

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

WORKSTREAM UPDATE SUMMARY – October 2016

Health Equity Impact Assessment (HEIA)

A health Equity Impact Assessment is currently underway. This assessment will help inform all working groups and ensure equity is a key consideration for all project-related work. Once completed, the HEIA will be brought to the South West Hospice Palliative Care Leadership Committee for review.

Aboriginal Care

The Aboriginal workstream will focus on promoting cultural competency training among care providers who work with Indigenous populations. The core team supported the workstream's decision to promote the LHIN based training as the minimum standard, and encourage care providers to consider taking the course developed by Cancer Care Ontario as complementary training. Links to the training are listed below. The Aboriginal workstream will provide consultation where applicable to other workstreams ensuring that Aboriginal populations are considered in the development of patient care pathways and any provider tools/resources.

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 primary care workstream has been in consultation with palliative care colleagues locally and across the province. Feedback suggests that a key element of success is applying a multidisciplinary approach to palliative care services; one size does not fit all. Meetings with the Byron Family Health Team in London suggest there are varying levels of interest among primary care providers to provide palliative care services, and there is currently no standardized approach. Some physicians are championing a palliative approach but it's not consistent across the board.

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There is an ongoing need to continue educating primary care providers about palliative care and advanced care planning. There were some excellent presentations on these topics given at this year's Cancer Care for Primary Care Conference that could be adapted for provider education in the South West.

Data

The data workstream completed a review of current datasets to determine what data is available and applicable for project indicators. The team proposed the following project evaluation indicators:

- Palliative Performance Scale (PPS) score
- Time from palliative diagnosis to death
- Patient being able to die in their place of choice (e.g. hospital, home, etc.)

The team will review and revise the analysis plan to adjust for data collection limitations.

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 team is planning to present the draft map to the GI disease site team before the next INTEGRATE Core Team meeting. A team was established at LRCP to take a closer look at what the staff needs are in relation to critical conversations with patients around palliative care. This work is being spearheaded by Kylie Potvin, with the proposed approach being the Communication in Serious Illness training developed by the Harvard Medical School. Meetings with various staff groups have taken place to orient them to this training and gather feedback and support for this staff education approach.

Communication

A page for the INTEGRATE project is being created on the South West Hospice Palliative Care Network's website. All project updates and resources will be housed on this page, including monthly workstream summaries.