



# Promising Practice: George's House

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

George's House is located in Edmonton, AB, and offers a secure, communal-living environment in a quiet neighborhood for those nearing end-of-life and face the risk of houselessness. With capacity to assist up to five clients, residents receive 24-hour care in a home-like setting, complemented by in-reach clinical support, and dedicated services from George Spady staff and Alberta Health Services Palliative Care specialists.

Emphasizing a wholistic<sup>1</sup> approach, George's House provides family, spiritual and cultural support for those experiencing their end-of-life journey. Specifically, this program offers a comprehensive intervention and house-programming system designed to enhance the quality of life of its residents. It provides case coordination in areas such as assisted living, where the team assesses individual needs and crafts support plans. George's House also ensures that residents receive appropriate clinical assessments, medication management and treatment planning. Recognizing the importance of wholistic care, the program extends family, spiritual and cultural supports.

A harm reduction approach is taken. Essential information, materials and planning for those facing their end-of-life journey while experiencing dual diagnoses is provided. Clients can inject in their rooms and smoke on the patio (e.g. cannabis, opioids). Clean supplies are provided as needed. Opioid treatment is offered in the House. Alcohol can be used in clients' rooms.

Staff help clients reconnect with their families and natural support if they choose. Home care provides George's House with supplies (e.g. dressing supplies, catheters, saline).

In the past few years, George's House offers a small wishes grant (ranging from approximately \$500–\$2,000) to residents to access. This funding may be used for various purchases that help with a client's health and dignity, such as hotel rooms for their family to visit or purchases of items they would like to have that they might not otherwise afford.

<sup>1</sup> In line with Indigenous teachings, the term "wholistic" is used.

## History and changes over time

George's House was transitioned to a palliative care home in 2019.

## Funding

Funding for George's House comes from Alberta Health Services (62 percent) and Homeward Trust (38 percent). Alberta Health Services funds home care, medical costs and staffing. Homeward Trust owns the home and takes care of these costs, as well as costs for healthcare aids. George Spady provides the day-to-day management and support of the home. The small wishes grant is made possible by a donation from a client who died at George's House.

## Team

Staff at George's House include nurses and healthcare aids 24 hours a day, seven days a week. The manager of George's House plays a dual role as the case manager/social worker. Dr. Cara Bablitz provides physician coverage for George's House.

## Referrals

George's House has a screening assessment and intake process in place. [Applications](#) are open to individuals, families, healthcare providers, shelter workers, support workers, hospital staff and palliative care specialists. The forms are accessible directly from the program, the Palliative Inner-City Care Team or online at the Homeward Trust and George Spady Society website.

The intake process involves interviews with both the referring agency and the applicants to determine the program's suitability. While those with an income source might be expected to contribute to room-and-board costs based on a sliding scale, financial constraints will never be a barrier to securing a place in the program.

## Population served

For George's House, the target population are those who are structurally vulnerable with a life expectancy of six months or less and open to a palliative care approach to care (Do Not Resuscitate in place).



## Outcomes and Impacts

### Demographic data

From April 1, 2022 to March 31, 2023, 26 clients were served. Of these, 11 were homeless (chronic or episodic) and seven had vulnerable/unstable housing. The majority (21) of the 26 clients were men. Six clients identified as Indigenous. The average age of clients was 61.8 years.

### Average length of stay

The average length of stay was 60.3 days, ranging from four to 219 days.

## Satisfaction

Client evaluations are done twice a year. On a rating scale of 1 (not satisfied) to 4 (very satisfied), the overall average client satisfaction is 3.56, including clients responding to questions on treatment by staff, quality of services, improvement in quality of life and receiving community services.

A family evaluation has been implemented in 2023, with four responses so far. To date, all items have been rated as high satisfaction (e.g. “the quality of care and dedication by program staff were excellent”).

New items being tracked include support services provided beyond medical and physical supports, untreatable conditions and referral sources.

## Additional results

There are many examples of George’s House’s impact through re-connecting families, hosting birthday parties, having special meals and even hosting a wedding. The George Spady Society Annual Report (2019–2020) includes a letter of thanks from a sister whose brother stayed at the House. Four clients, after their death, have donated their savings to George’s House. These examples highlight the impact of George’s House to date.

# Collaboration

## Partnerships with organizations

George’s House has many partners, including home care, palliative home care, the Indigenous Wellness Clinic and Palliative Care Outreach and Advocacy Team (PCOAT ) (see PCOAT promising practice in this compendium), Sacred Heart Church and Pilgrim’s Hospice.

The Edmonton Zone Palliative Home Care Program provides respiratory therapy, occupational therapy and nursing care if needed, as well as supplies. They do assessments for Alberta Aids for Daily Living, and they attend rounds each week.

Pilgrim’s Hospice has a volunteer program (Nobody Dies Alone) where people will sit with someone who is actively dying or help with recreation or cooking.

The Sacred Heart Church has a pastor and Elder who will pray with clients using sage.

There is access to Indigenous cultural supports through the Indigenous Wellness Clinic and the George Spady Indigenous Cultural Helper.

## Community partnerships

When George’s House was first opening, client focus groups, community engagement with the surrounding neighbourhood and engagement with Alberta Health Services were conducted. Clients and families are involved in an ongoing way by providing informal and formal feedback to George’s House as noted above, and through client and family focus groups. Elders are involved in George’s House, and some support workers and volunteers have lived experience.



## Lessons Learned

### Enablers

- George's House is a non-judgemental, caring environment. People have compassion for clients and their families.
- As in all home settings, if clients want to use substances, they can.
- Clients receive trauma-informed care.
- There is good staff cohesion, and people enjoy working together. As staff of the George Spady Society, they receive benefits beyond financial compensation, such as appreciation events, paid training opportunities and access to an Employee Assistance Program. This helps with staff retention and mental wellness.
- The ratio of staff to clients is viewed positively by clients, as this helps to meet client needs. George's House is personal, has a human touch and people help each other.
- Legacy work is shared through photos, video and storytelling.
- Clients have opportunities to connect with friends and family, as well as make new friends in the home.
- A key enabler is Dr. Bablitz as a champion of the House.
- There is value in feedback and guidance from those with lived experience.

- The community that is built for clients through extra-curriculars and celebrations (e.g. holidays and birthdays) is valuable. A recreation coordinator position would be a useful addition.

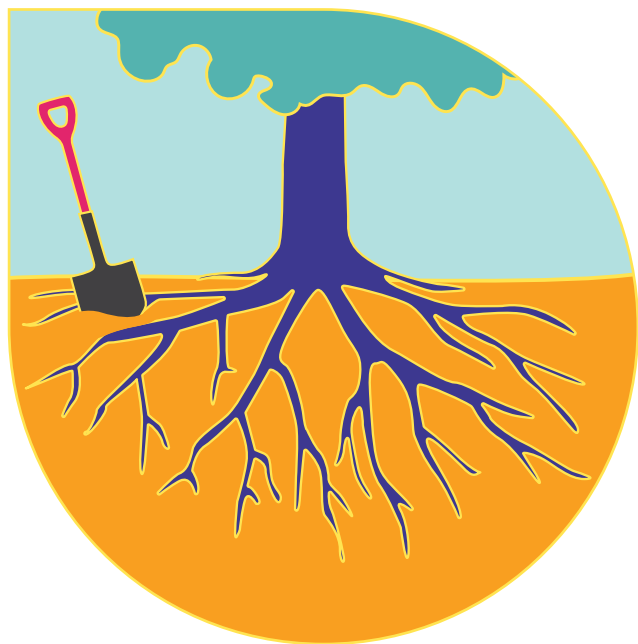
### Challenges

- There are not enough beds for the applications that are submitted, and there is a long wait list. People are triaged for admittance, and not everyone can be helped.
- There is a shortage of medical staff in general.
- Non-cancer clients have a trajectory that can be more challenging to prognosticate than the trajectory of a cancer client.
- Clients value independence and can come and go from the home, which is supported while ensuring safety. It is ensured that clients have a phone number with them for emergencies and access to pocket money.
- The House has stairs and rooms downstairs, and although there is a lift, the space is tight and not optimal.

### Lessons learned

- Clients who are structurally vulnerable require flexibility, and the traditional institutional setting of palliative care can be rigid in nature. George's House offers the ability to meet clients where they are at.
- Clients come from a variety of backgrounds. Many have faced discrimination, stigmatization, health disparities, systemic racism and inequitable access to care. Presenting a home setting for end-of-life care can make clients feel more comfortable.
- George's House is using the power of storytelling to highlight work including a video based on clients' experiences.

This promising practice was co-produced with George's House. 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

- George's House [Website](#)
- [Closing the Circle Annual report 2019–2020](#) (George Spady Society)