

South East Regional Palliative Care Network

REGIONAL ROUND-UP March 2019

Congratulations to the Hospice Residence Working Group!

Team Lead: Maggie George, Health Care Consultant

Executive Sponsor: Allen Prowse, Board Chair, Hospice Kingston

Quality Improvement Coach: Ruth Dimopoulos, Regional Palliative Care Network

All members who have contributed through-out the duration of the project:

- Linda Lysne, Family Caregiver Advisor
- Karen Moore, Hospice Prince Edward
- Deb MacDonald, Hospice Prince Edward
- Heidi Griffith, Heart of Hastings Hospice
- Jennifer May Anderson, Hospice Quinte
- Christine Knott, Hospice Kingston
- Brian Klooster, Hospice Kingston
- Joanna Michalski, Hospice Kingston
- Juli Heney, Home and Community Care

Here are some of the members:



After much hard work and dedication over the past year and a half, the Hospice Residence Working Group will be wrapping up at the end of March. As a Network, we want to take a moment to say thank you and congratulations to Maggie and Allen, as well as all of the working group members. The team has had many accomplishments and has made recommendations to inform future work. Within the coming month, more details regarding the key issues identified, activities undertaken, accomplishments achieved and recommendations shared will be posted on the www.serpcn.ca webpage. For now, here is a reminder of some of the components the members were working on.

Problem Statement / Reason for Improvement:

- Lack of coordinated and standardized processes for the operation of existing and new HRs recognizing there may be differences based on location
- Lack of a South East LHIN Hospice Residence document to assist with the future allocation of hospice residence beds
- Low and varying occupancy rates in existing Hospice Residences
- Variations in quality of care

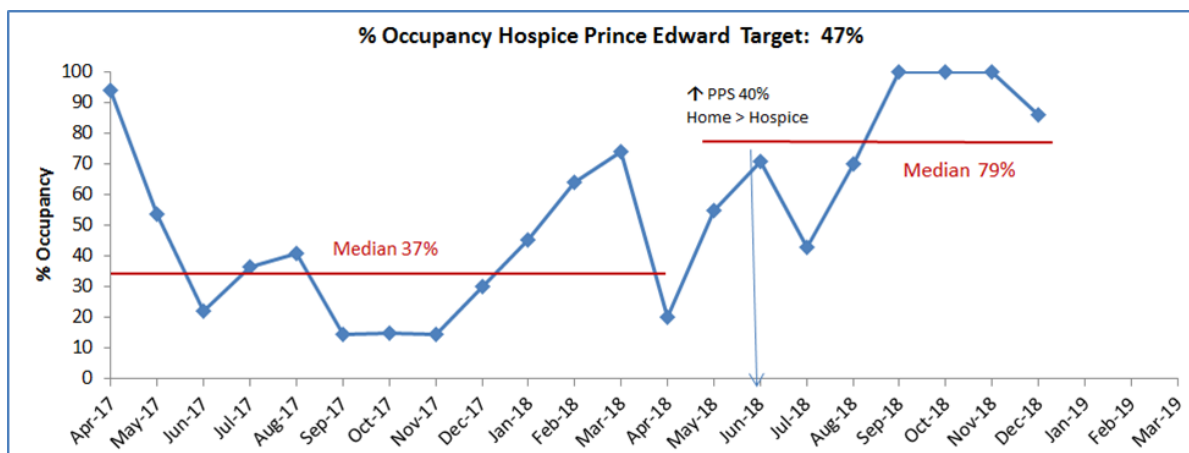
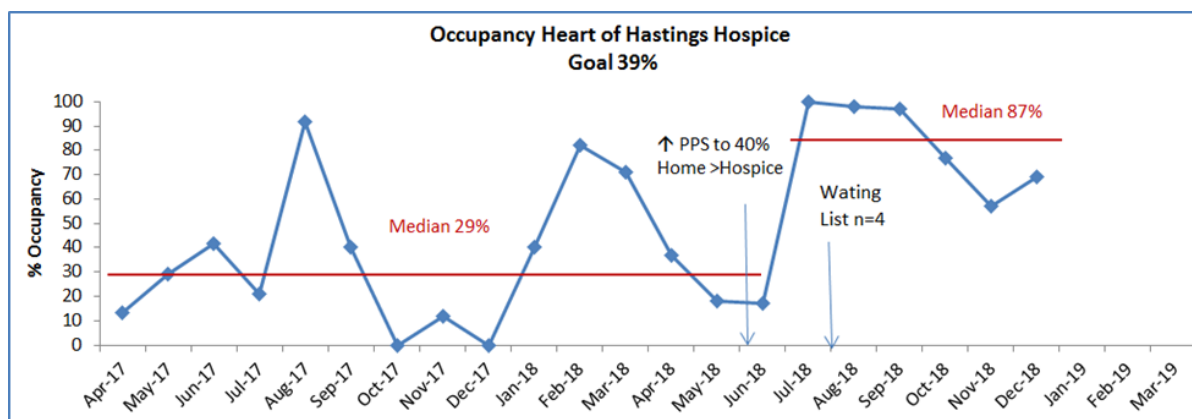
Aim Statement:

- By March 31, 2019, patients and caregivers choosing HR can expect improved access to quality HR services through standardized and coordinated processes and care delivery based on provincial HPCO RH standards as measured by a 10% increase in occupancy rate at Heart of Hastings Hospice and Hospice Prince Edward and maintain caregiver satisfaction with timely access to hospice.

Congratulations to the Hospice Residence Working Group!.... Continued.

Highlighting Just a Few of the Working Group's Accomplishments:

- Engaged in experience based design in order to inform the team's work.
- Completed Plan-Do-Study-Act (PSDA) cycles focused on a change in the Hospice Residence admission criteria: Increase Palliative Performance Scale (PPS) level from 30% to 40%. Key results included:
 - Increased occupancy rate for both hospices (Hospice Prince Edward and Heart of Hastings Hospice) which met or exceeded the MOHLTC target of 80%
 - Admission to Hospice Residence at PPS 40% exceeded the provincial average length of stay of 15 – 20 days at 32.3 days while admissions at PPS 30% or 20% were 8.8 days and 9.0 days respectively
 - In the majority of cases (70%), the time between referral and admission was the same or next day
 - 7% of patients had a decline in PPS between eligibility assessment and admission
- Used run charts to monitor Hospice Residence Occupancy Rate, Caregiver Satisfaction with Timely Access to Hospice, Length of Stay, and Referrals. Here are two example:

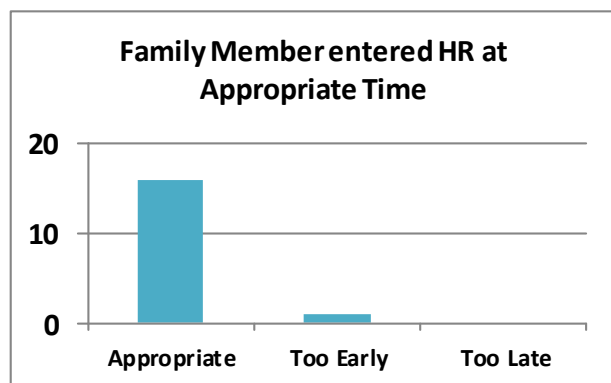


- Developed materials to raise awareness of hospice residences for testing.
 - "What is a Hospice Residence?" brochure for patients and caregivers
 - "Frequently Asked Questions and Answers" for patients and caregivers
 - "Referral and Admission Process for Hospice Residences in South East" for health care providers
- Completed Process Mapping Activity for Hospice Residence referral and admission

[Click here for Regional Round-Up available online.](#)

Congratulations to the Hospice Residence Working Group!.... Continued.

- The Hospice Residences and Home and Community care developed Waitlist Criteria for Hospices Residences
- Reviewed Hospice Palliative Care Ontario Standards for Hospice Residences, completed gap analysis for two hospices in the South East and developed a summary report including recommendations.
- Developed Caregiver Satisfaction Survey for Hospice Residences and a process for monitoring. Key findings:
 1. High satisfaction with timeliness of admission
 2. High satisfaction with overall experience



If you want more information about this project, please contact Maggie George at margaretirenegeorge@gmail.com or check our [website](#) for updates over the coming months.

Advance Care Planning, Goals of Care and Health Care Consent Resources

As you may know, Hospice Palliative Care Ontario (HPCO) has recently refreshed their website. The newly revised website includes tools and resources for Health Care Providers, Non-Health Care Professionals, as well as Individuals and Families. In addition to English, many of the resources are also available in French and some have been adapted for First Nations communities as well. Here are some of the newest Ontario resources that you may wish to access:

1. [An Orientation to Health Care Consent, Advance Care Planning and Goals of Care in Ontario](#)
2. [The Health Care Consent and Advance Care Planning Ontario Workbook](#)
3. [Health Care Consent Advance Care Planning Electronic Resource Guide](#)
4. [Health Care Consent and Advance Care Planning Videos, Posters, Post Cards, Bookmarks and Wallet Card](#)



To help support providers with engaging in these important discussions, the Ontario Palliative Care Network (OPCN) is excited to share the following **Goals of Care Tools**. These tools are now available on the OPCN website under “Resources – Palliative Care Toolkit” in both French and English.

1. [Making Decisions About Your Care: Patient Resource](#)
2. [Person-Centred Decision-Making: Resource for Healthcare Providers](#)
3. [Advance Care Planning, Goals of Care, and Treatment Decisions & Informed Consent FAQs](#)

[Click here for Regional Round-Up available online.](#)

The Quality Improvement Plan Program

Indicator: Early Identification: Documented assessment of palliative care needs for an early, at risk cohort

For the month of March, sector specific webinars will be held by Health Quality Ontario in partnership with the Ontario Palliative Care Network. The webinars will focus on lessons learned from organizations who have already done work in this area. Advice on measurement and resources that can help organizations to get started will also be provided.

To learn more and to register for a webinar, click [here](#).

Perspectives from the field: early identification of palliative care needs

March 8, 2019 12:00 PM — Primary care

March 15, 2019 12:00 PM — Long-term care

March 18, 2019 3:30 PM — Acute care / hospitals

March 25, 2019 4:00 PM — Home & community care

Quality Priorities for the 2019/20 Quality Improvement Plans

Health Quality
Ontario
Let's make our health system healthier

	Hospital	Primary Care	Home and Community Care	Long-Term Care
THEME I: TIMELY AND EFFICIENT TRANSITIONS				
Efficient	<ul style="list-style-type: none"> Alternate level of care (ALC) rate NEW Number of inpatients receiving care in unconventional spaces 	<ul style="list-style-type: none"> 7-day post-hospital discharge follow-up 	<ul style="list-style-type: none"> Unplanned emergency department visits within 30 days of hospital discharge 	<ul style="list-style-type: none"> Potentially avoidable emergency departments visits
Timely	<ul style="list-style-type: none"> NEW Time to inpatient bed * Discharge summaries sent from hospital to community care provider within 48 hours of discharge 	<ul style="list-style-type: none"> Timely access to a primary care provider 	<ul style="list-style-type: none"> NEW Wait time to long-term care home placement 	
THEME II: SERVICE EXCELLENCE				
Patient-centred	<ul style="list-style-type: none"> Patient experience: Did you receive enough information when you left the hospital? Complaints acknowledged in a timely manner 	<ul style="list-style-type: none"> Patient involvement in decisions about care 	<ul style="list-style-type: none"> Percentage of patients satisfied with services Complaints acknowledged in a timely manner 	<ul style="list-style-type: none"> Resident experience Complaints acknowledged in a timely manner
THEME III: SAFE AND EFFECTIVE CARE				
Safe	<ul style="list-style-type: none"> Number of workplace violence incidents (overall) * 	<ul style="list-style-type: none"> NEW Percentage of non-palliative care patients newly dispensed an opioid 		
Effective	<ul style="list-style-type: none"> NEW Early identification: Documented assessment of needs for palliative care patients Readmission within 30 days for mental health and addiction Medication reconciliation at discharge 	<ul style="list-style-type: none"> NEW Early identification: Documented assessment of needs for palliative care patients 	<ul style="list-style-type: none"> NEW Early identification: Documented assessment of needs for palliative care patients 	<ul style="list-style-type: none"> NEW Early identification: Documented assessment of needs for palliative care patients
Equitable				

* Mandatory indicator (hospital sector only)

Updated: December 7, 2018

Click here for Regional Round-Up available online.

Indigenous Patient Journey Stories



As recommended in the Indigenous Palliative Care report prepared by Dr. Terri-Lynn Brennan, Inclusive Voices Incorporated, the Network with assistance from Schuyler Webster has begun to identify and document Patient Journey Stories.

The goal of this project is to engage Indigenous families and caregivers so their collective wisdom can help strengthen and guide palliative and end-of-life service delivery for Indigenous populations. The information will be used to inform decision-making, identify challenges within the current system and highlight opportunities and areas for improvement.

To read the full Indigenous Palliative Care report, please click [here](#).

If you are interested in learning more about the current project, please connect with Hilary Blair at hilary.blair@lhins.on.ca or Schuyler Webster at websterschuyler@gmail.com.

Ontario Indigenous Cultural Safety Program

The Ontario Indigenous Cultural Safety (ICS) Program's Core ICS training is an interactive and facilitated online training program for professionals working in the Ontario health system. It addresses the need for increased Indigenous cultural safety within the system by bringing to light service provider biases and the legacies of colonization that continue to affect service accessibility and health outcomes for Indigenous people.



The Core ICS training modules are designed as foundational courses to increase knowledge and enhance self-awareness. They provide a vital opportunity for health professionals to examine the ways in which their own culture, education and history have shaped their health practice, especially with regard to stereotypes that impact Indigenous experiences of the health system. Participants learn about terminology; diversity; aspects of colonial history such as Residential Schools and Indian Hospitals; and contexts for understanding social disparities and health inequities. Through interactive activities, discussion and personal reflection, participants examine the present-day realities of colonization that continue to shape Indigenous health and wellness.

Core ICS courses (health and mental health training both available) provide 8 hours (depending on your previous knowledge and your learning style) of online, instructor-facilitated learning over an 8 week period. Online discussions, interactive activities, videos and contributions between peers and the facilitation team provide rich learning opportunities to expand and share information. Upon completion a certificate is awarded and access is provided to further information and post-training resources.

In the fiscal year 2018-19, over 115 individuals from across the South East LHIN, working in various settings such as Public Health, Hospitals, Community Health Centres and the Local Health Integration Network participated in this training.

If you are interested in taking the online ICS training, please connect with our ICS LHIN contact, Tracy Laporte, for registration support at tracy.laporte@lhins.on.ca. Learn more at www.soahac.on.ca/ICS-training.

[Click here for Regional Round-Up available online.](#)

Palliative Care Education Opportunities

FUNDAMENTALS OF HOSPICE PALLIATIVE CARE

CORE FUNDAMENTALS an eight-week program for those working in the health system interested in developing their capacity in hospice palliative care.

PERTH – March 22, April 12, 26 — Registration deadline: **March 8, 2019**

Enhanced Fundamentals: May 10, 2019

TWEED – April 4, 18, May 2 — Registration deadline: **March 22, 2019**

Enhanced Fundamentals: May 16, 2019

NORTHBROOK – May 2, 16, 30 —Registration deadline: **April 12, 2019**

Enhanced Fundamentals: June 13, 2019

BROCKVILLE – May 21, June 11, 25 —Registration deadline: **May 13, 2019**

Enhanced Fundamentals: July 9, 2019

[Program information](#) and [registration](#)

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LEAP (LEARNING ESSENTIAL APPROACHES TO PALLIATIVE CARE) CORE

LEAP CORE provides learners with the essential, basic competencies of the palliative approach to care.

KINGSTON – March 30, 31 - Registration deadline: **March 20, 2019**

[Program brochure](#) and [registration](#)

In the News

[Local paramedics to train for palliative care](#)

Quinte News

Hastings-Quinte paramedics will soon be assisting patient's with palliative care needs in a bid to allow them to stay in their home rather than go to hospital emergency ...

[Health minister commits to changing regulations on palliative care](#)

CBC.ca

A cause Windsor West MPP Lisa Gretzky has been pushing for may finally see some support from the Ford government...

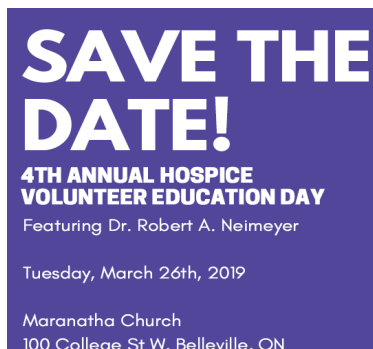
[New Ottawa program aims to help people live well at the end of their lives](#)

Ottawa Citizen

When he told her he wanted to die at home, she was wary. "I was afraid and exhausted. Time was short. I needed a crash course"...



Annual Conference
April 28-30, 2019
Richmond Hill, ON



For more information visit:
www.serpncn.ca