

Residential Hospice Submission Review Support Tool

Please record your review of the Residential Hospice plan under consideration. This tool is intended to assist in assessing the plan's alignment to the South West LHIN's guiding principles, planning and development principles, processes and requirements for residential hospice. It will assist in identifying elements of strength within the plan and also components that may require additional development.

This tool will be collected from each HPC Leadership Committee member at the end of the review meeting. A summary report will be produced to share back to the submitting local Collaborative and to be included with the plan to the South West LHIN Board should the HPC Leadership Committee recommend that the Board consider approving the plan.

Please indicate with a if the plan aligns the planning and development principles described below.

A. PLANNING AND DEVELOPMENT PRINCIPLES CHECKLIST

1. Accessible:

- Model reflects a multi-community service as defined in the BluePrint Vision 2022
- Locations are designed to maximize the number of people in the sub-region that will have access to residential hospice services within a reasonable travel distance (50km or approx. 1 hr radius)

2. Effective:

- Model of care demonstrates compliance with provincial Residential Hospice "working definition"
- Grounded in a Centre of Excellence Model (leadership, best practices, research, support and training)
- Demonstrates commitment and ability to comply with Hospice Palliative Care Ontario Community Residential Hospice standards
- Demonstrates effective governance and management to ensure organization is positioned to be successful, sustainable and accountable

3. Safe:

- Local Collaborative and Residential Hospice Working Group have demonstrated an approach to planning that has been:
 - Without coercion, discrimination, harassment, or prejudice
 - Ensures safety and security for all participants
 - Identifies conflicts of interest
- Commitment to comply with provincial and national standards of care and norms of practice is evident

4. Patient/Family Centered:

- Public, communities, and patients/families were consulted during the development of the plan
- Evidence that patient and family lived experience has been a key input to inform planning

- Evidence that patient and family lived experience will inform the operation of residential hospice resources (e.g. family council, patient/family surveys)
- Planning steps and activities were open and transparent to the public
- Model describes a variety of HPC resources and supports for end of life including bereavement

5. Equitable:

- Proposed sites are positioned to meet the needs of the population of the sub-region and not an individual community
- Optimized access spread across the sub-region without compromising quality of care
- Model of care is designed to be sensitive to the person and family's personal, cultural and religious or spiritual values, conditions, beliefs and practices

6. Efficient/Sustainable:

- Aligns with the regional capacity plan recommendations
- Financial aspects of plan demonstrate it can reasonably be assumed that the model is sustainable and feasible
- Identifies a model that will achieve optimize access to residential hospice for all residents in a sub-region aligned with the reasonable travel principle
- Proposed sites have factored in location of residential hospices in other sub-regions and LHINs to optimize equitable access throughout the LHIN
- Partnerships have been considered to optimize the sustainability of the model and to potentially extend the capacity of limited resources
- Technology has been considered to optimize the sustainability of the model and to potentially extend the capacity of limited resources
- Assessment and placement processes are designed to be timely and effective

7. Appropriately Resourced:

- If a centralized model with satellite(s) has been identified, sites have a minimum of 4 and a maximum of 10 beds
- There is evidence to support presence of sufficient financial, human, information, physical, and community resources to sustain the residential hospice's activities
- Health human resource plan identifies adequate numbers of trained professionals and volunteers to meet the demand
- Medical leadership and appropriate physician resources to support 24/7 coverage have been identified or a plan to grow capacity has been documented

8. Integration:

- Integration strategies or opportunities to strengthen the continuum of care between the Residential Hospice, other HPC services and other health sectors across sub-regions are identified
- Residential Hospice will be connected to other related service providers/sectors through common practice, shared processes, structures and education
- Consideration has been given to how to achieve seamless transition points between services and supports in the last weeks and months of life
- Model identifies an integrated, single corporate entity, governed by a single board, operated by a single management structure

9. Communication:

- A plan to consistently and continuously provide accurate information related to planning efforts to the public is identified

B. PLANNING AND DEVELOPMENT PRINCIPLES NARRATIVE

Please use the text boxes to record reflections on alignment and/or key gaps or missing elements for each of the overarching planning and development principles.

1. Accessible:

Do you feel the plan has met the key requirements?:	Key gaps or missing elements:

2. Effective:

Do you feel the plan has met the key requirements?:	Key gaps or missing elements:

3. Safe:

Do you feel the plan has met the key requirements?:	Key gaps or missing elements:

4. Patient/Family Centered:

Do you feel the plan has met the key requirements?:	Key gaps or missing elements:

5. Equitable:

Do you feel the plan has met the key requirements?:	Key gaps or missing elements:

6. Efficient/Sustainable:

Do you feel the plan has met the key requirements?:	Key gaps or missing elements:

7. Appropriately Resourced:

Do you feel the plan has met the key requirements?:	Key gaps or missing elements:

8. Integration:

Do you feel the plan has met the key requirements?:	Key gaps or missing elements:

9. Communication:

Do you feel the plan has met the key requirements?:	Key gaps or missing elements:

C. SUMMARY REMARKS

Overall reflections on the plan not covered above:

Any overall gaps or missing elements in the plan not covered above:
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Any unmitigated risks:

Recommend for Board consideration:

- Yes, I recommend this moves forward for South West LHIN Board consideration
- No, redirect back to Collaborative to address identified issues

If no, please provide rationale?
