

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

WORKSTREAM UPDATE SUMMARY – November 2016

Health Equity Impact Assessment (HEIA)

Work continues on the Health Equity Impact Assessment. The HEIA will be reviewed by the Aboriginal workstream to ensure that relevant factors for Aboriginal populations in London-Middlesex have been captured. Members of the London-Middlesex Collaborative will be asked to identify other vulnerable populations, i.e., the homeless population, and provide input. The updated assessment will be brought back to the Core Team for review in January.

Community Care Access Centre (CCAC)

Data from the London Regional Cancer Program (LRCP) will be shared with the South West CCAC to determine the estimated number of patients per year that would be referred to CCAC through early identification. This number will be used to inform the scope of CCAC involvement and the impact on current workload and resources. Establishing an early identification pathway which requires CCAC involvement earlier in a patient's palliative journey will have an impact on current budgets and human resources. It is anticipated that in order to roll this work out there will need to be a limit on the number of patients CCAC can absorb within their current capacity. The CCAC workstream will determine an estimated number and bring it back to the Core Team for discussion.

London Regional Cancer Program (LRCP)

The LRCP workstream has developed a draft process map for early identification of patients who would benefit from a palliative approach at the LRCP. The process map was presented at the GI Disease Site Team annual meeting. It was well received, and the team expressed interest in piloting the process within their disease site. The process map will be shared with the patient advisory group for feedback on December 14. The Core Team reviewed the draft in its current state at the November meeting and provided the necessary feedback and support to move forward. The Core Team recommended the new process be piloted by one disease site team (GI Disease Site Team) and a single Family Health Team. This recommendation will be brought to the Leadership Team in January.

Aboriginal Care

Cultural competency training will be promoted to primary care providers and LRCP physicians as an enabler to the LRCP draft process map. The LHIN-based training will be promoted as the

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minimum standard, but providers will be encouraged to take the course developed by Cancer Care Ontario training as complementary training.

Indigenous Cultural Safety (ICS) Online Training (LHIN)

<http://www.sanyas.ca/training/ontario>

Aboriginal Relationship and Cultural Competency Courses

<https://elearning.cancercare.on.ca/course/index.php?categoryid=2>

Primary Care

The Byron Family Health Team was selected (pending their approval) as the pilot site for primary care. The team there is already engaged in early identification and is eager to adopt a framework that offers further improvement. The workstream will also be exploring the “serious illness conversation” training being provided at LRCP as an option for primary care education.

Data

The data workstream is currently developing a data analysis plan that will outline how the indicators will be reviewed and reported. This plan will be shared with the Core Team upon completion.

Communication

A webpage for the project has been created within the South West Hospice Palliative Care Network’s website. Visit the webpage for all project related updates:

http://swpalliativecare.ca/52/Current_Projects/