



# **Promising Practice:** **Kensington Hospice**

Healthcare Excellence Canada (HEC) and the Canadian Partnership Against Cancer (the Partnership) would like to formally acknowledge the generosity of the Kensington Hospice team in sharing their skills, knowledge, expertise and experiences to form this promising practice document. For our program team, it is a privilege to share the details of this work; however, we recognize that the contributions Kensington Hospice has made to equity in palliative care reach far beyond what can be captured in this brief document. Kensington Hospice has graciously shared their work and their time with us and for that we are deeply grateful.



## About Healthcare Excellence Canada

Healthcare Excellence Canada (HEC) works with partners to spread innovation, build capability and catalyze policy change so that everyone in Canada has safe and high-quality healthcare. Through collaboration with patients, caregivers and people working in healthcare, we turn proven innovations into lasting improvements in all dimensions of healthcare excellence. Launched in 2021, HEC brings together the Canadian Patient Safety Institute and Canadian Foundation for Healthcare Improvement.

The views expressed herein do not necessarily represent the views of Health Canada.

## About the Canadian Partnership Against Cancer

The Canadian Partnership Against Cancer (the Partnership) is an independent organization funded by the federal government to accelerate action on cancer control for all Canadians. The Partnership is the steward of the Canadian Strategy for Cancer Control (the Strategy) and works to implement the Strategy to reduce the burden of cancer on Canadians. The partner network—cancer agencies, health system leaders and experts and people affected by cancer—brings a wide variety of expertise to every aspect of our work to support multi-jurisdictional uptake of the knowledge emerging from cancer research and best practices in order to optimize cancer control planning and drive improvements in quality of practice across the country.

# The Promising Practice

## Model and team

Kensington Hospice is a 19-bed in-patient hospice located in downtown Toronto. Kensington Hospice is part of Kensington Health, a community organization that includes long-term care, hospice care, community care and ambulatory care services.

Kensington Hospice works with many community partners including Home and Community Care Support Services, the Inner City Health Associates, Unity Health Toronto, the Psychiatry program at the University Health Network, as well as other healthcare institutions and community programs.

Kensington Hospice strives to ensure that a minimum of 25 percent of people served at the hospice at any time are people who experience structural vulnerabilities, including people experiencing homelessness, people living in poverty, refugees, uninsured people, people who use drugs and people living with mental illness. The Hospice's day-to-day operations are built upon a health equity and health justice approach; this is a model of care called "Radical Love." This "Radical Love" model of care developed at the Kensington Hospice illustrates that mainstream hospices can and should support an equity-oriented approach to care. Further, the care at the Hospice demonstrates that at a system level, we do not necessarily need facilities that are built to specifically support vulnerable populations. In fact, every hospice in Canada should be committed to doing this work.

The Second Mile Club of Toronto is a community support program, a division of Kensington Health. The mission of The Second Mile Club of



Toronto is to provide equitable care to adults with disabilities, seniors and people experiencing structural vulnerabilities.

The Second Mile Club of Toronto has developed a partnership with the Inner City Health Associates to deliver the PEACH program collaboratively (see the PEACH promising practice for more information). A social worker from The Second Mile Club works as the health navigator with the PEACH team. This health navigator works to support coordination of care, assessing client needs, counselling, connecting people to Hospice, as well as linking clients to housing, nutrition supports, advocacy and helping with navigation of the health system. Through this program, PEACH patients also access the Day Hospice Program run through The Second Mile Club. This program supports the physical, emotional, spiritual and social needs of the patients. The Day Hospice Program also helps to build bridges for people in the community by introducing the philosophy of hospice care earlier on in the trajectory of illness.

Organizationally, Kensington Health has also created a new role, a clinical health equity lead, who has been appointed to support the development of the health equity program from the ground up, to include the voices of people who provide care, the frontline staff. With guidance and support through this new role, the Hospice team looked at its clinical processes from an equity perspective to ensure that the provision of care was accessible to everyone living with a life-limiting illness.

Enhanced training in equity-oriented clinical care is provided to staff. The admission criteria and admission process were also revamped to ensure that structurally vulnerable populations had low-barrier access to care. There was a focus on strengthening relationships with community organizations to increase awareness and diversity of referral sources. Interdisciplinary rounds were modified from classical medical rounds to an approach that includes problem-solving and working together to derive a human rights approach to people who have experienced trauma in the mainstream healthcare system. The team also holds wisdom circles, where frontline workers come together to share, reflect and learn in meaningful ways.

The Hospice admits people who use drugs and works to support each person through an individualized, tailored approach. The Hospice leverages community partnerships to deliver harm reduction supports and is also currently developing a harm reduction program to ensure that they are safely caring for this population. Clients work with the care team to share their needs and ensure that their care plan is developed through collaboratively and true person-centred care.

The Hospice team consists of four nurses and two personal support workers (PSW). Nurses work 12-hour shifts. The PSWs work in shifts that cover from 7 a.m. to 11 p.m. There is a kitchen coordinator, an administrative assistant, an intake and education coordinator, a nurse manager, a social worker, a medical director, a nurse practitioner, a coordinator of volunteer services, a manager of volunteer services and a physician that comes in each day. The palliative care physicians and nurse practitioner were hired for their skill sets and ability to deliver equity-oriented and trauma-informed palliative care.

Kensington Health received a grant for a peer worker with lived expertise of homelessness, who works on the PEACH team through a partnership with The Second Mile Club.

Volunteers support the nutrition program (three-a-day to support three meals), and two reception shifts each day. There are over 150 volunteers with Kensington Hospice.

## History and changes over time

The Kensington Hospice opened in 2011. In 2016, the organization applied to the Ontario Ministry of Health and Long-Term Care for the expansion of the Hospice from 10 beds to 19 beds. The focus was not only on increasing the number of beds, but ensuring a low threshold and low-barrier Hospice for the community that Kensington Hospice serves, including serving structurally vulnerable people. All 19 beds were opened in May 2023.

## Funding

The Hospice is funded by the Ministry of Health and Long-Term Care as well as by donations. The Second Mile Club is funded by the Ministry of Health, the Ontario Senior Secretariat and the City of Toronto.

## Referrals

Referrals to the Hospice can come from a variety of sources, including the PEACH Program, Home and Community Care, community hospitals, shelters, community-based palliative care teams and other healthcare organizations. For the Day Hospice program, anyone can send a referral. The Second Mile Club has an intake coordinator who then refers on to the social worker for an assessment.

## Population served

The Hospice takes a holistic view on admission criteria and has moved towards a needs- and strength-based approach to admission rather than focusing solely on prognosis. The leadership team at the Hospice strongly feels that prognosis should not be a barrier to accessing hospice care. In turn, the Hospice looks at how people's access to the social determinants of health and psychosocial support is impacting their care trajectory. Target populations include people experiencing homelessness, people with food insecurity and people who are new immigrants and uninsured. However, patients should have less than six months in terms of life expectancy. A goal is always to integrate palliative care earlier on in a patient's trajectory.



## Outcomes and Impacts

The Hospice collects data on the people who are cared for, but this is not the usual type of data collected within the hospice sector. Data collection includes social determinants of health information, such as housing status, income, food security, education level and information on caregiver and social support systems. This new approach to the collection of data on socio-economic indicators of Hospice clients began in 2019.

The Hospice also collects data on occupancy, referral courses, length of stay and other data points. The target for the Hospice is that 25 percent of people at any time are people who experience structural vulnerability, including poverty and homelessness. Most days, the Hospice is well above this target, typically at 35 to 50 percent. These data have driven the way the organization provides care and who the organization provides care for, which has had a lasting positive impact.

## Collaboration

Kensington Hospice engaged extensively with the community and has developed many strong and meaningful community partners—including those with lived expertise—when growing the Hospice. When planning for the Hospice expansion, large stakeholder meetings were held with volunteers, staff, community members and the Harbord Village Residents Association. Many of the recommended suggestions were implemented to ensure the Hospice represented the voices of the community.

The peer worker was hired via The Neighbourhood Group. The Second Mile Club and The Neighbourhood Group work collaboratively to support this role.

## Lessons Learned

### Principles

- Trauma-informed lens
- Cultural safety
- Harm reduction
- Equity and social justice
- Accessibility
- Social determinants of health

## Challenges

**Double vulnerability:** It is a double vulnerability (people experiencing more than one factor that causes increased vulnerability) to be dying and also experiencing homelessness or other structural vulnerabilities.

**Acknowledging the role of the structural determinants of health in healthcare:** When addressing social determinants of health, the discussion also needs to include addressing the structural determinants of health, including racism, classism, xenophobia and sexism, and how these play a role in people getting access to care.

**Mainstreaming all populations in hospice:** It is everyone's job to support people who are experiencing structural vulnerabilities. Mainstream hospices can and should be doing this work. Kensington Hospice is striving to be an example that can be replicated across Canada.

## Facilitators

**Flexibility and meeting people where they are at:** People's life experience, including their trauma, impacts them, and we need to meet people where they are and treat them the way they would like to be treated. It is critical to be flexible. Sometimes it is uncomfortable, but it is important to sit in the discomfort, as this is where you grow and where you learn. One has to be comfortable with being uncomfortable.

**Supporting people in death:** Death is not just a medical event; it is also a social experience that we are all here to support. This is why a holistic view of how the social determinants of health impact death trajectories is important.

**Staffing:** It is important to have the right people on the team who support the vision. It is everyone's job to make the Hospice equitable and accessible. Staff must have humility in order to learn from the life expertise of the clients. Staff also have to be passionate, dedicated and

compassionate. They have to be innovative and creative in thinking outside of the box in the way care is provided.

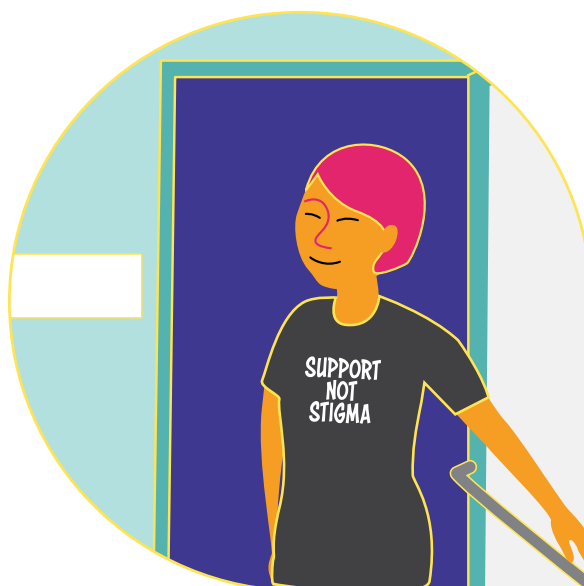
**Advocacy:** A lot of advocacy is needed at the system level to ensure people get basic access to care. Housing needs to be a human right, along with access to food and basic mental health and physical health support. Homelessness is a life limiting condition, and if people get the care that they need, they will have better health outcomes.

**Build bridges with the community:** Strong relationships and trust need to be built so people have a safe space that meets their needs. The move from intake to outreach is needed, as our community's most vulnerable won't just come to the Hospice without trust, trauma-informed care and meaningful relationships.

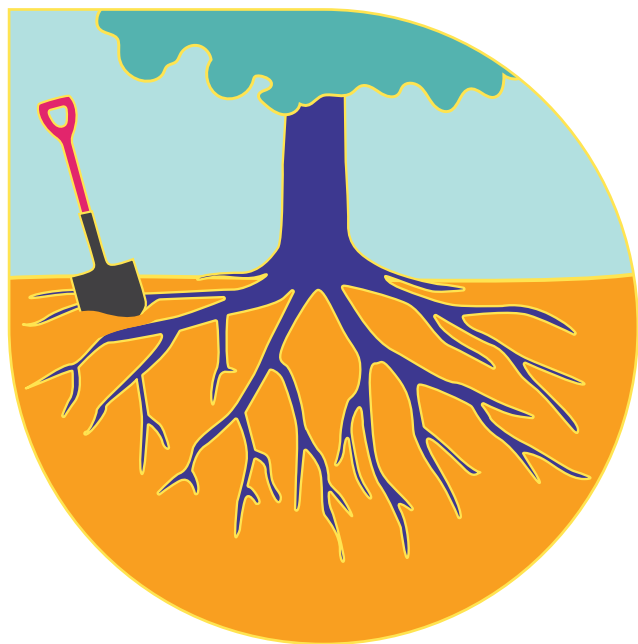
**Community of practice:** Having a community of practice with others across Canada, through the Improving Access to Equity in Palliative Care collaborative, has been helpful to learn from one another and to see the collective impact of this work.

**Courageous leadership:** Courageous leadership is needed to achieve health equity.

**Lived experience/expertise:** People with lived expertise need to be a key part of these programs.



This promising practice was co-produced with Kensington Hospice. Information was compiled in the fall of 2023. In keeping with the changing and evolving nature of care, the information may change in the future. We encourage you to reach out to this team for any further information that may be helpful as you work to improve access to palliative care for those you serve.



## For more information

### To learn more, contact:

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## Additional resources

- [Kensington Health – Hospice](#)
- Casey L. [‘Radical love’: Toronto hospice takes new approach to help people experiencing homelessness.](#)  
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