Taking Stock June 20, 2016
South East LHIN - Hospice Palliative Care Steering Committee
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Executive Summary

This report details the outcomes of the South East LHIN Hospice Palliative Care Steering Committee's Taking Stock event held on June 20, 2016. At this facilitated working session regional Hospice Palliative Care stakeholders collectively looked at our current regional work plan; reviewed some current projects and lessons learned; identified the success and gaps in the work plan and agreed to two key regional work plan priorities to focus our efforts in 2016-17 to:

1. Enrich regional capacity to work together – look at regional needs (sub-LHIN or team approach) and keep patient/caregiver needs at the forefront.
2. Build capacity, through a focus on education and shared understanding – focus on current education initiatives and ensure sustainable.

Detailed Report

Background

Earlier this year the Ontario Palliative Care Network (OPCN) was launched to enable more person-centred, quality, accessible hospice and palliative care across the province. For our region this means there will be an operational South East Regional Palliative Care Network (SERPCN) in place by March 2017. The new SERPCN will become the regional governance structure overseeing the implementation of coordinated, high-quality, high-value hospice and palliative care in the south east.

Overview

With the changing provincial landscape the South East LHIN Hospice Palliative Care Steering Committee realized the need to “take stock” of the great work currently underway in our community. It was important that hospice and palliative care stakeholders came together to evaluate the current strengths and gaps in our regional work, and set achievable priorities moving forward.

Taking Stock Event

The Steering Committee invited system leaders, health care providers and patients and families, to participate in a “Taking Stock” workshop event. More than forty participants gathered at the Donald Gordon Centre in Kingston on June 20, 2016 for a facilitated session to share their knowledge and insight.

The aim of the day was to:

1. Share regional success project stories and lessons learned;
2. Take Stock of hospice palliative care activities currently underway (Regional Work Plan 2015-2018), identifying gaps in our current activities; and
3. Build consensus behind one or two key Regional Work Plan priorities to focus our efforts in 2016-17.
Accomplishments shared by regional project teams

After an overview from Steering Committee Chair Brenda Carter, CCO Regional VP, and Cynthia Martineau, LHIN Renewal Officer (previously - Director, Health System Design) South East LHIN, the participants then heard brief presentations from four project teams who have successfully tried various approaches to improve palliative care:

**Improving transfers from hospital to residential hospice**

**Rural Hastings Health Link - Presenters: Emily Rashotte and Janet Webb**

This group examined the patient journey from the time of diagnosis to death and identified problems with transition points, specifically from hospital (Quinte Health Care sites) to residential hospice. Some improvements were:

- Information about four local Hospices was compiled and made available at all QHC sites.
- A discharge checklist was developed to clarify ‘who does what’. This tool facilitated a seamless discharge by teaching family’s with medication responsibilities what to do prior to discharge.
- Other areas of improvement were: arranging transportation and ensuring the community nurse and hospice provider were aware of what occurred in hospital.

**LEAP facilitator training**

**HPC Capacity Working Group - Presenters: Siobhan McArdle and Natalie Kondor**

This working group needed to increase the number of LEAP-trained facilitators. They worked with available resources to increase palliative care trained care providers in our community.

- An initial proposal was adapted to test a fast track, 2-day pilot program with eight facilitators (rather than have them take a full LEAP course).
- As a result, 11 people are now LEAP-trained in the South East LHIN and are ready to move to the next stage of being coached to become facilitators.

The working group looked at sustainability and adapted and adjusted where needed.

**Advance Care Planning and Health Care Consent**

**Providence Care - Presenters: John Puxty and Gail Hawley-Knowles**

The team developed online educational resources for health care providers based on available resources and leveraging of provincial expertise.

- Ran two pilot projects using an iterative process of Plan Do Study Act (PDSA) cycles to address users’ needs which involved outreach to a variety of audiences, and validation of assumptions.
- There were “ah-ha moments” for physicians as they were able to contextualize the fact that many of their frail elderly patients have life-limiting conditions (e.g., 30 months for multiple co-morbidities) and that advanced care planning can help with their patients’ quality of life.

They have been able to make good use of resources by building on available assets.

**New strategies to avoid emergency department visits at end-of-life**

**Quinte Health Link - Presenters: Mary Woodman and Laurel Hoard**

The group used a quality improvement approach and involved partners to help patients/caregivers make an informed choice to die at home if they wished.

- Baseline was 47 deaths in hospital per month; after 18 months the rate of deaths in hospital dropped to 40 per month, results were sustained over many months.
- Group worked at building more capacity for HPC delivery in the community, including improved crises response for patients at home.
- Provided education and training to providers and working group members; worked to improve earlier identification of patients by physicians using the screening question: “Would you be surprised if this person died in the next 12 months?”
Reviewing hospice palliative care activities and identifying gaps

Following these presentations, attendees worked in groups to discuss how these projects and the other good work in our region could inform and improve our future planning. A consolidated list of “lessons learned” was developed and included:

- The need for patient and caregiver representation on planning groups;
- Effectively engaging all care partners around the patient to improve their experience;
- Educating care partners about hospice and palliative care to support a shared understanding and common goals;
- Not being afraid to try new things and manage the risks;
- Validating needs, harvesting insights and information through the use of pilot groups or pilot projects;
- Solving resource issues (e.g. lack of facilitators) and building on available assets focusing on ongoing sustainability;
- Using a variety of channels/methods to connect and share information with stakeholders and key audiences,
- Importance of a dedicated lead on any project team to facilitate, coordinate, compile and integrate the work; and
- Prioritizing the use of Quality Improvement approaches, tools and methods which include a PDSA approach and tracking results.

Building consensus and identifying short-term priorities for our region

Discussions then focused on where we should put our efforts as a region over the short-term given the new provincial focus. A shortlist of priorities was reported back from the five smaller working groups and these were summarized for further discussion (full context of the feedback is available in the appendix). After some discussion, the group identified the following two Regional Work Plan priority areas of focus over the short term:

1. Enrich regional capacity to work together
2. Build capacity, through a focus on education and shared understanding of hospice palliative care (HPC)
Regional Work Plan Priority 1

**Enrich regional capacity to work together**

(Plan coordination, integration, navigation mechanisms)

Discussion initially focused on the value of designing “specialized” teams (to be defined), perhaps in groupings across the region, that would have a central focus on patient and family needs. Discussion points for this priority touched on:

- Coordinated care plans, improving the ease of navigation for patients and families, and focusing on solutions beyond a single agency.
- Perhaps a co-location model with primary care (vs. integrating people)
- Creating pathways but also connecting care coordinators, primary care and specialists
- Care partners should “know the steps before and after” each transition for the patient
- Any teams should not just be clinical but include non-physician partners and providers
- Discussion quickly pointed out the need for a common model of “here’s how we do it” in South Eastern Ontario (different partners use different language)
- Tools to improve and facilitate team communications would be a key success factor (develop a regional website/hub was proposed)

It was suggested that the design work might begin by doing an inventory of existing regional models that have improved the coordination and access to palliative care in other regions.

Regional Work Plan Priority 2

**Build capacity, through a focus on education and shared understanding of HPC**

The group confirmed the value of keeping on with current education initiatives but noted the need to ensure they are sustainable. Beyond that, discussion points for this priority touched on:

- Using new models and tools (e.g. distance learning).
- Focusing on education/understanding of specialists.
- Placing a focus on changing the practice at bedside.
- Harmonize disparate models — synch them with primary care, patients and families.
- Taking action to establish a common vocabulary.
- Connecting with some groups being missed (e.g. graduate and undergrad students).
- Considering use of a public health (marketing communications) approach to promotion.
- Developing tools for people now working in a mobile environment.
- Taking into account personal values that can be a barrier to adopting certain perspectives.
- Looking at how education initiatives and use of information technologies are incorporated into plans for Health Human Resources, training and professional development.
Assigned to the South East LHIN HPC Steering Committee

Establish a clear, effective and sustainable framework for leadership and accountability

The Steering Committee will follow up on renewing the leadership model, network governance and accountability structures in relation to designing the new Regional Palliative Care Network. There was also some discussion around the need to explore a sub-regional model. Important considerations include equity, access, and capacity.

Build RPCN and initiatives around a focus on the patient

Putting patients and their families/caregivers at the centre of all activities came through strongly as a central tenet of future regional planning. Since it crosses many different initiatives, further consideration of how this might be realized in practice and structure was referred to the Steering Committee.

Immediate next steps:

- This report will go to the Regional Hospice Palliative Care Steering Committee for review and consideration.
- Further developmental work will be required to advance the clear articulation of the two identified priorities (another stakeholder session a possibility).
- A summary of outcomes will be distributed and related communications will continue.