

South West Hospice Palliative Care Network Update

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HPC Collaborative Activities

Quality Improvement Plans (QIP's) were discussed at the October Collaborative meetings in order to begin exploring opportunities to link change ideas to the existing indicators identified in the QIP's and show cross sector collaboration. Some of the Collaboratives supported the concept and others felt it may be a better fit to incorporate change ideas into their organization's strategic plan. Two Collaboratives identified readiness in proceeding with a pilot to add the change ideas into their QIP's.

We continue to address the marginalized populations identified in the HEIA report. The Ministry of Health and Long Term Care has released a francophone toolkit to assist health care professionals. The toolkit was shared with the Collaboratives and organizations can obtain a toolkit as a resource to address French speaking individuals. Suzy Doucet-Simard, French Language Co-coordinator at the SWLHIN will be working with the Network to provide francophone resources on the HPC Network website.

HPC Regional Activities

Palliative Care Integration in London Middlesex

An external review completed in 2012 recommended the need for 30-40 chronic and hospice level beds for London Middlesex. The recent Auditor General report on Palliative Care highlighted the cost of providing palliative care in acute care is significantly higher than in a chronic/hospice setting. Consistent with providing the right care at the right time in the right place, one of the deliverables of the Palliative Care Steering Committee was to assess and make a recommendation for palliative care bed allocation across LHSC and St. Joseph's.

There was unanimous agreement by the Palliative Care Steering Committee to transfer a minimum of 4 beds from LHSC to Parkwood Institute Main Building and to transfer the resources required to provide this care from LHSC to Parkwood. This transfer has been approved by Joint Senior Leadership Committee of St. Joseph's and LHSC). This creates a significant opportunity to improve palliative care at Parkwood Institute. The transfer of 4 beds creates both the need and the opportunity to create a new 18 bed unit. The unit

to be renovated will be 4BS. The renovation will result in 18 private rooms (2 rooms have the ability to be a double and therefore capacity could go to 20 rooms if needed in the future). Approximately half of the rooms will have a view over the grounds at the back of Parkwood Institute and the Foundation has already raised and is committed to raise funds for comfort/home-like items. The estimated total renovation costs are \$750,000. The one-time capital cost will be funded through St. Joseph's Foundation and St. Joseph's Health Care Capital.

Huron Hospice Palliative Care Steering Committee

The Huron Hospice Palliative Care Steering Committee sent a formal letter of intent to the SWLHIN including their progress to date as they undertake the task of engaging local stakeholders to fulfill the Committee's mission which is to develop recommendations outlining a sustainable model designed to enhance integrated quality hospice palliative care services for the residents of Huron County. The Committee was established in April 2015, following a public meeting held in Clinton to determine the public interest in palliative care services in Huron County. The public meeting resulted in the formation of a local Steering Committee. The mandate of the group was to explore hospice palliative care needs in Huron County and bring recommendations forward to the Huron Perth HPC Collaborative for review.

HPC Data and Performance Working Group

The dashboard was approved at the HPC Leadership Committee in September and will begin quarterly reporting in October. The Provincial Data and Performance Committee received a presentation on the work of the SWLHIN including the dashboard.

Improving Palliative Care in Long Term Care

The SWLHIN HPC Network Lead will be part of an advisory board in partnership with McMaster University in a proposed research program aimed at improving palliative care in long term care homes.

The goal of the research program is to refine, implement and evaluate the SPA-LTC program to improve the quality of living and dying in long term care (LTC) for all residents, including those with complex needs, and their family members. Specifically through this work the plan is to: (a) gain an understanding about how to engage marginalized groups of residents and their family members to improve communication, empower residents, and promote equity to meet the needs of all residents and their family members within the SPA-LTC program; (b) develop and pilot a tool using MDS RAI data to improve clinical decision-making and LTC homes' capacity to identify and respond to key transition points along the living-dying continuum; (c) develop and pilot key palliative care indicators to monitor performance of LTC homes; (d) evaluate the refined, SPA-LTC program to improve decision-making, end-of-life planning, and family satisfaction from the time of admission until the time of death; (e) implement diverse strategies for translating the findings and improving practices and policies related to

caring for LTC residents and family members within a palliative approach to care; (f) engage partners and decision-makers across all aspects of this research program to promote greater alignment with system issues and uptake of the study findings; and (e) build capacity among LTC staff and trainees. The findings of this study have the potential to improve the quality of life of older adults living and dying in LTC and provide better support to their families. Given the growing aging population living and dying in this complex health environment, the proposed study promises to offer valuable information on implementation processes, clinical and administrative tools, and educational materials that will inform how qualified health professionals and decision-makers can improve the delivery of palliative care in LTC globally.

Conceptual Overview of SPA-LTC (Strengthening a Palliative Approach in Long Term Care) Program

