running that are supporting people with compassion
- Sherri Summers – New West HS
- Compassion without medicine, we already have, just making it more effective
- It's very much how SW functions, but there's a lot of work that can be done for community and interprofessional and cross-cultural connections
- Just wanting to learn more
- Last few years were challenging and people came together in a different way
- Love concept of Compassionate Communities and seeing it in action in their community they work hard in this area, but lots more to do.
- The admissions slide surprised her. Has seen information presented by the Men's Shed that compassion reduces hospital visits but no stats
- It's great information to use to continue and/or start the work
- The presentation had her reflecting on their own family who lives alone
- How to address the fear that some have to being in group settings since Covid.
- People that are confined to their homes and/or those who don't have supports in place at end of life. How to support them? Volunteers or paid roles? Can we get volunteers who can visit at home? How to we help volunteers feel safe?
- How do we recruit volunteers post COVID? Need to have budget for Coordinators. Invest in Volunteers
- Sea to Sky Hospice did a collaborative project with City of Whistler and the Library, hosted grief sessions in partnership and worked well for all parties
- First Nations communities like to collaborate within their own communities. They prefer in person gatherings vs zoom
- Compassionate Communities links to the gap in care for many seniors



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- Collaboration is important but can be hard with barriers between Health Systems and Community Group

Can you envision any opportunities for more collaborations/partnerships? What could they look like?

- Friendship house – get other people involved outside of the hospices and care centers
- Give workshops about how to get involved
- Broaden the reach to source volunteers
- Advance Care Planning can tie into the Compassionate Communities
- Hosting community-centric groups that meet (seniors, youth/mental health, homelessness), that are already meeting, reaching out to those groups as being beneficial
- Different resources are coming together rather than duplicating resources
- Connecting with organizations that do not traditional seem to be “fit” - eg food security and the link between good nutrition and health
- Inviting organizations in your community to come in and share a little bit about themselves, can help to strengthen staff and volunteers understanding of the resources and assists in the community
- Connect with programs that already exist and overlap in services eg Better at Homes

What resources or supports would help to shape, expand Compassionate community?

- Have a network of care -connect with other organizations to share info & resources
- Has become more siloed since the pandemic
- Have a more collaborative network
- More relationship building with community partners- learn from one another



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- Partnership with local Doctors would be valuable – ensure consistent information
- Partner with division of family practices
- Too much re-invention of the wheel at the moment
- Would like more collaboration, too much duplication going on
- Systems navigator @ Fraser health – pilot project was good, but it ended
- Red Book – Hubs used to have. We get lost trying to navigate the resources. This is a challenge in rural communities.
- Definition of Community -this is confusing. What is a community? The language isn't consistent. Lack of support and training for volunteers
- Rural challenges, need volunteer coordinator, need paid staff to assist
- Would like to be able to get families together and patients together in hospices more to interact
- There may be events like pancake day or holiday meals that people will see each other, but most of it is private
- Example: person shared how one family cooked a holiday meal at the hospice and invited another family there to join them
- There is a gap in capturing people who are in the hospital or visit the hospital
- More awareness needs to be made to them on programs around in community that can help them
- For people to know more what other people need
- An up-to-date list for people in programs on what they can do for others
- Connect more with seniors prior to them needing support to inform them on programs
- Need more awareness on current programs in the community for those in the community to utilize the services, and for others to know where they can volunteer or refer people to
- We need information and resources to share with community that helps to tell the story of the impact
- Short presentation to help tell the story to bring it out to other people who aren't familiar with the concept, and help them join in and look at how to partner differently
- Tips for staff education on how they can be more compassionate
- We must make it public, bring it to the public through information and demonstration



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- Take the stigma off, allow it to grow and compassion to come out
- People have compassion but don't know who to do/demonstrate it
- Opportunities for soliciting from them, letting them know how they can help their palliative patients and community in general
- Some examples of what other communities have started in grass root
- Examples of how others have organized people, what that looks like in actuality