



# **Promising Practice:** **La Maison du Père**

LA **Mai** **n**  
DU **Père**

Healthcare Excellence Canada (HEC) and the Canadian Partnership Against Cancer (the Partnership) would like to formally acknowledge the generosity of the Maison du Père 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 Maison du Père has made to equity in palliative care reach far beyond what can be captured in this brief document. Maison du Père 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

Accès-Santé is a community-based healthcare service for men experiencing homelessness or at risk of becoming homeless located in Montreal, QC. Accès-Santé was created in 2013 to address a barrier in the public system, in that some services were not accessible to people without a permanent address. In addition, many men living on the street declined treatment because of the systemic discrimination they had encountered in the past. The main services provided include:

- **Convalescence for people experiencing homeless:** This service is for people experiencing homelessness who require stabilization during their treatment, promoting social reintegration.
- **Social support and in-home assistance:** This service is for individuals who need

a transition period before returning to housing. This service is designed for vulnerable people who lack a supportive social or family network; it prevents people from ending up back on the street.

- **Specialized care by the Centre hospitalier de l'Université de Montréal (CHUM):** This service provides oncology care and intravenous antibiotic therapy for people who use substances.
- **Palliative care:** In collaboration with the Centre intégré universitaire de santé et des services sociaux (CIUSSS) and the Palliative Home-Care Society of Greater Montreal, this service helps to ensure individuals experiencing homelessness receive end-of-life care with dignity and respect.

For palliative care, Maison du Père has a 10-bed convalescent unit that includes two beds for palliative and two for end-of-life care. Maison du Père signed an agreement with the Palliative Home-Care Society of Greater Montreal to offer clinical care/home care for people in the palliative care beds. The Society also trains volunteers in palliative care and end-of-life care.

Clients who are in the long-term care residence at Maison du Père can access home care through the regional CIUSSS as this is an accredited retirement home. A key objective is to reintegrate people into housing, including Maison du Père's long-term care residence, while continuing to provide palliative care to these clients.

Maison du Père also tries to create positive moments for those who are at the end of life, through providing a special meal (based on the financial capacity of Maison du Père) or decorating their room with some of their favourite items. Ensuring needs are addressed (e.g. puréed food) is also done.

At the end of life, the staff person with the most significant connection with the client will accompany them in their final days, with support provided to the staff (e.g. time off work after the death of the client). Maison du Père hosts funerals for people who are in long-term care or the shelter as many people living there are without family, and the employees and volunteers are their family.

## History and changes over time

Palliative care started to be offered in 2017, with beds opening in 2020. However, during much of COVID-19, Accès-Santé was mostly closed and people who were immunosuppressed in the shelter were moved to the convalescent beds. Re-opening of Accès-Santé has since occurred.

Maison du Père joined Innovation CHUM in order to work proactively and incorporate community

partners into an integrated palliative care service (Accès Pro). In this project, Maison du Père's partners will be able to refer clients to the virtual clinic (in addition to Maison du Père's target populations, such as women). The virtual clinic will help relieve congestion in the health network by assessing clients and referring them to the appropriate resources. Maison du Père's nurse will do virtual health assessments. Clients will then be referred to the appropriate resource (e.g. Accès-Santé multisites, local community services centres, CHUM, etc.). This program will provide access to inclusive target clientele.

## Harm reduction

Maison du Père has a managed alcohol program (MAP) where people in palliative care can be provided alcohol if they have a prescription from the physician on site. Maison du Père is also working with Spectre de rue on harm reduction. Spectre de rue has a supervised consumption site, so people can go to Spectre de rue to consume substances under supervision. Work is being done to see if Spectre de rue can offer this service at Maison du Père for those who are at end of life who are not able to leave the premises given their illness. Maison du Père is also examining the ability to offer substance use treatment (e.g. medicated withdrawal) through CHUM's Toxicomanie team.

## Funding

There has been no funding from the government since 2013 for clinical care. Funding is from private donations including from the Banque Nationale and through the Foundation.

## Team

Through Maison du Père, there is one coordinator, one registered practical nurse, orderlies and social workers. Social workers work with clients on the continuum of care, as well as help in getting a health card (RAMQ card), housing, adapted services and medication. The Palliative Home-Care Society of Greater Montreal provides the clinical team including physicians, psychologists and pharmacists for the palliative care beds. There are also volunteers who provide social accompaniment for clients.

## Referrals

Referrals for palliative are typically done by community partners or hospitals. [The referral form can be found here](#) (available in French only).

If someone is referred and they are not palliative, then the staff will help them with referrals for other services (e.g. housing) depending on their needs.

## Population served

The focus is on those who are at the end of life for those who are experiencing homelessness, with many having substance use disorders and/or requiring mental health support.



# Outcomes and Impacts

- Of the 202 clients referred from hospitals in the past one and a half years to Maison du Père, 49 percent were 55 years of age and older, 201 had an infection, all had wounds and endocrine problems and 188 had respiratory problems.
- There is minimal data collection/statistics on the palliative beds. The data that has been collected is anecdotal, with clients saying they want to stay with Maison du Père for their final days.
- Maison du Père has adapted their work based on their observations and informal feedback from clients. The interviewees noted that the work of Maison du Père helps to reduce the over-occupancy in hospitals.

# Collaboration

## Partnerships

Maison du Père has forged relationships with the Palliative Home-Care Society of Greater Montreal and CIUSSS. These relationships are noted as essential. Maison du Père also acts as a resource for these partners, to help provide information and redirects for clients. The partners work collaboratively.

The Palliative Home-Care Society of Greater Montreal incurs higher expenses for working with Maison du Père than working with other populations, but they accept this, and no supplementary costs are incurred.

Formal agreements have been signed with the Palliative Home-Care Society of Greater Montreal and with CHUM (e.g. on a project for injection antibiotics, unrelated to palliative care).

Maison du Père has helped to increase partners' understanding of working with people who are experiencing homelessness.

Maison du Père partners with the Réseau québécois de recherche en soins palliatifs et de fin de vie and the Équipe de recherche Michel-Sarazin en oncologie psychosociale et soins palliatifs to develop and research innovations and ideas in palliative care in Quebec.

## Advisory group

An advisory committee has been recently developed, including membership from a physician who specializes in outreach, La Chaînon (which is a shelter for women), specialists in substance use, local community services centres, a nurse working in an Indigenous organization and from CHUM in oncology. The committee has focused so far on developing documentation standards, a budget and setting milestones and timelines.

## Partnerships with residents

The lived experiences of people experiencing homelessness who receive palliative care at Maison du Père (and their families as applicable) have been compiled into videos that are shared with the in-house team and the partners in order to help develop a person-centred approach. The goal is to share these personal stories with the partners in order to develop a common vision of needs. The clinical team is hoping to involve people experiencing homelessness and their families (where applicable) more in the process, when possible, through testimonials and individual consultations. Maison du Père has two researchers who came to do interviews with clients about the services provided and any improvements needed to the Accès-Santé program.



# Lessons Learned

## Key principles

- Acceptance of the person
- Ensure everyone dies with dignity
- Non-judgmental team

## Enablers

- Senior management supported the project as part of a global vision of Maison du Père's health and social services.
- Solid partnerships were already established with the CIUSSS du Centre-Sud-de-l'Île-de-Montréal, which provides home care services to people registered in Maison du Père's Accès-Santé program.
- An effective referral form/computer tool is used to process admission requests from professionals in various fields.
- The clinical team is highly motivated and has developed positive relationships with all partners.

## Challenges

- There were preconceived ideas by healthcare providers (e.g. in hospitals, physicians) previously that the health

challenges of people experiencing homelessness were their own fault. Maison du Père helped to deconstruct this and **change perceptions.**

- **Precarious funding** is a challenge. It is difficult to secure more funding to better meet needs and this makes it difficult for the team to make long-term projections.
- The **partnership with the hospital sector**, which, by definition, is more institutional and based on historical approaches, is complex in that it requires identifying clinicians and managers who are willing to get involved in an innovative project that targets people experiencing homelessness. Subsequently, for partnerships to be sustainable, formal partnership agreements need to be developed. This requires creating ties with hospital, clinical and administrative sectors. While meeting with individual clinicians is easier, getting buy-in from higher level (e.g. administration) is more challenging.
- The integration of a humanistic approach to palliative care and a **harm reduction approach** presents a challenge. While work is being done in this area, as noted above, Maison du Père does not accept individuals who are under the influence of substances nor do hospital-based palliative care services. However, people experiencing homelessness in need of palliative care often have substance use disorders. There is a lack of specialized training and support for the nurses and staff at Maison du Père in this area. Integrating a harm reduction approach into palliative care would allow these individuals to use under supervision, thus helping to manage their withdrawal symptoms and, above all, incorporate a humanistic and understanding approach into their treatment.

## Lessons learned

- Many clients choose to stay in the residence at end of life as this is their home or at Accès-Santé and they want to remain here as long as possible.
- The shelter's staff and volunteers often become the client's family.

This promising practice was co-produced with Maison du Père. 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

- [Maison du Père Website](#)
- [Maison du Père Impact Report 2021](#)
- [Maison du Père Referral Form](#)

## Videos

- [Le Service Accès Santé de la Maison du Père](#)
- [Video on Soins Palliatifs - entrevue avec M. Boissy](#)

