

Report to the Board of Directors
Residential Hospice Development in the South West LHIN

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Submitted To: Board of Directors Board Committee

Purpose: Information Only Decision

Suggested Motion

THAT the South West Local Health Integration Network (LHIN) Board of Directors approves the following Guiding Principles to support the development of new residential hospice resources in the South West LHIN:

- Ensure every person, no matter who they are, where they live or how much they make, have **equitable** access to residential hospice
- **Engage** patients, families, and communities in a meaningful way in both planning and ongoing operations
- Be based on **best available data, evidence and best practices** to support a culture of **quality** that is relentless in its pursuit of improving experience of care at end of life.
- Be aligned with our commitment to **transparency**
- Be a part of a fully **integrated** system where individuals and organizations intentionally work together to better organize and connect services to meet needs.
- Make best use of resources to ensure **sustainability** and **feasibility**

Purpose

The purpose of this briefing is to provide information to the South West LHIN Board of Directors to enable the Board to determine whether or not it wishes to approve the recommended key guiding principles to support the successful implementation of new residential hospice resources throughout the South West LHIN. Planning and development principles aligned with each of the guiding principles have also been established to support the vision for integrated hospice palliative care and our continued commitment to quality improvement.

Brief Background & Project Description

In June 2016, the Province of Ontario announced the addition of 200 new residential hospice (RH) beds by the end of 2018/2019. RH is recognized as an important element in the continuum of care and a key enabler to achieving an overall reduction in the percentage of deaths that occur in hospital. To maximize their utility, RH beds are being planned by the South West LHIN to be a part of an integrated Hospice Palliative Care (HPC) system of care. Additionally, as a specialized service, RH care is positioned as a multi-community service and locations are expected to serve a broad catchment area aligned with the LHIN sub-regions. To ensure these services are offered in the most optimal way from a system perspective, the role and level of LHIN involvement in RH planning has increased significantly over the last two and a half years. A backgrounder on RH is available [here](#).

RH Capacity Planning

RH planning in the South West LHIN has been informed by the results of a regional capacity plan completed by the LHIN in partnership with the South West HPC Network in July 2015 and refreshed in November 2016. The aim was to understand the current state resources in the South West and to determine the need for additional HPC resources (bedded and community) in a variety of care settings. The report focused on a population-based approach to planning and was aligned with the provincial approach to capacity planning identified by the Ontario Palliative Care Network (OPCN).

The Province has defined a RH as a non-profit healthcare facility that provides specialized hospice palliative care beds and services in a homelike setting for the residents it serves and their families. Services to meet the needs of residents in accordance with their plan of care/ treatment plan are delivered from an inter-professional team that has expertise in palliative care in a highly collaborative manner on a 24 hour a day, 7 day a week basis. Hospice Palliative Care Ontario (HPCO) and the Canadian Hospice Palliative Care Association (CHPCA) have established both provincial and national standards of care and norms of practice with which RH must comply.

The South West LHIN regional HPC capacity plan identified Huron Perth, Grey Bruce, and Elgin as priority geographies for the establishment of RH capacity. To enable these sub-regions to actively plan to create or expand RH services in a manner that meets the needs of all of the communities within the sub-region, the local Collaboratives have established a RH subcommittee. These subcommittees are actively engaging with local community stakeholders who have identified an interest in RH capacity to explore a unified solution to expand RH within the sub-region geographies. To further support planning and engagement activities, the LHIN is preparing regular communiques to keep key stakeholders up to date on regional RH planning, the decision making process and sub-region status (Appendix A and B).

London Middlesex and Oxford sub-regions are not current priority geographies with respect to RH expansion and are not actively planning for additional RH services. Both of these sub-regions currently have 10 residential hospice beds operational through St. Joseph's Hospice, London and VON Sakura House, Woodstock, respectively.

Current Status of New RH Funding in the South West LHIN

In August 2016, the Ministry of Health and Long-Term Care confirmed the South West LHIN will receive additional annualized base funding for 2016/17 to support the expansion of RH services offered by the Residential Hospice of Grey Bruce by increasing the number of funded beds from six to eight.

The LHIN has also received confirmation of Ministry of Health and Long-Term Care support for the establishment of 14 additional new hospice beds by 2018/19 to meet the LHIN's recommended bed allocation for the Grey Bruce (4) and Huron Perth (10) sub-regions. While the site(s) for additional beds have not yet been confirmed and approved by the South West LHIN, the Ministry is committed to providing funding for the new beds once they become operational.

Guiding Principles to Support RH Development

The South West HPC Leadership Committee has developed guiding principles, as well as more specific planning and development principles, to ensure the successful implementation of new RH in the South West LHIN. These principles were endorsed by the Leadership Committee on December 6, 2016.

These principles will:

- Solidify the vision and attributes of a Residential Hospice as part of a high quality, high value integrated system,
- Support stakeholders and interested community groups to understand the development process and LHIN expectations,
- Manage expectations about what is and isn't possible or in scope for this planning,
- Ensure alignment during decision making to ensure consistency and transparency, and
- Enable the successful implementation of new residential hospice resources.

For the purpose of this work, the guiding principles reflect broad ideas that influence consideration and decision making while the planning and development principles represent more specific guidelines that align with the guiding principles.

Guiding Principles

- Ensure every person, no matter who they are, where they live or how much they make, have **equitable** access to residential hospice
- **Engage** patients, families, and communities in a meaningful way in both planning and ongoing operations
- Be based on **best available data, evidence and best practices** to support a culture of **quality** that is relentless in its pursuit of improving experience of care at end of life.
- Be aligned with our commitment to **transparency**
- Be a part of a fully **integrated** system where individuals and organizations intentionally work together to better organize and connect services to meet needs.
- Make best use of resources to ensure **sustainability** and **feasibility**

Planning and Development Principles

The planning and development principles that support the guiding principles are aligned with domains, core elements and pillars common across several key input documents and include:

- Accessible
- Effective
- Safe
- Patient/Family Centered
- Equitable
- Efficient/Sustainable
- Appropriately Resourced
- Integrated
- Communication

The more detailed planning and development principles are included as Appendix C.

Proposals from local sub-region HPC Collaboratives related to the development of new RH resources will need to demonstrate alignment with the elements of these guiding principles and planning and development principles. A proposal review tool aligned with the principles has been developed to ensure the HPC Leadership Committee’s due diligence in its review of RH proposals under consideration. The tool assists in identifying areas of strength within the proposal and also components that may require additional development.

Risks/Issues and Mitigation Strategies

A number of key risks and issues associated with the development and application of the guiding principles have been identified. A summary of the risks/issues as well as mitigating strategies are summarized in the following table.

Risk/Issue	Mitigation Strategy
Perception that the timing of the LHIN Board's consideration of guiding principles is misaligned with the HPC Leadership Committee’s review of a residential hospice proposal for Huron Perth.	The work of the Huron Perth residential hospice working group and Collaborative has been leveraged to inform the guiding principles. HPC Leadership Committee endorsed these principles in December 2016 and the next step was for LHIN staff to bring them to the Board for consideration.
Some communities have begun planning for RH beds at a pace different than the LHIN-led work. As such, the RH models developed by these communities may include elements that do not demonstrate alignment with the proposed principles and thus the proposals related to RH capacity development in these areas may need to be refined to ensure alignment before being considered.	The planning and decision making process for the expansion of RH capacity has been communicated to all communities expressing interest in being involved in the process as well as the general public. The LHIN has committed to continuing to prepare regular communiques to keep key stakeholders up to date on regional RH planning, the decision making process and sub-region status. The principles will be broadly shared to ensure stakeholder groups are informed.
Lack of understanding that RH beds are considered a multi-community specialized resource and as such will not be located in every community throughout the region.	As an element of the <i>Equitable</i> planning and development principles, and consistent with the definition of multi-community services as outlined in the South West LHIN Health System Blueprint – Vision 2022, some travel to access RH services may be required but

	<p>these services will still be accessible within the multi-community area. The South West LHIN has used this principle in the planning of other multi-community services such as Adult Day Programs and Complex Continuing Care/Rehab. A one hour travel time or 50 km radius has been identified as reasonable for a specialized, multi-community service. Mapping of potential future RH sites to optimize access have considered this multi-community travel radius.</p>
<p>An unsustainable, fragmented implementation of enhanced RH resources which results in insufficient financial, human, information, physician and community resources to sustain the operation of the organizations.</p>	<p>As part of the <i>Efficient/Sustainable</i> planning and development principles, a unified solution is being planned for each sub-region where a single corporate entity, governed by a single board, operated by a single management structure will provide services in more than one location where needed. This enables the leveraging of knowledge and strengths of providers to achieve compressed implementation timeframes, creates opportunities to improve client experience, increase effectiveness and efficiency of both governance and management models.</p>
<p>Data indicates that satellite sites with operating sizes of less than 4 beds are not best positioned to achieve clinical standards for staffing coverage and minimum number of staff on site, be financially sustainable, provide access to adequate numbers of trained professionals identified for the interdisciplinary team and optimizing management oversight. Across Ontario, the financial and operational feasibility of RH operating with less than 4 beds has not yet been fully evaluated.</p>	<p>As an element of the <i>Appropriately Resourced</i> planning and development principles, it has been identified that a minimum 4 bed satellite site operating size be established to ensure that all sites are optimally positioned for success in achieving clinical standards, human resource and financial requirements.</p>

Application of the Principles in the Decision Making Process

- 1) The local HPC Collaborative or RH Sub-Committee leads and guides the development of a business plan or proposal that honours the guiding, planning and development principles.
- 2) The Local HPC Collaborative reviews the proposal and ensures principles have been followed. They apply a decision-making framework to consider endorsing the proposal. They complete a proposal readiness tool that clarifies alignment with the steps identified in the approach to planning the implementation of RH.
- 3) The HPC Leadership Committee reviews the submission, confirms due diligence has been followed, and ensures the approach aligns to the overall vision for integrated HPC.

They complete a review support tool to confirm strength of alignment to the principles and identify components of the proposal that could be strengthened. This review against the principles informs and influences the recommendation that the Leadership Committee may make to the LHIN.

- 4) LHIN staff brings proposal to the LHIN Board for consideration and due diligence to ensure the process has been appropriately followed and that the proposal aligns to the guiding principles.
- 5) Subsequent to Board approval, the principles continue to be applied as providers and partners move to implementation phase.

South West LHIN Conclusions and Recommendations

LHIN staff have been closely involved with the South West HPC Leadership Committee in the development of the proposed guiding, planning and development principles and support their importance in the development of RH capacity. Therefore, South West LHIN staff recommend that the South West LHIN Board approves the guiding principles to support residential hospice development in the region.

Next Steps

Subject to South West LHIN Board approval, LHIN staff will incorporate these principles into a RH Development Guidance document that will be disseminated to the local Collaboratives. The Collaboratives will be responsible for distributing this document within sub-regions where appropriate. The guidance document will also contain background on the LHIN's RH capacity planning work, the RH working definition, decision making process, funding, operational readiness checklist, organizational self-assessment tool and minimum elements of a business plan. The guiding, planning and development principles will also be leveraged in future communiques and briefings on the topic of RH capacity expansion where appropriate. Information will be made available to the public through www.southwestlhin.ca

Appendix A: [South West LHIN Residential Hospice Planning in the South West LHIN Communique 1](#)

Appendix B: [South West LHIN Residential Hospice Planning in the South West LHIN Communique 2](#)

Appendix C: RH Planning and Development Principles (attached)

Encl. – Optional Reading: References to Support Residential Hospice Planning slides

Residential Hospice Planning and Development Principles

Domain	Planning and Development Principles
Accessible	<ul style="list-style-type: none"> • As a multi-community service, ensure the maximum number of people in the South West LHIN have access to Residential Hospice (RH) services within a reasonable travel distance from their home (50 km radius or approx.1 hr.) • Leverage existing, established centralized access and waitlist mechanisms and processes to facilitate timely access and admission
Effective	<ul style="list-style-type: none"> • Complies with the provincial RH “Working Definition” • Is grounded in a Centre of Excellence Model • Complies with all Hospice Palliative Care Ontario(HPCO) Community RH Standards • Policies and procedures are evidence informed • Demonstrates effective governance and management to ensure organizations are successful, sustainable, and accountable.
Safe	<ul style="list-style-type: none"> • All RH planning and operating activities are conducted in a manner that: <ul style="list-style-type: none"> • Ensures confidentiality and privacy of patients • Is without coercion, discrimination, harassment, or prejudice • Ensures safety and security for all participants • Identifies conflicts of interest • Practice complies with provincial and national standards of care and norms of practice detailed by HPCO and the Canadian Hospice Palliative Care Association • Able to achieve elements of terms and conditions and/or obligations to receive funding
Patient/ Family Centered	<ul style="list-style-type: none"> • The public and communities are actively engaged and consulted by the local HPC Collaborative when developing plans for residential hospice. • Patient and family lived experience will inform all aspects of RH planning • Processes are open and transparent to the public. • A range of HPC resources and supports are provided to individuals and families at RH settings beyond end of life including bereavement.
Equitable	<ul style="list-style-type: none"> • A unified approach to care for each sub-region is designed to meet the needs of the population not an individual community. • All aspects of care are provided in a manner that is sensitive to the person and family's personal, cultural, and religious or spiritual values, conditions, beliefs, and practices, to support them to deal with the dying process.
Efficient/ Sustainable	<ul style="list-style-type: none"> • Aligns with the regional capacity plan recommendations • Be sustainable and feasible • Consider a centralized model with/without satellite(s) to achieve equitable access to RH for all residents in a sub-region aligned with the reasonable travel principle. • Proximity of residential hospices in other sub-regions or LHINs are considered to optimize equitable access throughout the region. • Partnerships and technology are leveraged to extend the capacity of limited resources. • Assessment and admission processes are timely and effective so placement can be facilitated when individuals are ready
Appropriately Resourced	<ul style="list-style-type: none"> • Models with satellite sites of no less than 4 beds, no more than 10 beds will be explored. • The financial, human, information, physical, and community resources are sufficient to sustain the organization's activities, and it's strategic and business plans. • Data collection/documentation guidelines are based on validated measurement tools in collaboration with the OPCN and HPCO. • Health human resource plan identifies adequate numbers of trained professionals and volunteers are available • Ensure the human resource plan includes medical leadership and a focus on growing the capacity of physician resources to support 24/7 palliative coverage.

Integrated	<ul style="list-style-type: none">• Integrated strategies to strengthen the continuum that leverage formal integration and collaboration opportunities between the RH, other HPC services and other health sectors across sub-regions are preferred.• Achieve seamless transition points between services and supports in the last weeks and months of life.• Related sectors and services connected to RH are linked by common practice, processes, structures, and education.• Funding is distributed and directed in a way that supports an integrated continuum of care.• Decision making and development processes will be open and transparent.• Works closely with the HPC Network as a partner in the local Collaborative around planning and operations
Communication	<ul style="list-style-type: none">• Strive to consistently and continuously provide accurate information related to planning efforts and present a unified front when providing information to the public• Information about requirements, processes and decision making at the local and regional level will be transparently available