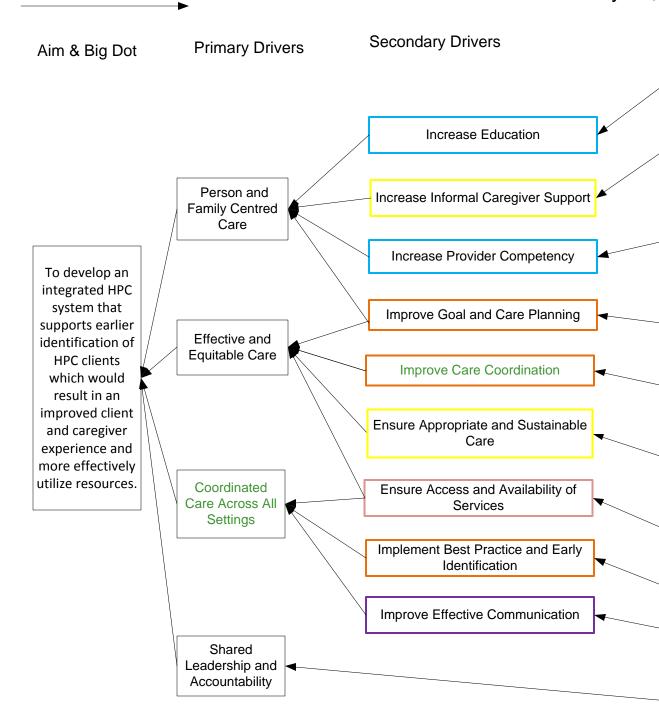
Reading the Driver Diagram left to right will answer the Question "How is the aim / big dot going to be achieved"

Improving Hospice Palliative Care in the South West LHIN DRAFT DRIVER DIAGRAM: July 29, 2014

Reading the Driver Diagram right to left will answer the Question Why "Why are we working on this project"

Key

Green Font – Indicates link to Health Links Work



Change Ideas

- 1. Develop patient, family and caregiver education (for example, education materials to support understanding the system navigation and road maps, healthcare consent and advance care planning, holistic approach)
- 2. Understand what the current support needs are for informal caregivers and identify where there are gaps locally in meeting their support needs (for example, 24/7 support, HPC volunteer visitors across the continuum, respite needs, wellness and relaxation). Possible tools could be the VOICES caregiver survey and EBD.
- 3. Audit of capacity across LHIN and the inventory of education available per all roles / discipline. This audit and inventory could inform education standards for all HSPs (PPS, ESAS, Fundamentals, CAPCE, LEAP, cultural competencies and understanding role relationships and services) and the development of a regional education plan
- 4. Ensuring the health service providers have to access to bereavement counselling services and also secondary team 24/7 for support
- 5. Ensure every patient or identified client has a care plan (included ACP) that has been developed with the patient, family or caregiver. This is a shared change idea with Health Links.
- 6. Mapping the patient journey
- 7. Implement shared care plan between providers (Health Links Coordinated Care Plan)
- 8. Identification of navigator(s) across all care settings within the model of care including marginalized populations identified through the HEIA report
- 9. Develop a model of care that would ensure everyone has access to primary, secondary and tertiary palliative care (building capacity) based on local resources
- 10. (Placeholder) Ensure that patients / clients are receiving the same quality of care regardless of who they are or where they live.
- 11. Consistent use of the surprise question across care settings and surprise question algorithm which would lead to early identification.
- 12. Complete comprehensive inventory of HPC services and providers and share the inventory with healthcare providers and patients/ caregivers/ families
- 13. Identify best practices and ensure consistent implementation across settings and effective teamwork
- 14. Implement RAI-PC
- 15. Improve effective communication, create a standardized process for sharing patient information among providers and patients (Clinical Connect, Orion)
- 16. (Placeholder) Develop shared accountability framework
- 17. (Placeholder) Develop methods / approaches to increase effective allocation of resources across the South West LHIN
- 18. Identification of Palliative Care in Quality Improvement Plans
- 19. Implements the HPC Dashboard to measure improvements