

## **South West Hospice Palliative Care INTEGRATE project: Early identification of patients requiring palliative care**

### **MAY INTEGRATE WORKSTREAM SUMMARY**

#### **ABORIGINAL**

The Cultural Competency/Safety Training postcard has been developed and is currently being approved by the LHIN Indigenous Lead. The San'yas Indigenous Cultural Safety Training offered through the BC Cancer Agency will be changing as of June 15. The postcard will be revised to reflect this change. Once the postcard has been finalized it will be printed and mailed to Primary Care Providers in the South West region.

#### **DATA**

A preliminary analysis has been conducted to assess the approximate sample size of the pre-implementation cohort for the project. Between January 1, 2016, and May 1, 2017, 263 patients had a GI consult at LRCP and a recorded MCC Date. The assessment confirms there will be an adequate sample for the pre-implementation cohort. The CCAC/LHIN reviewed the updated analysis plan and have no concerns regarding the feasibility of the analysis. They have committed to building time into their upcoming workplan to pull the pre-implementation cohort. The Data team will work with the Primary Care workstream to incorporate the primary care evaluation plan into the overall project evaluation. In addition, the team will provide recommendations on the palliative section of the Health Links Coordinated Care Plan (CPP) to support the evaluation of the Integrate project.

#### **LRCP**

Dr. Singh met with Rob Sibbald, LHSC Ethicist, to discuss ethical/legal issues surrounding the surprise question. The surprise question is currently being used as part of the resuscitation policy at London Health Sciences Centre. LRCP workstream members met with Health Links to discuss the role of the CCP as it relates to Integrate. The goals of care dictation code has been approved and the workstream will begin to develop a template to support the code.

#### **Education**

The workstream met to begin Serious Illness Conversation workshop planning and to determine patient education needs and evaluation. The working group has determined that they will meet weekly based on the proposed timelines for the training and to align with the Integrate launch. It is expected that concrete dates and timelines for the facilitator training and workshop will be set before the next Core team meeting.

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**PRIMARY CARE**

A process map has been developed to outline the serious illness conversation/ACP among target audience (75+, life-limiting illness). The workstream will work with the team at Byron FHT to determine if they will utilize the CCP or Serious Illness conversation guide in their electronic medical records. A meeting was hosted between Natalie at the Thames Valley Family Health Team and the Integrate data team to discuss metrics and desired data pull.