South East Hospice Palliative Care Steering Committee

2015-2018 SE Regional Hospice Palliative Care Work Plan

Presented by: Olga Nikolajev and Dr. Natalie Kondor
Objectives

• Learn about Provincial Palliative Care Planning Structures and Governance
• Highlight South East LHIN Hospice Palliative Care 2015-2018 Work Plan
• Engage palliative care community in partnership to improve care
Overview

• Provincial Structures
• South East Hospice Palliative Care Network History
• Development of SE Regional HPC Work Plan
• Stakeholder Engagement
The Declaration: Implementation Structure

Overall executive oversight & guidance

- Identify and recommend strategies for clinical change

Hospice Palliative Care Provincial Steering Committee

LHINs

- Execute LHIN specific Implementation plans

Declaration Partners

- Advance common vision through individual & collective action

Work Groups

- Residential Hospices: Inform Ministry policy
- Communicatio n & Public Awareness: Implement a public awareness campaign
- Data and Performance: Develop a comprehensive system of palliative care measures

Clinical Council
Evolving Hospice Palliative Care Structure in Ontario

MOHLTC

LHINs

Coalition

Provincial Associations + Universities

Health Service Providers

Hospice Palliative Care Provincial Steering Committee

Clinal Council

Advancing High Quality, High Value Palliative Care in Ontario

A Declaration of Partnership and Commitment to Action

Priorities for transformation of Hospice Palliative Care
SE HPC Network History

- Southeastern Ontario Palliative End of Life Network sunset in the spring of 2013
SE HPC Organization Chart

South East LHIN

Co-Chairs

SE HPC Steering Committee

- Capacity WG
- HCC & ACP WG
- Early ID WG
- Caregiver WG
- Residential Hospice WG
Southeastern Network Work Plan 2011-2013

- Regional model of in-home care standards
- Common assessment tools, collaborative care plans & management guides
- Improve understanding and access to HPC
- Regional 24/7 access to consults
- Symptom Response Kits
- Regional residential hospice plan
- Integrated HPC Education plan
- Accountability
Vision from the Declaration of Partnership

• to better support people with life-limiting illnesses and their families
• dramatically improve their comfort, dignity and quality of life preceding death.
• collaboration and commitment across all care settings, and between families, providers, academics, funders and policy makers, with shared ownership of solutions and actions
Alignment with Provincial Shared Priorities

- Broaden access and increase timeliness of access
- Strengthen service capacity and human capital
- Improve integration and continuity
- Improve caregiver supports
- Strengthen accountability
- Build public awareness
South East LHIN residents and their families will have access to exemplary hospice palliative and end-of-life care when needed. Care will be provided in the most appropriate setting through an interdisciplinary program of care which focuses on quality of life, control of pain and symptoms and attends to the psychological, spiritual experiences of individuals and their families in adapting to illness, preparing for death and bereavement.
SE LHIN HPC Priorities

System Focused Priorities
  • *Reduce & Increase*

Client/Caregiver Focused Priorities
  • *Meet the Needs*

Delivery Focused Priorities
  • *Strengthen, Build & Expand*
SE HPC 4 Priorities

Communication & Engagement

- Strengthen Capacity
- Early Identification
- Caregiver Support & Bereavement
- Health Care Consent & Advance Care Planning
1) Strengthen capacity of local communities in providing hospice palliative care

**Goal:** Health care providers will provide appropriate care throughout the palliative and end of life care journey for patients and their families/caregivers

**Objectives:**

1) Promote and facilitate the implementation of a “shared care culture” within each community in providing palliative care support and services

2) Establish a regional education strategy to enable and support the shift in culture via education, mentorship and sustainability through community capacity building within the SE region
Priority # 1 Initiatives

- Promote and support the uptake of common palliative care plans and the use of best practice guidelines (BPGs) and common assessment tools (e.g. PPS and ESAS)
- Support community health services providers to establish in-home care standards for palliative care
- Design and implement a shared “home chart” and communication process within CCAC for clients receiving palliative care support
- Increase capacity in all care setting, especially primary care through education, support and mentorship
2) Create a regional mechanism to enable early identification of patients who would benefit from HPC services and support

**Goal:** Patients and families are involved in their palliative care plan through the care continuum before reaching end of life

**Objective:**

Enable earlier identification of patients who would benefit from the palliative care approach across all care settings
Priority # 2 Initiatives

- Adapt Early Identification Tool from the Gold Standards Framework
- Educate and Disseminate Tool across region via Health Links
- Implement the adapted Gold Standard Tool for Early Identification (i.e. Surprise Question) as part of the Coordinated Care Tool implementation process
3) Increase understanding and implementation of Health Care Consent and Advance Care Planning

**Goal:** Informed by accurate and current HCC and ACP information, people have conversations with their Substitute Decision Maker(s) and their care providers about future decisions and goals of care

**Objectives:**

1) Promote, educate and increase awareness about HCC and ACP at the foundational level through public engagement

2) Strengthen provider education regarding HCC and ACP in all care settings, increasing the conversations about HCC and ACP
Priority # 3 Initiatives

• Create and deliver a regional education and knowledge exchange program for Health care Consent (HCC) and Advance Care Planning (ACP) consistent with a public health framework

• Review current supports within all regional HSPs including Policies and Procedures to reflect accurate HCC & ACP information

• Roll out ACP leading practices across different care settings to all providers

• Engage FHT, CHC, FHO to develop and implement QIPs related to HCC & ACP
4) Strengthen caregiver support including bereavement

**Goal:** Families and informal caregivers feel supported by the healthcare system in their palliative care journey, including support in their grief and bereavement

**Objectives:**

1) Better prepare and increase support to families and informal caregivers in their palliative care journey

2) Establish a sustainable hospice system
Priority # 4 Initiatives

- a) Conduct an environmental scan to identify resources, gaps and challenges in the provision of support to families and informal caregivers
- b) Develop a work plan based on findings
- Explore innovative ways to support patients, families and caregivers and implement the above work plan to increase support in region
- Explore the potential for overnight respite or transitional use of beds to provide increase caregiver support
- Review and update current Residential Hospice Plan and establish a sustainable plan for local communities across the region
SE HPC Working Groups

- Capacity
- Early Identification
- Caregiver
- HCC and ACP
- Residential Hospices
An Invitation: Working Together

Living and dying well in our South East community
Work being done within Health Links
Questions
Thank you