Ontario Palliative Care Network

Action Plan 1: 2017 – 2020

South East Regional Palliative Care Network

Work Plan: 2017 – 2020

For information only

BACKGROUND: OPCN & SOUTH EAST RPCN

The **Ontario Palliative Care Network** (OPCN) is a province-wide partnership of healthcare providers and organizations, health system planners, patients, families and caregivers. We are working together to ensure the delivery of coordinated, high-quality hospice palliative care for everyone in Ontario, regardless of their age, illness, or where they live. The OPCN is guided by the report *Advancing High Quality, High Value Palliative Care in Ontario: The Declaration of Partnership and Commitment to Action*.

Funded by the Ministry of Health and Long-Term Care, the OPCN was launched in March 2016.

The **South East Regional Palliative Care Network** (RPCN) is a partnership of community stakeholders, care providers, patients, families and caregivers in South Eastern Ontario who work together to ensure that there is a coordinated, standardized approach for the delivery of hospice palliative care services. As a community of partners the South East RPCN is committed to improved access and equity in hospice, palliative and end-of-life care.

Launched in December 2016 the South East RPCN is guided by the OPCN and the Ministry to improve access to high-quality hospice palliative care in the South East.

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Action Plan

The need for an OPCN Action Plan

Background

- Through the OPCN Secretariat's consultations with LHIN CEOs and CCO RVPs an overwhelming need was identified for multi-year goals and objectives for provincial and regional work
- Partnership Advisory Council requested a multi-year goals and objectives framework to inform their constituents
- The OPCN Secretariat identified the need to have a common understanding of which partners are leading action items stemming from the *Advancing High Quality, High Value Palliative Care in Ontario: The Declaration of Partnership and Commitment to Action*.

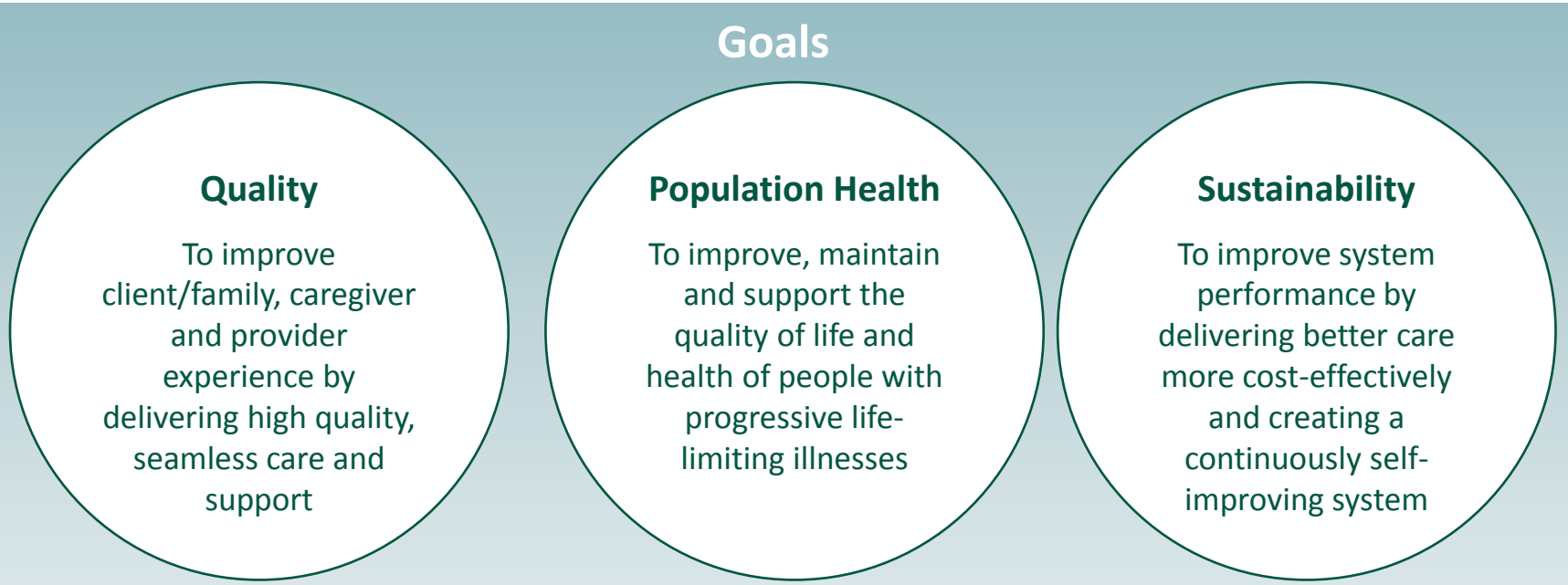
OPCN's Action Plan

The *Ontario Palliative Care Network Action Plan 1: 2017 – 2020* guides the work of the OPCN between now and 2020; it:

- Places patients and their caregivers at the centre of planning and care
- Supports coordinated system level change through alignment of planning, implementation, monitoring, and reporting both at, and across the regional and provincial levels of focus
- Aligns with the structural changes occurring in Ontario's health system through *Patients First*
- Addresses the full spectrum of settings in which palliative care services are delivered (home, community, long term care, hospice, or hospital) as well as the broad range of geographies in which Ontarians live (north and south; urban, rural, and remote)

Action Plan Goals

OPCN's Executive Oversight Committee confirmed that the goals of the Action Plan will be the goals from the Declaration



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Specific action areas identified in the Action Plan

A	• Enhancing Patient and Caregiver Engagement in Hospice Palliative Care
B	• Aligning the Planning for Hospice Palliative Care Across the Province
C	• Enabling Early Identification of People Who Would Benefit from Hospice Palliative Care
D	• Establishing Palliative Models of Care to Increase Access and Enable Adoption of the Quality Standard
E	• Identifying and Connecting Hospice Palliative Care Providers
F	• Building Provider Competencies in Hospice Palliative Care
G	• Measuring and Reporting on our Progress

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Measuring Progress

Four system level measures have been identified to measure progress on "moving the mark" on hospice palliative care in the province

1

% of caregivers of decedents who received palliative care services who were invited to respond to a CaregiverVoice survey

2

% of community dwelling decedents who received physician home visit(s) and/or palliative home care in the last 90 days of life

3

% of decedents who had a) 1 or more ED visits *or* b) 2 or more ED visits in the last 30 days of life

4

% of decedents who died in hospital*

* Other locations of death will continue be reported, but are not system level measures

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South East Regional Palliative Care Network Work Plan

South East Regional Palliative Care Work Plan

Working together with regional stakeholders, the Ontario Palliative Care Network (OPCN) and the Ministry to improve access to high-quality hospice palliative care in the South East.

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South East Regional Work Plan

Key priority areas :

Over the last year the South East RPCN has engaged with stakeholders, including patients and caregivers, to identify five key priority areas for our region:

1. Standardizing the process of care delivery, with a focus on coordinated care
2. Better communication within the circle of care
3. Access to 24/7 palliative care
4. Building capacity and enhancing care in the residential hospice setting
5. Competency building to deliver high-quality palliative care.

To find out more about the regional engagement process please visit: http://serpcn.ca/85/Regional engagement and feedback/

Provincial Alignment

There are 38 actions in the OPCN Action Plan and 21 of these are work that the regions will support and move forward over the next few years.

The priority areas have been aligned to the Action Plan and will guide the work undertaken our regional priority teams.

OPCN Action Plan Item – Regional Responsibility		Coordinated Care	Better Communication	24/7 Access to Care	Competency Building	Residential Hospice	Other
A	**A. Enhancing Patient and Caregiver Engagement in Hospice Palliative Care**						
A2	Create an inventory of existing patient/caregiver educational resources; contribute to a standardized provincial catalogue for online access						All teams will contribute as tools are developed
A4	a) Map out a directory of available palliative care services and b) develop an appropriate care pathway	✓					
B	**B. Aligning the Planning for Hospice Palliative Care Across the Province**						
B1	Develop, submit, and regularly report on an Annual Work Plan						✓ RPCN Secretariat
B2	Engage with First Nations, Metis, Inuit to identify palliative care gaps & make recommendations						Regional approach to be explored supplemental to team outreach
B4	Engage with Francophone community to identify palliative care gaps & make recommendations						
B6	Engage with Paediatric and Homeless populations to identify palliative care gaps & make recommendations	✓					KHSC; KCHC has funding for needs assessment
B7	Identify service delivery gaps between existing services and “models of care” and identify mechanisms & resources required to fill the gaps	✓	✓	✓	✓	✓	

OPCN Action Plan Item – Regional Responsibility			Coordinated Care	Better Communication	24/7 Access to Care	Competency Building	Residential Hospice	Other
C		**C. Enabling Early Identification of Patients Who Would Benefit from Hospice Palliative Care**						
C4 (C1i-home)	4 Regions*: PDSA's of Early Identification Tool in **Home Care Setting;** optional		✓		✓			
C4 (C1ii-hospitals)	4 Regions*: PDSA's of Early Identification Tool in **Hospital Setting;** optional							KHSC
C4 (C1iii-primary care)	4 Regions*: PDSA's of Early Identification Tool in **Primary Care Setting**		✓		✓			
C6	All RPCNs will implement the Early Identification Tool		✓		✓			Implementation will be informed by tests of change in project teams
D		**D. Establishing Palliative Models of Care to Increase Access and Enable Adoption of the Quality Standard**						
D4 (D2i-home)	End of each fiscal year (March)	4 Regions: PDSA's of models for adult patients choosing to die at home (home & community care setting); optional	✓	✓	✓			
D4 (D2ii-LTC)	Jan 2018 – Mar 2020 & beyond	4 Regions: PDSA's of models for adult patients choosing to die in the long-term care setting; optional	✓					
D6 (D2i-home)	Jan 2018 – Mar 2020 & beyond	All regions will plan for and implement the models	✓			✓		

Item	Timeline	OPCN Action Plan Item – Regional Responsibility	Coordinated Care	Better Communication	24/7 Access to Care	Competency Building	Residential Hospice	Other
E		**E. Identifying and Connecting Hospice Palliative Care Providers**						
E2	18 – Mar 2020 & beyond	a) Map out a directory of available palliative care providers and services; b) develop and maintain an accessible directory						TBD-healthline?
E3	Jan 2018 – Mar 2020 & beyond	Work with Ontario MD to increase use of provincial e-consult platform to provide physicians and NPs with electronic access to specialist palliative care advice						TBD
F		**F. Building Provider Competencies in Hospice Palliative Care**						
F2	Jan 2018-Mar 2019	Create an inventory of existing regional education programs and assess these against the competencies identified above				✓		
F5	Mar 2019– Mar 2020 & Beyond	Develop a plan for implementing education for primary care, using resources only for provincially approved programs				✓		
G		**G. Measuring and Reporting on our Progress**						
G2	May 2018 – Mar 2020 & beyond	Incorporate provincial and regional measures and reports that support planning and quality improvement in the development of annual work plans (B1)						✓ Secretariat
G4i (home & hospice)	Mar 2017 – Mar 2020 & beyond	Implement Caregiver Voices Survey across all LHINS for patients in home and community and hospice settings						✓ H&CC
G4ii (LTC)	Apr 2019-March 2020 & beyond	Implement Caregiver Voices Survey across all LHINS for patients who received hospice palliative care in long-term care.						**TBD**

South East Regional Work Plan

Quality improvement approach

- Adopting a quality improvement approach, each of the priority teams will be focused on improvement initiatives in the five identified regional priorities.
- Project themes are closely aligned with Health Quality Ontario's draft Quality Standard for Palliative Care due to be released in the spring of 2018.

Priority teams

The priority themes for our region will guide the work that will be undertaken by **priority teams** who will then refine and define the scope of the project.

South East Regional Work Plan

Priority teams

Process:

Each Priority Team will progress through the phases of a quality improvement project framework and develop a project charter specifying the project aim statement, problem statement, change ideas, and measurement of improvement. The teams will carry out experience based design with patients and caregivers to understand what the problems are and define the approaches taken to address those problems.

Philosophy:

Hospice palliative care is a philosophy of care that aims to relieve suffering and improve the quality of both living and dying. It strives to help individuals, their families, and their caregivers. For this reason, the South East LHIN recognizes that a palliative approach to care is inclusive of those the patient identifies with as family and/or caregiver.

Scope:

Following the approach taken by OPCN in response to the recommendation in the Declaration document to first focus on those at end-of-life, the South East RPCN has asked that each team scope their projects initially to the patient population anticipated to be in their last year of life, inclusive of those at end-of life.

South East Regional Work Plan

Overview of themes

1. Standardizing the process of care delivery, with a focus on coordinated care
Patients and their families/caregivers requiring a palliative approach to care will know what type of care and services to expect based on their needs. When care settings are changed, the care team will work with them to ensure that they continue to receive the services they need and that transitions between care settings are seamless.

- Executive Sponsor: Peter McKenna | Team Lead: Ruth Dimopoulos

2. Better communication within the circle of care
Patients and their families/caregivers requiring a palliative approach to care, as part of the circle of care, will experience improvements in the receipt of timely, accurate, and relevant information at end of life. Providers will be knowledgeable about patients' needs and work together to communicate changes in patient need quickly and effectively to provide timely care.

- Executive Sponsor: Janet Webb | Team Lead: Alicia McCullam

3. Access to 24/7 palliative care

Patients and their families/caregivers requiring a palliative approach to care will experience improvement in support and access to 24/7 services at home.

- Executive Sponsor: Wendy Parker | Team Lead: Mary Woodman

South East Regional Work Plan

Overview of themes

4. Building capacity and enhancing care in the residential hospice setting
Patients and their families/caregivers requiring a palliative approach to care, if desired, will have access to a residential hospice at end-of-life and receive quality care in the residential hospice setting in accordance with provincial standards.

- Executive Sponsor: Allen Prowse | Team Lead: Maggie George

5. Competency building to deliver high-quality palliative care
Patients and their families/caregivers requiring a palliative care approach based on their illness and needs can anticipate increased access to high quality palliative care from primary health care providers.

- Executive Sponsor: Ingrid Harle | Team Lead: Maggie George (Interim)

The South East RPCN is committed to transparency around the priority areas and the work underway, for ongoing updates please visit the website: http://serpcn.ca/90/Regional_Work_Plan/

Thank You

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