

South West LHIN Residential Hospice Backgrounder

Context

- The South West LHIN is responsible for the planning, funding and integration of health services, including those related to Hospice Palliative Care.
- The LHIN developed a South West Hospice Palliative Care Network to support planning efforts and provide leadership to develop and evolve a comprehensive, integrated and coordinated system of hospice palliative care.
- The Network is supported by 5 sub-region Collaborative tables. Each Collaborative is responsible for providing local leadership to implement the Integrated Hospice Palliative Care Program and priorities in the South West LHIN, to advocate for local needs and priorities, to support a quality improvement approach and engagement activities.
- Membership of the Leadership Committee and local Collaboratives are appointed as detailed in the terms of reference and is representative of key stakeholders including health service providers, patients/families, and communities.
- Based on the Capacity Planning Report (July 2015), the South West Hospice Palliative Care Leadership Committee developed recommendations for each LHIN sub-region to address gaps in the system and move us closer to achieving an integrated system. These recommendations were developed in consultation with the sub-region Collaboratives.
- The Capacity report is focused on a population-based approach to planning and is aligned with the provincial capacity planning approach identified by the Ontario Palliative Care Network (OPCN). This work provides a foundation to inform resource for palliative care resources, bedded resources in hospital settings, residential hospices, and in community settings with integrated home care supports from the South West CCAC.
- Currently, the Collaboratives are focused on planning and implementing these recommendations including developing plans for the residential hospice beds that have been identified for each sub-region.
- Residential Hospice 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.

Key Messages

- The efforts of committed community partners to improve hospice palliative care in the South West LHIN, and specifically to establish residential hospice capacity to serve patients and families in the area, are truly appreciated.
- The South West LHIN recognizes the important role of the community in the development and sustainability of a patient and family-centred integrated system of hospice palliative care.
- For each of the 5 sub-regions of the LHIN, we are seeking a unified solution, brought forward through the South West Hospice Palliative Care Network that leverages the strong community interest and commitment while ensuring an integrated approach for the sub-region.
- Strong partnership with the community and LHIN funded health service providers with expertise in the delivery of high quality specialized care in a residential hospice setting will be foundational to the unified solution.

- Because it is a specialized service, residential hospice care is a multi-community service and locations will be expected to serve a broad catchment area. Given the size of some sub-region geographies, a decentralized or satellite model is desired to support optimal access to service.
- The LHIN supports local governance – preference will be given to a model that does not increase the number of distinct Health Service Providers within the sub-region.

Factors Influencing Residential Hospice Planning

- The province and LHIN are planning for an integrated system of care or continuum of care which is broader than residential hospice beds.
- The OPCN is playing a strategic role in guiding Provincial recommendations for the proposed 200 residential hospice beds.
- The role and level of LHIN involvement in residential hospice planning has increased significantly in the last two and a half years.
- Past residential hospices were developed by communities without consistent, active LHIN involvement and were funded based primarily on community readiness. Now we have a regional capacity plan with identified needs and gaps that are being used to inform and influence planning priorities and efforts directed by the LHIN.
- Community readiness or preference of a community to proceed does not equal need or priority when it comes to residential hospice planning and does not necessarily align with best use of resources.
- Residential hospice beds are considered a multi-community specialized resource and as such will not be located in every community throughout the region.
- Residential hospice services will complement the volunteer services, community and hospital palliative care that are already available in sub-regions.
- The Hospice Palliative Care Leadership Committee will focus their efforts on evidence-based decision making as recommendations for residential hospice capacity expansion are considered across the South West.
- Approval to implement residential hospice beds is dependent on confirmed funding from the Ministry of Health Long-Term Care.
- The South West LHIN will continue to look to the Hospice Palliative Care Leadership Committee for direction on the pacing of the development of residential hospice capacity in our LHIN.

Process and Recommendations

- Where applicable, local Hospice Palliative Care Collaboratives will establish subcommittees to develop a unified solution for residential hospice for their sub-region. Membership will include community and other key stakeholder group representatives.
- The local Collaboratives are responsible for having a clear mechanism and/or process to support engagement of communities and residents in the sub-regions where they are planning.
- Under the leadership and guidance of the Collaborative, the subcommittees will engage with communities and providers to develop a unified plan for how best to operationalize residential hospice beds to meet the needs of the sub-region.
- Once a draft proposal has been finalized by the subcommittee it will be presented to the local Collaborative for review and endorsement and then shared with the South West LHIN Hospice Palliative Care Leadership Committee to ensure its support.
- Once endorsed by the Leadership Committee, South West LHIN staff will determine how and when to present to the LHIN board. Support will be dependent on available funding.
- The South West LHIN Board will make decisions based on advice and recommendations from the HPC Collaborative in each sub-region and the Hospice Palliative Care Leadership Committee.

Sub-region Residential Hospice requirements

A Residential Hospice sub-region solution will:

- Ensure a unified approach to care for each sub-region
- Be sustainable and feasible
- Consider a decentralized or satellite model where indicated to achieve equitable access to residential hospice for all residents in the area
- Be able to meet all standards of care and norms of practice

- Leverage formal integration and collaboration opportunities between the Residential Hospice and volunteer visiting hospice, outreach programs, Share the Care, caregiver supports, and bereavement support as well as broader partnership opportunities with all health care sectors including primary care, home care, hospitals, long term care, as well as mental health and addictions services within and across sub-regions
- Achieve seamless transition points between services and supports in the last year of life
- Be based on a Centre of Excellence Model
- Aligns with the provincial Residential Hospice “Working Definition” provided below

Provincial Residential Hospice “Working Definition”

- The Residential Hospice is a non-profit healthcare facility which provides specialized hospice palliative care beds and services in a homelike setting for the residents it serves and their families.
- Provides care delivery from professional staff 24 hours a day, 7 days a week to meet the residents' needs in accordance with each resident's plan of care/treatment plan.
 - Facilities with 3 beds or less have, at minimum, access to a registered nurse 24/7
 - Facilities with 4 beds or more have a registered nurse on-site 24/7
- Has a model of care which is collaborative in nature and provides palliative care using a holistic approach through an inter-professional team that has expertise in palliative care.
- Complies with provincial and national standards of care and norms of practice detailed by Hospice Palliative Care Ontario (HPCO) and the Canadian Hospice Palliative Care Association (CHPCA).
- Community Residential Hospices have end of life beds where referral from any source can occur and is supported by centralized intake and assessment.
- All staff and volunteers in their assumed roles complete ongoing hospice palliative care training, demonstrating a commitment to life-long learning in order to maintain competency in practice.
- The Community Residential Hospice ensures facility associated risk is minimized.

For additional information please contact:

Lisa Penner
 South West Hospice Palliative Care Lead
Lisa.Penner@sw.ccac-ont.ca
 519 474 5657