



*Enriching lives; embracing each day at end of life.*

Family Information Book  
34 Wellington Street East, Chatham, Ontario N7M 3N7  
Phone (519) 354-3113  
[www.chathamkenthospice.com](http://www.chathamkenthospice.com)



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# Welcome to Chatham-Kent Hospice

Living with a life-threatening illness, or providing care for a loved one as they near end of life, can be very difficult. At Chatham-Kent Hospice we are here to help. Our dedicated and experienced staff and volunteers are honoured to serve our residents and their loved ones.

Hospice Palliative Care is a philosophy of care which focuses on comfort, quality of life, and supporting the precious moments families will share with their loved one during their final days together. Hospice care is not as much about dying as it is about living - living each day and each moment to the fullest. We are there to help our residents live each day with dignity and honour by providing compassionate, end-of-life care in a home-like setting.

The hospice includes ten fully furnished suites, with state of the art medical equipment and room for family members to stay overnight if they wish. Additional spaces in the hospice include family gathering and meal spaces, a bereavement support area, courtyard, resource library and meeting rooms. The overall design allows us the flexibility to grow new outreach programs and play a role in developing a centre of learning for healthcare providers and the families of Chatham-Kent.



## What to expect at Hospice:

- We welcome visitors 24 hours a day, 7 days a week.
- Family and caregivers are welcome to stay overnight.
- Meals are provided for residents. Baked goods, treats, soup, coffee and tea are available for visitors.
- Residents and families are encouraged to treat the building as their home.
- All programs and services are provided at no cost to residents or their families.
- Double wide doors so beds can move freely from suite to Great Room to Courtyard.
- Health and safety precautions and protocols in place in response to COVID-19



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We would like to thank the sponsors of this publication who made this booklet possible.

Together, as a community, we make hospice care possible for local families.

Please review our sponsors and consider using their services.



# Our Values

- **Caring**  
We are kind and listen carefully.  
We treat each other with compassion and warmth.
- **Dignity**  
We honour each person and respect their personal decisions.  
We pay attention to needs, wishes and values.
- **Excellence**  
As a leader in hospice palliative care, we will continuously improve, implement best practices, find innovative solutions, use our resources wisely and share our knowledge.
- **Integrity**  
We are open and honest. We honour our commitments and hold ourselves accountable.
- **Inclusivity**  
By respecting everyone's traditions, experiences and perspectives, we demonstrate our belief in inclusivity
- **Collaboration**  
We believe that trusted relationships with our team members, care partners and community network are the best way to improve care and services.

## Our Vision

Together, we create a community where the best possible end-of-life care and grief support are available.

## Our Mission

We provide end-of-life care and grief support that nurtures relationships for all..







## Our History

In 2011, a group of dedicated volunteers formed the Chatham-Kent Residential Hospice Leadership Group and started meeting every 3 weeks with the purpose of establishing a residential hospice in Chatham-Kent.

On June 25, 2013, the Erie St. Clair Local Health Integration Network confirmed operating dollars for a 10-bed residential hospice for Chatham-Kent. The decision to provide annual operating dollars was in response to a proposal developed by the volunteer community group.

On July 23, 2013, the newly formed Chatham Kent Hospice Inc. Board of Directors met for the first time. It consisted of 10 directors from a variety of communities, all driven by a passion to establish a residential hospice.

The leaders of the hospice project understood that to be successful, our community hospice needed a Chatham-Kent solution to increasing healthcare costs and constant healthcare changes. The result is a collaborative venture with St. Andrew's Residence that provides high quality care and programming in a transparent and accountable method to the community.

After a successful Capital Campaign in 2014, construction began in April 2015. Westhoek Construction Ltd was awarded the contract, working closely with ROA Studio Inc., our project's architect. Both firms are from Chatham-Kent. The construction was completed and Chatham-Kent Hospice began operating in April 2016 - almost a year to the day of breaking ground.



# Our Hospice Care Team

## Nurses

The Registered Nurse (RN) and Registered Practical Nurse (RPN) are responsible for the nursing care of our residents and their families in accordance with the Regulated Health Professions Act (1991) and the College of Nurses of Ontario.

## Personal Support Workers (PSW)

The PSW is a caregiver with hospice palliative care training who assists our residents with their daily personal care needs and supports the resident and family through the dying process.

## Physicians

We have a group of core physicians experienced in palliative care who serve our residents in addition to their community practice. The physicians take turns being on-call to accept admissions and follow their resident's care throughout their entire stay. Physicians visit Hospice regularly, based on the resident's need.

## Clinical Resource Nurse (CRN)

The CRN is a Registered Nurse who works with our staff to ensure that their knowledge and skill is current, based on the standards of palliative care. The CRN, in collaboration with the Manager of Clinical Operations, is also responsible for the intake of admissions to Hospice.

## Manager of Clinical Operations

The Manager of Clinical Operations is responsible for the quality care of our residents and their families, and manages the clinical team. They oversee the CRN and collaborates with them throughout the admission process. The Manager of Clinical Operations ensures best practices are maintained throughout our Hospice in accordance with hospice palliative care standards, and implements education programs for staff.

## Volunteers

Volunteers provide services both directly to our residents and their families with care, and indirectly with services like reception, administration and Board/Committee work.







Jessica Smith  
*EXECUTIVE DIRECTOR*  
Tel: 519-354-8103 - Ext 224



Sally Jenkins  
*MANAGER OF CLINICAL OPERATIONS*  
Tel: 519-354-3113 - Ext 2102



Nancy Curd  
*CLINICAL RESOURCE NURSE/  
ADMISSIONS COORDINATOR*  
Tel: 519-354-3113 - Ext 2103



Melanie Watson  
*COORDINATOR OF VOLUNTEER  
SERVICES*  
Tel: 519-354-3113 - Ext 2401



Karen Konecny-Brooks  
*KITCHEN COORDINATOR*  
Tel: 519-354-3113 - Ext 2407



Sally Reaume  
*SUPPORTIVE CARE PROGRAM COORDINATOR*  
Tel: 519-354-3113 - Ext 2406



Melissa Cadarette  
*SUPPORTIVE CARE SOCIAL WORKER*  
Tel: 519-354-3113 - Ext 1201



Bridget Phelan  
*SUPPORTIVE & SPIRITUAL CARE PROVIDER*  
Tel: 519-354-3113 - Ext 2405



Dr. Samantha Chandrasena  
*MEDICAL DIRECTOR*  
Tel: 519-354-3113



# Your Suite

Our resident suites are designed with you in mind. Although it must meet your clinical needs each room has a home-like feel. Wide doorways throughout the first floor allow residents to move through the building and into the courtyard in their beds, if necessary.

## Each suite contains:

- **Private washroom** - with personal storage (family members are welcome to use this washroom).
- **High-definition SMART television** - with a wide variety of programming.
- **Fireplace** - with remote control.
- **Sleeping area** - the custom sofa and recliner chair can also serve as sleeping spaces for loved ones.
- **Custom cabinetry** - with built-in fridge, wardrobe and personal storage.
- **Customized lighting** - lights are located at the head of the bed so residents can independently control their preferred level of light.
- **In-suite climate control** - allows those in the room to choose their preferred temperature.
- **State-of-the-art medical beds** - with custom adjustable air mattresses residents can set for their own comfort.
- **Concealed overhead lift system** - keeps the room looking home-like but is available for staff to safely transfer residents in and out of bed as needed.
- **Call bell system** - a light-weight call bell resembling a wrist watch or pendant necklace. Pressing the rubber button on the wrist band or pendant will alert the staff that assistance is required. This system is wireless allowing the resident to move freely throughout the building. A wireless nurse call system provides the security of knowing help is close by.
- **Telephone** - Long-distance calls within Canada are permitted anytime. Long distance calls outside Canada may be made with the assistance of a Hospice staff member.

Residents and families are welcome to bring in personal items such as pictures and mementos. Please do not put nails in the walls to hang items or bring in furniture as this may inhibit our ability to provide care.

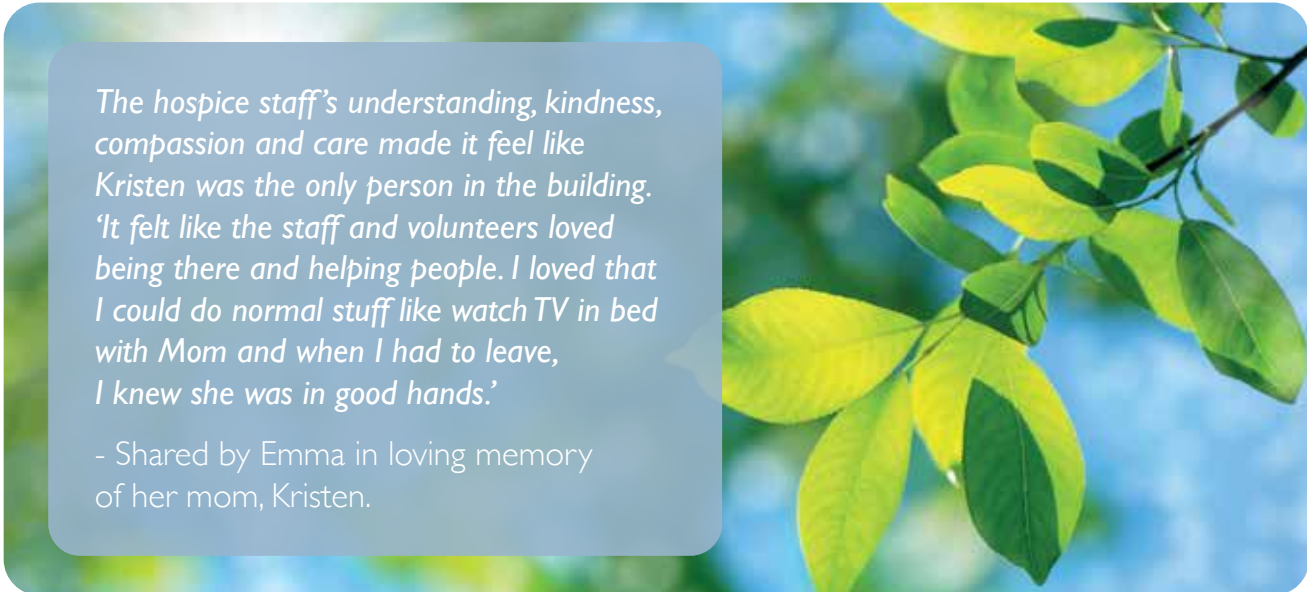


# Things to Bring

The Chatham-Kent Hospice has personal care items available as needed, such as disposable wipes, disposable briefs, body wash and lotion, razors, and deodorant. Residents and families are welcome to bring their own personal items as desired. If residents choose to bring in personal items we ask that they please respect our scent sensitivity policy.

Some items residents may want to consider bringing from home are:

- ☐ Hairbrush or comb
- ☐ Toothbrush and toothpaste
- ☐ Deodorant
- ☐ Denture tabs/cup/brush
- ☐ Electric shaver
- ☐ Nail clippers
- ☐ Nightgowns/pajamas
- ☐ Slippers
- ☐ A book to have family and friends sign when visiting
- ☐ Boost or Ensure



*The hospice staff's understanding, kindness, compassion and care made it feel like Kristen was the only person in the building. 'It felt like the staff and volunteers loved being there and helping people. I loved that I could do normal stuff like watch TV in bed with Mom and when I had to leave, I knew she was in good hands.'*

- Shared by Emma in loving memory of her mom, Kristen.







“I’m sure our family’s sentiments resonate with other families in that we like to think that the peace felt within the halls of Hospice is really the spirits of our loved ones saying Thank You for the grace and dignity they were given in their final days.”

*- Shared by the Biskey Family  
in memory of Janet Biskey*





## Kitchen and Meals

Our Kitchen Coordinator and volunteers prepare all the meals for our residents, taking into consideration dietary restrictions and preference when possible. Family members are welcome to bring in special meals that cannot be prepared at Hospice and store them in the refrigerator in the resident's room. Meals brought from home may be warmed in the microwave in the refreshment areas. We greatly appreciate your wish to share meals and treats with other residents and families; however, due to public health restrictions all food must either be prepared in our kitchen or store bought and in the original packaging.

Kitchen volunteers are made aware of the dietary restrictions for each resident when they arrive and as their condition changes. Always check with the clinical team before providing food for your loved one.

Full meals are not provided for family members. We supply soup, baked goods, treats, coffee and tea daily in the Great Room and Refreshment Areas for family members at no cost.

### Celebrating Special Occasions

Families are encouraged to celebrate special occasions and have family gatherings at Hospice. We have hosted birthday parties, wedding receptions, anniversary parties, and movie nights for residents and their families. Private meeting spaces can be booked on the second floor of Hospice for these celebrations. The clinical team would be happy to help make these arrangements within current COVID-19 guidelines..





## Costs

There is no cost to residents or their families for hospice care thanks to partial government funding and the generous donations we receive from the community.

However, some expenses may arise in relation to the care needs of the individual resident that are paid directly to the third party involved. These may include:

- Medical transport to Hospice, paid directly to the transfer service upon pick up.
- Charges for medication that is not covered by the Ontario Drug Benefit or your third party insurance. The physicians will not order these medications unnecessarily and the pharmacy will seek permission if the expense is expected to be over the amount agreed upon in the Care RX Form.
- Familiar personal care items such as preferred brand toiletries which may bring comfort to the resident.



# Smoking, Cannabis & Alcohol

## Smoking

In accordance with the Smoke Free Ontario Act, smoking (including e-cigarettes, vaporizers and cannabis) is strictly prohibited in Hospice including patios, doorways and the courtyard.

If residents or visitors wish to smoke, there is an outside smoking gazebo located at the west end of the parking lot. Please help keep our Hospice grounds clean and use appropriate receptacles to dispose of cigarette butts, etc. Also please be sure all fire is carefully extinguished.

Volunteers and clinical staff may assist a resident who is deemed cognitively aware and physically capable of smoking independently into a wheelchair. Volunteers and clinical staff are not responsible for transferring the resident in and out of the building to the designated smoking area.

Residents who are bed bound and want to smoke must be accompanied by a visitor who will supervise the resident during the entire time that they are smoking in the designated smoking area.

All smoking materials must be kept in the nursing station. Family may bring smoking materials with them into the facility, so long as smoking materials are not left in the room when family leaves.

## Cannabis

Residents are permitted to use cannabis for medical purposes on Hospice property with an order from a physician.

Visitors are not permitted to use recreational cannabis (live leaf, dried products, concentrates or consumables) on Hospice property.

## Alcohol

Alcohol may be consumed by visitors in moderation, in resident rooms only. Please inform the staff if you have alcoholic beverages in a resident room and ensure that you remove all empty containers. Staff reserve the right to revoke this privilege if it is abused or used inappropriately. Chatham-Kent Hospice is not responsible for any consequences of the overuse or misuse of alcohol by visitors.



# Hospice Admission Guidelines

1. The resident must be approved by the Home & Community Care Support Services Care Coordinator for eligibility\*, based on a comprehensive assessment.
2. Chatham-Kent Hospice will review all resident applications for admission and determine the ability to safely meet the care needs of each potential resident prior to accepting them onto the admission waitlist.
3. The resident is eligible for admission regardless of gender, age, race, religion or sexual orientation.
4. The resident must be living with a life-threatening illness and have an anticipated life expectancy of less than three months.
5. Goals of care have been established that reflect symptom management at end of life, rather than curative care. These must be understood and accepted by the resident and their Substitute Decision Maker (SDM) prior to admission. Symptomatic, psychosocial and spiritual distress will be addressed but no resuscitative measures will be initiated. Treatment of acute complications may still be undertaken for symptom management.
6. All residents will have a Substitute Decision Maker (SDM) designated automatically in accordance with the hierarchy found in the Health Care Consent Act or through a legally appointed Power of Attorney for Personal Care.
7. All residents or their SDM when applicable will agree to and sign the Chatham-Kent Hospice Resident Care Agreement.
8. The resident will have access to Supportive Care services for consultation and treatment in accordance with their care plan needs, managed as if the resident were in their own home. This includes:
  - Physiotherapy, Occupational Therapy, Respiratory Therapy
  - Volunteer Support and Services
  - Social Work Services
  - Pharmacy Services

## **\*Eligibility criteria includes:**

- Valid OHIP number
- Palliative Performance Scale (PPS) - 50% or less and eligible for either ESC LHIN nursing services and/or PSW services **NOTE - discussion may begin with PPS of 50%, however Chatham-Kent Hospice will be looking at offering admission when PPS 40% or lower.**
- Completed DNR Confirmation Form (accompanies resident to Hospice)
- Name of funeral home selected by resident/family
- Expected prognosis less than three months
- Home Pronouncement Plan (HPP) initiated or completed
- Discussion has taken place to turn off Implantable Cardioverting Defibrillator (ICD) if applicable
- Does not require a secure unit or physical restraints



*continued...*

- Documentation regarding possible infections (MRSA, VRE, C Difficile as applicable).
- No indication of client Clostridium Difficile - unable to admit if known or expected C Diff
- Agreeable to Palliative Care Consultative Team (PCCT) assessment (community patients only)
- Discussion has taken place regarding treatment variables (chemotherapy, radiation)
- Goals of care consistent with end of life

### **Further Information regarding admission process**

1. The HCCSS is to be contacted in order to initiate the eligibility process and related forms.
2. If a patient is in hospital (CKHA) an order for Palliative/Supportive Care Referral may be initiated. Palliative Care staff will work with the hospital or community HCCSS Care Coordinator to complete the assessment and application to Hospice. Chatham-Kent Hospice will work closely with the PCCT Team and Care Coordinators in hospital and community to develop a wait list through direct communication.
3. Providers outside of Chatham-Kent will contact their local HCCSS for assessment or connection to an ESC HCCSS Care Coordinator, or contact Chatham-Kent Hospice directly for information or questions.
4. Chatham-Kent Hospice will not admit patients for the sole purpose of receiving MAiD.
5. Chatham-Kent Hospice may admit on weekends and holidays depending on bed availability and circumstances. The HCCSS Care Coordinator (In Office Care Coordinator) can assist with the process on weekends. Although the HCCSS determines eligibility, the Chatham-Kent Hospice Clinical Resource Nurse & Admissions Coordinator or Manager of Clinical Operations will be the person who actually determines admission and collaborates with the HCCSS Care Coordinator for bed offers and finalizing admission arrangements.

### **Chatham-Kent Hospice Core Physician Team:**

*Dr. Samantha Chandrasena (Medical Director), Dr. Thomas Burgess, Dr. David Huffman, Dr. Donna Watterud, Dr. Jim Wheeler, Dr. Kate Bailey and Dr. Kamran Karatela.*

*Dr. Ian Johnston* is the Paediatric Resource Physician for Chatham-Kent Hospice

The Chatham-Kent Hospice Core Physician Team will be available for admissions and coverage. If physicians from the community wish to assume care for their patients at Hospice, they may do so under the terms of the Chatham-Kent Hospice Primary Care Physician Agreement, or may opt to share care or transfer care to the Hospice Core Physician Team.

### **Contact information:**

Nancy Curd, Clinical Resource Nurse & Admissions Coordinator - 519-354-3113 ext. 2103  
ncurd@chathamkenthospice.com.





# Privacy Notice

## Collection of Personal Health Information

We collect personal health information directly from the resident or from the person acting on their behalf. Personal Health Information can include but is not limited to;

- Demographic Information (Name, Date of Birth, Health Card Number, etc)
- Health History
- Goals of Care
- Advanced Care Planning Information

Occasionally, we collect personal health information from other sources if we have obtained the resident's consent or if the law permits us to do so. We make sure that only those people who need to see the resident's personal records are allowed to look at them. We protect the information through our administrative policies and by adopting appropriate safeguards and security measures.

## Use and Disclosure of Personal Health Information

We may use or disclose personal health information to:

- communicate with various health care providers including your family physician and/or other health care institutions for continuity of care, in order to treat/support and care for the resident (unless they tell us otherwise)
- plan, administer and manage our internal operations, and conduct risk-management activities
- conduct quality improvement activities (such as sending client satisfaction surveys)
- teach and compile statistics
- comply with legal and regulatory requirements
- fulfill other purposes permitted or required by law

Only staff who need the resident's personal health information for direct care or administrative purposes are authorized to access the resident's record of personal health information.

A resident's instruction cannot prevent us from recording information that is required by law or our professional standards.



## **Complaints regarding Privacy or to Access your Personal Health Information Record**

If a resident would like to review their health record or believe a record of personal health information held by Chatham-Kent Hospice is inaccurate or incomplete, they may make a written request for correction. For more information, questions or concerns about our privacy and information practices, please contact:

Jessica Smith, Executive Director  
Chatham-Kent Hospice  
34 Wellington St. E.  
Chatham, Ontario N7M 3N7  
519-354-8103 ext 224

### ***A complaint about our information and privacy practices may be made to the Information and Privacy Commissioner at:***

Information and Privacy Commissioner/Ontario  
2 Bloor Street East, Suite 1400  
Toronto, Ontario M4W 1A8  
Tel: (416) 326-3333  
Toll-free: 1-800-387-0073

## **Chatham-Kent Hospice welcomes your feedback!**

Chatham-Kent Hospice strives to provide high quality care to our community.

Feedback and complaints are opportunities for learning and evaluating our services, and allow for continual improvement of the hospice experience for residents and families. Chatham-Kent Hospice is committed to the timely and effective resolution of complaints. All concerns will be acknowledged and the resolution process will be accessible, confidential, fair and reflect the Vision, Mission, and Values of Chatham-Kent Hospice.

If you would like to share feedback about any aspect of Chatham-Kent Hospice, please speak with any one of the staff or volunteers, write us a letter, call us, send us an e-mail, or complete the contact form on our website.

By sharing your compliments, concerns or suggestions, you are helping us provide excellent hospice palliative care in our community.



# Client/Resident/Family Bill of Rights

Chatham-Kent Hospice is firmly committed to the delivery of excellent care and services in our community. We firmly believe that it is important that we ensure clients, residents, and families know, understand, and are able to exercise their rights and responsibilities as they relate to the services and programs provided by Hospice.

## Client/Resident/Family Bill of Rights

As a client, resident, and family of Chatham-Kent Hospice you have the right to:

- be treated in a way that respects your needs and preferences regardless of age, ethnic, spiritual, language, or cultural values/background
- privacy and dignity regarding your personal needs
- have all the information that is needed to make informed decisions
- have information about care and services provided in a language you can understand and in terms you can understand
- have access to an SDM in the event you are unable to make decisions for yourself
- be a partner in the development of your care plan
- know the identity and profession of those responsible for your care and services
- know that we will keep information about you and the care received confidential in accordance with Ontario, Health Care Consent Act (1996)
- express your concerns, written or verbally, and to receive a response without fear of services being compromised
- be safeguarded from harm, either physical, emotional or financial
- expect accommodations in accordance with accessibility requirements
- be informed of any costs associated with your care

## Client/Resident/Family Responsibilities

- provide accurate information regarding your care
- be considerate and respectful to all those responsible for providing or participating in your care and services
- be responsible for all personal property and valuables
- be respectful of the rights and the property of other clients, residents, families/visitors, and staff of the Hospice
- participate in care planning







**Dear Resident and Family Members,**

CareRx is proud to be the pharmacy partner at your community, providing medications and pharmacy services and collaborating with your care team. As Canada's largest pharmacy provider in care settings such as long term care homes, retirement residences and group homes, we are passionate about building better pharmacy services to support the health and safety of every resident we serve.

To support our service philosophy, CareRx team members deliver on our Mission, Vision and Values in every aspect of what we do through;

- Collaboration,
- Accountability,
- Responsiveness and
- Excellence

**Some of our pharmacy services include:**

- Assessing medication appropriateness and dispensing services
- Collaboration with your physician, nurses and healthcare team
- Support a safe medication system in the home
- 24 hr – 7 day/week service
- Flu and Outbreak protocols
- Participate in meetings supporting medication management at the home
- Provide educational resources to the residents, families and home staff
- Full line of health care products
- Convenient payment options including Pre-Authorized Payments & Credit Cards

Please visit our website for more information on the services we provide and for resources on how to contact us as well as instructions on setting up your payment account with CareRx.

CareRx is available to answer questions about pharmacy services or billing. Our Customer Care Representatives, are available to speak with you Monday to Friday between 9:00am and 5:30pm at 1-800-677-4053 extension 1 or by e-mail at [customer care@carerx.ca](mailto:customer care@carerx.ca).

Thank you, and we look forward to supporting you with your medication needs and working in partnership with your care team to optimize your health outcomes.

Sincerely,  
CareRx.

# Visiting Hospice

Due to COVID-19, please see our website for the most up to date visiting guidelines: [www.chathamkenthospice.com](http://www.chathamkenthospice.com).

Chatham-Kent Hospice operates 7 days a week, 24 hours a day. A volunteer is at reception daily to welcome and assist visitors. After hours, the clinical team will assist with access.



## Parking

The Hospice parking lot is located just south of the Hospice, with entrance off Adelaide Street South. Additional parking is available in the areas indicated in grey. Some street parking is permitted but is limited to 1 hour. Please do not park in areas that are reserved for our neighbours (duplex in brown). If you have any questions about where to park, please ask a Hospice staff or volunteer.

## Building Access

For everyone's safety and privacy, we keep all exterior doors locked. Visitors are requested to use the Adelaide St. entrance, conveniently located off the main parking lot. To request entry, please press the button to the left of the double doors, and say the reason for visiting into the intercom. A Reception Volunteer or team member will buzz you in; you will hear a sound indicating that the door is now unlocked and you can enter the building. You will be greeted warmly by either the Reception Volunteer (or a clinical team member after hours), who will ask you to sign in and use the hand sanitizer.

## Overnight Guests

Chatham-Kent Hospice welcomes families and caregivers to stay 24 hours a day - each suite can accommodate family members wishing to stay overnight on the convertible sofa or in the second floor family room. There is also a family washroom on the second floor which provides overnight guests a place to freshen up.

Please notify the nurse if you are planning to stay all night and they will provide you with linens. Children under 18 need to have an adult (other than resident) stay with them.





## Visitor Considerations

For privacy reasons, we do not tell people the names of our current residents. If there are any family members or friends who may wish to visit your loved one while at Hospice, you will need to let them know they have moved here.

We understand having extra visitors can interfere with the special, quality time you have to spend with your loved one. Please know we can limit visitors at your request. Visitors may also be limited based on the recommendation of the clinical team to ensure the resident's wellbeing.

- Visitors are required to sign in and out in the visitor log book located at reception
- Noise should be kept at a level that does not interfere with the comfort of other residents; this includes the use of electronic equipment.
- Additional furniture, such as chairs, are not to be removed from other rooms/locations and brought into the client suites, unless employees are consulted
- Visitors are responsible to bring their own personal belongings
- Illegal substances are not permitted anywhere at the Chatham-Kent Hospice



# Special Visitors

## Children

Children are most welcome at Hospice, and must be accompanied by an adult. We ask that parents and guardians use their discretion about whether the Hospice environment is an age-appropriate one for their children. There is a play area with toys, puzzles, etc. in the Great Room, internet-connected computer in the Resource Area, and game station in the Family Room located on the second floor.




## Pets

Pets may, at the resident's request and the discretion of Hospice staff, be brought to visit. Please ensure pets are licensed and vaccinated. Pets are the complete responsibility of the family member or person bringing in the pet.

Pets must be in a carrier or on a leash when outside of the resident's room and are not allowed in the kitchen areas.





“We knew that the staff dealt with families and death all the time but, they made us feel like we were the first family they had ever cared for. They provided such a beautiful exit for our dad. At the moment, it wasn’t painful for him or us. It was peaceful and calm.”

*- Shared by the Vavoulis Family in  
memory of Peter Vavoulis*

# Preparing for the dying process

As a person is dying, their body will go through a number of physical changes as it slows down and moves toward the final stages of life. Many of these changes are normal and to be expected. Please remember that each person is different; all of these signs and symptoms won't occur for everyone. Although the following changes are presented in the order in which they usually appear, some variation is common.

When you notice changes or have any questions or concerns please talk to the clinical team. They can make any needed adjustments and offer practical suggestions.

We hope that this information will help you prepare for changes that are likely to happen. We include some practical tips and comfort measures to help you in your role as caregiver and advocate.

A dying person may...

## *Sleep Longer*

A dying person may sleep for longer periods and sometimes have difficulty waking. Times of increased activity and communication may be followed by hours or days of deep sleep and unresponsiveness. In the moments before death occurs, many people appear to be sleeping or comatose.

- Plan visits for times when the person is more wakeful and alert.
- Encourage visitors to sit quietly at the bedside. Physical touch, such as holding hands, may be a good way to connect.
- Avoid overtiring the person. Limit the number and length of visits.

## *Eat and Drink Much Less*

It is normal at end of life for people to have very little appetite or thirst. A dying person may not be interested in food or drink. This is a natural part of their body preparing for death.

- Ask what they wish to eat or drink.
- Serve small portions of soft, light food or fluids.
- Understand that if a dying person eats or drinks more than is wanted, this can cause nausea, vomiting and other problems.
- Clean the person's mouth with a damp cloth or mouth swab, and apply moisturizer to the lips to help with dryness.





### *Experience Emotional and Spiritual Changes*

A dying person may talk about going on a trip, ask to go home, or speak to people you don't see. Strong emotions such as fear or anger also may be expressed near end of life. Although not everyone will experience these responses, they are considered normal and expected.

- Continue to respond in your usual way.
- Realize that the dying person may be working through important issues such as life review, saying goodbye and letting go.
- Accept that unusual language or references are not always signs of a problem and may hold helpful insights into the dying person's experience. This is explained in the book *Final Gifts* (1993) by Maggie Callanan and Patricia Kelley.
- Ask for our Spiritual Care Provider or your own spiritual advisor to visit and discuss these changes with you.

### *Become Confused and/or Restless*

A dying person may be unable to recognize familiar people or surroundings, see things that you cannot see, pull at their sheets and clothing or reach into the air.

- Speak calmly, slowly and in a manner that is familiar to the person.
- Offer reassurance about their safety and your presence.
- Consider playing calm and soothing music, gently placing your hand on the person or offering a gentle hand or foot massage.
- Keep the atmosphere quiet and turn down the lights. Try to minimize stimulation.
- Give gentle reminders about the time, where they are and who is present in the room. Use caution when attempting to correct or discount what appears real to the dying person as this may increase their distress.
- Ask the nurse, doctor or palliative care team if medications would help.

### *Have Difficulty Swallowing*

A dying person may forget to swallow or have difficulty swallowing as weakness increases. Foods and fluids with the consistency of yogurt are easier to swallow than thin water-like fluids.

- Give only small amounts of food and fluid. Too much may cause choking and/or vomiting.
- Remind the person to swallow.
- Ask the nurse or doctor to suggest how to give medications when the person can no longer swallow.



### *Have Irregular or Shallow Breathing*

Rapid, shallow breathing is common. There may be pauses between breaths of 10 to 30 seconds or longer. Changing breathing patterns are normal, and usually the dying person is unaware of and untroubled by these changes.

- Remind yourself to breathe. Sometimes caregivers temporarily forget to breathe when focused on the dying person's breathing patterns.

### *Develop Wet-Sounding Breathing or Moaning*

As the body weakens, saliva may collect at the back of the throat and cause wet-sounding breathing. This wet sound may also be caused by congestion deeper in the lungs. Moaning as the person breathes in or out may or may not be an indication of discomfort.

- Discuss what you are hearing with the nurse or doctor. There are medications that can decrease congestion or provide relief if pain is a concern.
- Change the person's position, perhaps by turning him or her to one side, raising the head of the bed or using pillows to prop the person up.

### *Become Unresponsive*

The person may no longer respond to voice or touch or may seem to be sleeping with their eyes open.

- Continue to speak to the person. Your familiar voice is likely to be comforting. It is generally believed that people can still hear even when they cannot respond.
- Tell the person what you are going to do before you do it (e.g. a position change, personal care or giving medications).
- Ask the nurse or doctor if drops would be helpful to prevent eye dryness.

### *Lose Control of Bladder or Bowels*

If the person has stopped eating and drinks very little, loss of bowel and bladder control may be an issue. Decreased urine output and bowel movements are normal at the end of life.

- Ask the nurse for information about protective padding and whether a catheter is appropriate.

### *Have A Change in Body Temperature*

The person may feel unusually warm or cool to the touch. When the temperature-regulating part of the brain is not working or a fever has developed, the person will feel hot. Conversely as circulation slows, their arms, legs, hands and feet may feel cool, and the skin may look patchy or bluish in colour. This is a normal part of the dying process and, usually, people do not feel these changes.

- Remove blankets or place cool cloths on their forehead if the dying person is too warm.
- Use mouth swabs or damp cloths to prevent dryness in the mouth.



## What About You?

At this time, you may find you are so busy being a caregiver that you are not looking after your own health. Remember, it can be difficult to care for another when you don't care for yourself.

### Self-Care Suggestions

- Ask for and accept help with care, household and other tasks (e.g. phone calls, shopping).
- Find ways to handle updates and enquiries (e.g. use email, designate a friend).
- Notice what gives you comfort or pleasure (e.g. time with others, reading, nature).
- Remember to breathe, to eat and to sleep.
- Set limits and say no when you need to. Let others know how you are doing.
- Don't ignore the humour and beauty in life.
- Share stories and memories.
- Acknowledge this is a difficult time. Remember that everyone (including you) is doing their best.
- Do anything that feels like self-care (e.g. massage, haircut, nap, walk, sit quietly, cry).
- Maintain your spiritual and religious practices.
- Sing, play or listen to music that comforts or uplifts you.
- Consider participating in Caregiver Night Out Program (ask the clinical staff how to register).

### Saying Good-bye

For many people, saying good-bye is very important. The person who is dying, as well as friends and family members, may wish to express their love, gratitude and sorrow to each other. Some people may say goodbye through conversations, letters, trips, rituals, or simply by being together. Some dying people are most comfortable with having people around, while others are more at ease with quiet and privacy. Sometimes a person seems to choose the time to die, perhaps when alone or when particular people are present.

### You may wish to:

- Talk about shared experiences, offering and receiving love.
- Offer or ask for forgiveness.
- Remember that tears are a natural and healing release of sadness.
- Reassure the dying person that you and your family will be okay.
- Choose a funeral home if you have not already done so.

### At the time of death:

You will notice that the person's

- breathing and heartbeat have stopped
- eyes are not moving and may be open or closed
- mouth may fall or remain open as the jaw relaxes
- skin becomes pale and waxy looking

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Canada - [www.victoriahospice.org](http://www.victoriahospice.org)





## What happens after my loved one dies?

Even when a death is expected; it can be difficult to prepare for the actual moment of death. It is our role to support you through this time.

As soon as possible, the death must be officially pronounced by a RN or RPN.

A candle will be lit in the Reflection Room and a sign will be hung on the Suite door saying "Please do not enter as we are honouring the memory of our loved one."

Family members can take the time they need to be with their loved one. Some families sit and share stories or perform a religious or cultural ritual.

Staff will confirm with you which funeral home or crematorium service you have chosen to use. You do not have to have made prearrangements, although you may find that doing so reduces the stress of tasks that have to be completed later.

When you are ready for the funeral home or crematorium to be contacted, our staff will do this for you. The funeral home attendants usually arrive within an hour depending on the location you have chosen. Before they arrive, our staff will bathe and/or dress your loved one. Notes or special items can be gathered to send with them to the funeral home.

To prepare for leaving Hospice, the funeral home attendants will place the resident in a zippered bag on a stretcher. You may decide whether you wish to remain with your loved one during this time, or if you would like to leave, go for a walk or wait in another room. The attendant may ask you when you are able to come in to the office to make further arrangements and/or provide contact information for you to call.

You may choose to have a Farewell Ceremony in your Suite, Reflection Room, or courtyard. These ceremonies are entirely voluntary and each resident and family can choose whatever farewell is important to them. If you choose a Farewell Ceremony the resident will be covered with the Hospice Honour Quilt, and following a time of sharing and farewell, the staff and volunteers will escort the family and resident to the front doors.



# Experiencing Grief

When someone close to us dies, the confusion and mixed emotions we feel can often become overwhelming. However, it is important to recognize that there is no standard way of experiencing loss and no right way to grieve. It is completely normal to feel a mixture of shock, anger, guilt, despair and relief, along with many other different emotions. There are, however, some things that you can do which may help you to cope, along with people who can support you, if you need it, during this period in your life.

## Recognizing grief

Losing someone we love is something that we all have to go through at some point in our lives. Each experience is personal and different, and can be influenced by many factors. Your feelings are likely to be affected by the relationship you had with the person, your cultural background, and your religious beliefs. It is important to remember that grief may be displayed in different ways for each individual.



## Grief can manifest itself in a range of emotions:

**Shock** - you may have thought that you were prepared if the death was expected or because you've experienced a loss previously. But whatever the circumstances it is common to feel an initial sense of shock at the passing of someone close to us.

**Anger** - it is very common to feel anger whilst you are grieving; this can be because they passed before their time, things that did or did not happen, or anger that they are no longer there.

**Guilt** - people often feel a sense of guilt that they themselves were not the one to die, or guilt at certain circumstances involving their loved one.

**Despair** - a grieving person can feel despair and feel at a loss as to how they will cope and what their future life will hold.

**Numbness** - it can often feel like you are living in a "fog" after the loss of a loved one. You may feel numb or worry that you have not cried, but feeling numb is often a coping mechanism when experiencing intense emotional situations. Gradually over time the feeling of numbness subsides, allowing us to start functioning and healing.

## Physical symptoms of grief

When grieving, it is common to experience physical symptoms, such as:

- Loss or increase in appetite
- Difficulty sleeping
- Lethargy - feeling drained, having no energy
- Headache and stomach aches
- Irritability

It is important to be kind to yourself and give yourself the time and care that you need to transition through the grieving process.

## Coping with grief

As with the many different factors that contribute to how we express our grief there are also various processes that can help us to cope:

**Give yourself time** - focus on one day at a time, helping you to cope with your emotions and get through simple, everyday tasks.

**Recognize your emotions** - recognize the reasons for your emotions and symptoms, even the physical ones. When experiencing them give yourself time to work through them.

**Support from family and friends** - having a support network of family and friends can be extremely helpful. If you do not have this type of network then support can be found through the Supportive Care program at Chatham-Kent Hospice.

**Talk about your grief** - talking, whether about your feelings or about your loved one, with family, friends or a dedicated grief counsellor is an important part of the grief process.

Sometimes our grief can become overwhelming and it is important to recognize when to get additional help. Part of the process is to acknowledge that life will not return to normal - it is about understanding that your life has changed and finding a way to move forward with your new normal.

Working through your grief is not about forgetting the person but about learning how to live your life with the grief that you feel. Over time your life will take on a new shape and meaning.

*"There are things that we don't want to happen but have to accept, things we don't want to know but have to learn, and people we can't live without but have to let go."*

- Author Unknown





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elizabeth.zele@rbc.com

Phone: 519-352-1512



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# Chatham-Kent Hospice

## Grief & Bereavement Supportive Care

Chatham-Kent Hospice's holistic approach includes physical, mental, emotional, and spiritual end-of-life care. This care is available to our residents, their families and our entire community.

### Social Work

Our registered Social Workers provide compassionate, non-judgemental support for individuals and families experiencing loss. They will:

- provide counselling in a safe, caring environment to express feelings and move towards healing
- help manage the stress associated with the end-of-life, grief and loss
- provide assistance to overcome crisis situations
- connect individuals to appropriate supports and provide advocacy when needed



### Spiritual Care

The Spiritual Care Provider provides ongoing spiritual, emotional, and social support regardless of faith or life stance. They will:

- address spiritual concerns or struggles to promote coping and spiritual well-being
- identify sources of strength, meaning and hope
- facilitate spiritual/religious rituals, rites or practices
- assist with end-of-life perceptions and planning



## Music Therapy

Offered to our residents and their families our Accredited Music Therapist will use music and musical elements to promote, maintain and restore personal health. Music Therapy can:

- help with pain & symptom management
- decrease anxiety helping with relaxation
- be an outlet for emotional expression
- provide connection to others and decrease isolation
- encourage reminiscence and life review



## Complementary Therapy

Therapies offered to our residents and their families to reduce stress, promote relaxation and improve quality of life facilitated by community practitioners who volunteer their time. These include:

- Massage Therapy
- Reiki
- Therapeutic Touch®
- Reflexology
- Pet Therapy with St. John's Ambulance





## Support Groups

Support groups are offered by the Supportive Care team to listen, share and learn with others who are also on a grief journey. Some group sessions that may be offered include Healing Yoga, Healing Art, Coffee Talk Drop-In, Grief & Bereavement Walking Group, Caregiver Night Out, Bereavement Support Group, Healing Hearts Bereaved Parent Group. These groups as well as other workshops or events may be offered throughout the year. Please visit our website or Facebook page for program details and dates.





## How is Hospice Funded?

All residential hospices in Ontario receive partial funding from the government and must raise the remaining dollars needed to meet their overall operating budget.

Chatham-Kent Hospice receives \$1,050,000 annually from the Erie St. Clair Local Health Integration Network (LHIN) to be used for direct medical costs only. For our hospice, this covers the cost of salary and benefits for our clinical staff.

In order to raise the additional funds needed, the Chatham-Kent Hospice has a separate foundation.

The Chatham-Kent Hospice Foundation is dedicated to raising awareness and the funds for Chatham-Kent Hospice to help families live the important experiences of end-of-life. Their vision is ensuring exceptional end-of-life care now and in the future. The Chatham-Kent Hospice Foundation raises funds to cover approximately 50% of the annual operating budget. This means we need to raise on average \$110,000 every month.

To help keep our operating costs as low as possible and make the most of donors dollars, we utilize over 200 volunteers and have collaborated with St. Andrew's Residence in Chatham. By sharing administrative resources such as purchasing, payroll, human resources, housekeeping, maintenance and an Executive Director we are able to reduce our annual operating costs. Hospice direct services, both medical and non-medical, remain separate and completely focused on end of life care.



Jodi Maroney, *CFRE*  
Executive Director  
519-354-3113 - Ext 2402



Julia Earley  
Community Relations Specialist  
519-354-3113 - Ext 2404



Carole Easter  
Administrative Assistant  
519-354-3113 - Ext 2300



Diane Fahey  
Donor Relations Coordinator  
519-354-3113 - Ext 2403

# How Your Donations Are Used

## Compassionate Care

Resident care is our top priority. Your donation will help cover the cost of things like personal care products, medical equipment and supplies.

## Education and Awareness

Ongoing education and awareness will ensure the sustainability of our residential hospice. Your donation will support ongoing staff & volunteer education and training, community education and efficient donation management.

## Connected and Comfortable

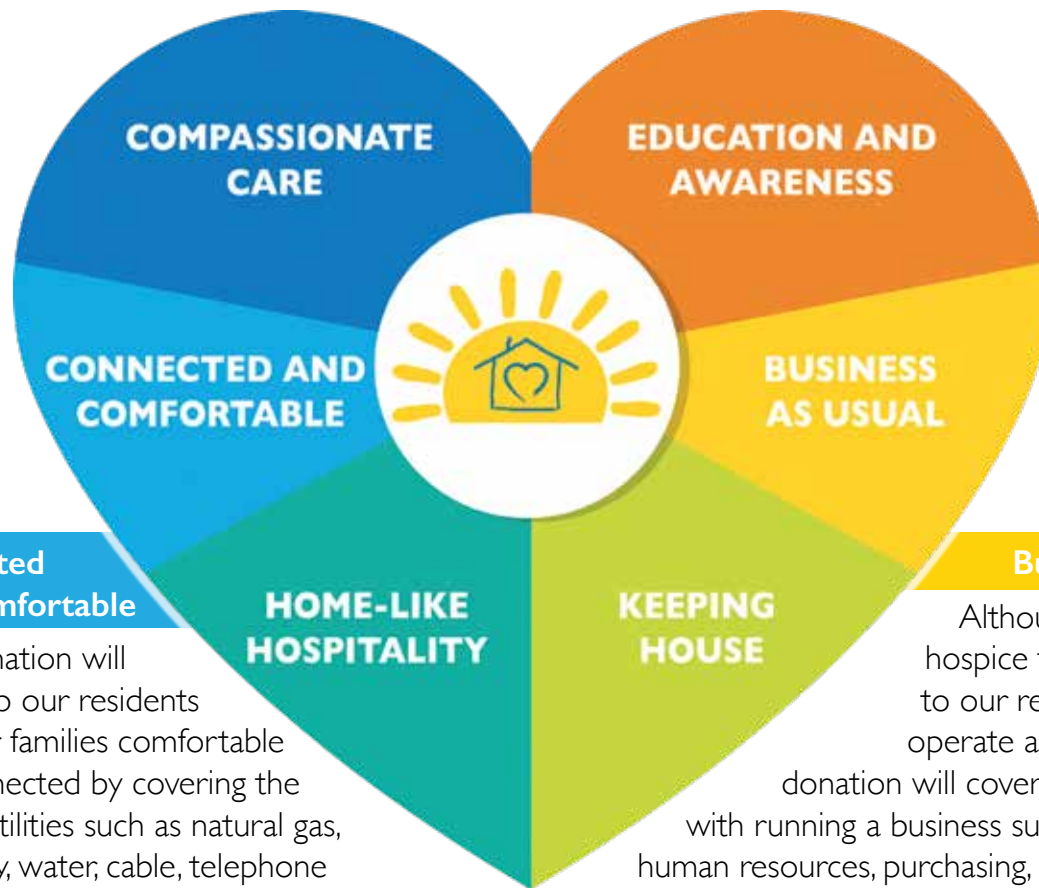
Your donation will help keep our residents and their families comfortable and connected by covering the cost of utilities such as natural gas, electricity, water, cable, telephone and internet.

## Home-like hospitality

Making our residents and their families feel at home is a top priority. Your donation will help pay for groceries as well as kitchen equipment and supplies.

## Keeping House

Like your home, we want to keep a safe and tidy home. Your donation will help us do that by covering costs for laundry & housekeeping, ongoing maintenance, safety and security.







## Ways to Give

Thanks to the generosity of our donors, our residential hospice services are offered to our residents and their family at no cost. This includes care for the hospice resident as well as support and bereavement services for their family.

Donors give to the Chatham-Kent Hospice Foundation in a number of different ways:

- **Memorial Donation** - When writing an obituary we would appreciate if you would request donations to Chatham-Kent Hospice Foundation in lieu of flowers. Donors will receive a tax receipt and we will notify you of their generosity.
- **Annual Donation** - Your gift will help us provide future hospice families with end-of-life care at no cost
- **Hospice Hero Monthly Giving Program** - One of the easiest ways to give is to become a monthly donor. An amount of your choice can be charged to your credit card or transferred from your bank account each month.
- **Larger gift pledged over several years** - A larger gift makes a huge impact in the care we're able to provide now and in the future.
- **Gift in your Will or estate** - After you have considered your family please consider a gift in your Will for a specific amount or as a percentage of your estate to support the future work of the Hospice.
- **Organize a fundraising event to benefit Chatham-Kent Hospice** - Let us know if you have an event idea and we'll let you know how we can help.
- **Share your Hospice Story** - Let us help you put your hospice experience in a personalized story to help other families understand how hospice could help them.

Our Foundation staff is always happy to provide more information on any donation option or meet with you to discuss how you can assist with our mission.





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# Volunteering at Chatham-Kent Hospice

Hospice volunteers are an important part of our team and give a priceless gift to those who are affected by end of life challenges. They are ordinary people who make an extraordinary difference!

You may have seen volunteers in action during your time with us. Volunteers welcoming you as you arrived for your visits, cooking your loved one a comforting meal, or when assisting the Clinical team in providing your loved one care and support at the bedside.




Your own Hospice experience and personal grief journey will be important sources of knowledge and connection while volunteering. We encourage bereaved family members to allow themselves at least 6 – 12 months to mourn and reflect before applying to volunteer. The Coordinator of Volunteer Services will have a conversation with you about your own loss during the interview in order to explore whether you may begin volunteering without jeopardizing your well-being and that of the people we serve.

## **Our volunteers fill a wide variety of roles that include:**

- Direct Support/Comfort Care
- Kitchen
- Reception
- Administration
- Special Events
- Gardening

**Volunteers are provided a comprehensive training and orientation along with mentoring and ongoing education to ensure they have the skills and knowledge needed to support families and their loved ones.**





"It was actually quite beautiful and looked incredibly peaceful. And it had an accessible bath tub! Mom had been wishing for a hot bubble bath since the start of her illness but was too weak for the one we had. It was actually the bath tub that finally sold us. The CK Hospice was everything we hoped for and more. Mom got her bubble bath and I felt somewhat at peace for the first time in 2 years. Instead of taking care of Mom's medications, meals, and every need like I had been, I was able to just be her daughter again, a role I missed very, very much.

Her suite was beautiful and she felt relaxed and at home watching all her shows on her big TV with friends and family and even our puppy who had become the light in her life."

*-Shared by Lisa in loving memory  
of her mom, Kerry*

# Personal Information & Documents

The form below will help you collect and keep track of personal information that may be required by the funeral director or of use when settling your loved one's estate.

Date:.....

My full name:.....  
First Middle Last

Address:.....  
City Province Country

Birthplace:.....  
City Province Country

Birth date:.....Social insurance number:.....

Citizen of what country:.....

Schools attended:.....From:..... To:.....Degree:.....

.....

.....

Number of years of formal education:.....

## Professional statistics

Company:.....Job title:..... From:..... To:.....

.....

.....

Professional achievements:.....

.....

Years residence established in this province:..... Years residence established in this community:.....

Marital status: ☐ Married ☐ Single ☐ Divorced ☐ Widowed ☐ Common Law

Date of marriage:.....Name of Partner:.....

Birthplace:.....Date:.....  
City Province Country

Name of father:.....

Birthplace:.....Date:.....  
City Province Country

Mother's maiden name:.....

Birthplace:.....Date:.....  
City Province Country



## Bank Accounts

Name of bank:.....

Address:.....

Name of bank:.....

Address:.....

## Doctor's Details

Name of doctor:.....

Address:.....

## Lawyer's Details

Name of lawyer:.....

Address:.....

## Safety Deposit Box

Location of box:.....

Location of keys:.....

## Location of Important Papers

Birth certificates:.....

Marriage license:.....

Last will and testament:.....

Deeds and titles:.....

Mortgages and notes:.....

Insurance policies:.....

Military discharge:.....

Income tax records:.....

Stocks and bonds:.....

Other important papers:.....

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In the event of lost documents, contact Statistics Canada





# “WHAT’S NEXT?”

A guide to creating a  
meaningful Transition of Care



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The loss of a loved one is never easy. Whether death is sudden or expected, there are many questions about what comes next. When death occurs in a residential hospice, we take the time to help Chatham-Kent Hospice make the moment meaningful.

After a loved one's death, the care provider or funeral home of the family's choosing is notified by the healthcare professionals or by a member of your family. We will ask certain questions such as what room your loved one is in and who is with them. We will provide the caller with a confirmation that we will make our way to the place of death as soon as possible.

As we receive the deceased's body into our care, our actions, words, and gestures are some of the most important moments in our relationship with the survivors.

During this sacred transition of care (historically known as the removal), our actions are always: **RESPECTFUL, UNHURRIED, GENTLE, and CARING.**

We introduce ourselves to the family and assess the readiness of those present for the transition of care to occur.

If family members or friends are present, we ask if they would prefer to leave the room or remain as we transfer their loved one.

We then place a pillow under the deceased person's head and gently place the body onto a fresh linen sheet before moving to the stretcher. Residential hospice always provides a quilt to place on top of our quilted stretcher.

We then invite the family to walk with us to a place of farewell and reflection within the hospice before making our way to the entrance. Once we reach the front, it is important that we stop and offer those present as much time as they need to say another goodbye. This is not a time to rush. As far as we are concerned, this role is a powerful responsibility.

Before leaving, our staff will take a final moment with the family to ensure all present that we will continue the care the deceased has received from the Chatham-Kent Hospice and then invite any questions there may be at that time. We will also ask if there is a suitable meeting time for our staff to visit with the family to discuss final arrangements. This meeting can happen at our place or yours, wherever is more comfortable. There are certain items we may ask you to prepare for our visit. This could include photos, clothing, glasses or dentures. As we begin to work together to fulfill the final wishes, we invite the family to share with us any items or stories that help remind you of your loved one.

We hope that this explanation of how we conduct the Transition of Care provides you with some understanding and comfort. If you have any questions at all, please do not hesitate to call us, anytime.



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~47~

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