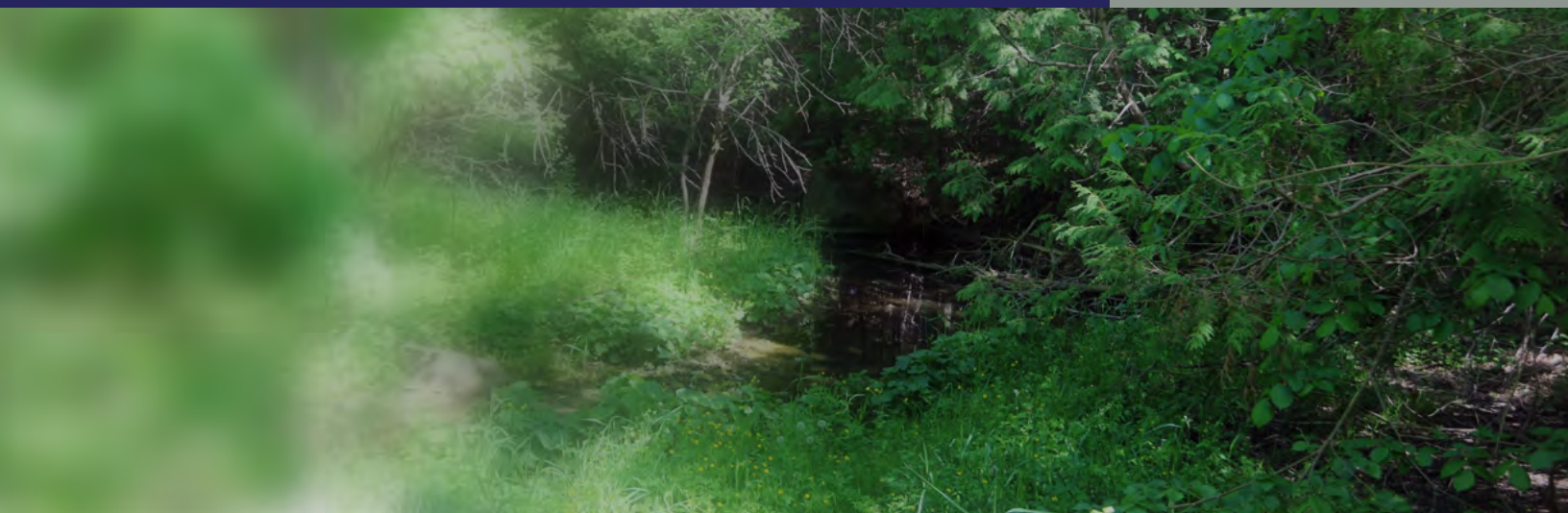




South West Hospice Palliative Care Network

ANNUAL
REPORT
2017



Contents

HOSPICE PALLIATIVE CARE is a philosophy of health care that provides physical, psychological, social, spiritual and practical support to people living with progressive, life-threatening illness and their loved ones. It is available to individuals and their families at any time during the course of the illness and during bereavement.

BACKGROUND	3
Vision	3
Background	3
Structure	4
Aim	4
Top three goals	4
UPDATE IN PROGRESS	5
Grey Bruce	5
Huron Perth	5
Oxford	5
London Middlesex	6
Elgin	6
South West	6
HOW ARE WE DOING?	7
Deaths supported by sector	7
Palliative patients supported by home and community care	8
Patients who died in their place of choice	8
NEXT STEPS	10
CONTACT	11



Background

BACKGROUND

In 2011, the Ministry of Health and Long-Term Care in alliance with more than 80 partners across Ontario developed the Declaration of Partnership and Commitment to Action that created a vision for hospice palliative care in Ontario. The Declaration identified gaps between the current state of hospice palliative care services and the new model.

The Ontario Palliative Care Network was established to support the Hospice Palliative Care Network, the network is accountable to the South West Regional Cancer Program and the South West LHIN in a partnership to drive improvements in hospice palliative care.

The issues as identified in the Declaration of Partnership and Commitment to Action 2011, include:

- key care settings and services are lacking in many catchment areas (specifically residential hospices, hospital care inpatient units/services, bereavement services, formalized palliative care programs in long-term homes and First Nations communities);
- there are currently no clear expectations or roles for each care setting in a continuum of palliative care supports;
- there are currently no evidence-based population guidelines that would assist in the planning and allocation of resources;
- programs and services vary across the province, resulting in inequity; access is determined largely by a health professional's prognosis as opposed to being based on the needs of the individual and family;
- limited access to hospice palliative care results in a lack of consistency between actual locations of death and location of choice for Ontarians;
- there is a need to improve public knowledge and expectations of palliative care. Limited understanding of hospice palliative care results in referrals being made too late in the course of a person's illness, and referrals not being made for those with chronic/life limiting disease. Individuals may not receive palliative care services in a timely manner and may not get the supports they need.

The South West Hospice Palliative Network reviewed recommendations from the Declaration and re-established its Leadership and sub-region Collaboratives to bring system leaders and decision-makers together to build better hospice palliative care systems in the South West. Improvement ideas were identified in each sub-region to support local development of a stronger hospice palliative care system with a focus of identifying early on in a patient's journey when someone could benefit from palliative care.

Background

Building on Advancing High Quality, High Value Palliative Care in Ontario: The Declaration of Partnership and Commitment to Action as a foundation, we are developing a network to ensure that the priorities identified in the Declaration are implemented at both the provincial and regional levels. This supports and aligns with the Ministry of Health and Long-Term Care's **Patients First: A Roadmap to Strengthen Home and Community Care**, highlighting a commitment to improved access and equity in hospice palliative and end-of-life care at home and in the community.

VISION

The South West Hospice Palliative Care Network has developed a vision for hospice palliative care to 'put people with life-limiting illnesses and their families at the centre of hospice palliative care to optimize their quality of life by improving equitable access to coordinated, effective, efficient quality services and supports.'

AIM

- To develop an integrated hospice palliative care system that supports earlier identification of people who could benefit from hospice palliative care resulting in an improved patient and caregiver experience and more effectively utilized resources.
- To provide a better experience for people experiencing palliative care.
- To support people dying in their place of choice.

TOP THREE GOALS

To focus its efforts to improve health care in Ontario, the Declaration addresses three core system goals (Advancing High Quality, High Value Palliative Care in Ontario, 2011).

- **Quality:** To improve patient/family, caregiver and provider experience by delivering high quality, seamless care and support
- **Population Health:** To improve, maintain and support the quality of life and health of people with progressive life-limiting illnesses
- **Sustainability:** To improve system performance by delivering better care more cost-effectively and creating a continuously self-improving system



Update in progress...

The South West Palliative Care Network has established a structure that supports informed decision-making including a collaborative partnership between the South West Local Health Integration Network and the South West Regional Cancer Program accountable to the Ontario Palliative Care Network.

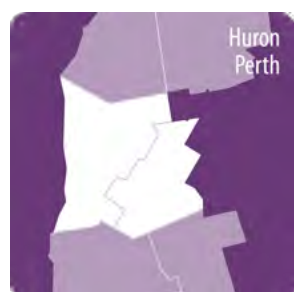
Five sub-region hospice palliative care collaborative tables made up of cross sector system leaders meet monthly to discuss local service planning for palliative care within each community, identify local system capacity needs and gaps as well as provide oversight of local capacity building activities. Their work is based on an established future state model for palliative care.



GREY BRUCE

Grey Bruce established Chapman House, a residential hospice for up to 6 people, and has recently expanded to 8 beds. Last year the Residential Hospice provided care for 109 individuals. A satellite site in southern Bruce County is currently being planned.

A palliative care outreach team has been developed to provide expert palliative care to people in their homes and implement strategies to support earlier identification of individuals who would benefit from palliative care.



HURON PERTH

The Palliative Pain and Symptom Management Consultation Team provided education to build an expert pool of palliative care providers across Huron and Perth. A Palliative Care Outreach Team was established to provide a secondary level of consultation support to providers in home and community care.

There was a focus on establishing a residential hospice solution for Huron Perth. A residential hospice site is under development in Clinton and Stratford. Clinton site is planning to see their first patient in spring 2018.



OXFORD

The Oxford Hospice Palliative Care Collaborative focused on early identification of individuals who would benefit from hospice palliative care in hospitals using tools to support asking questions.

An Oxford and Elgin Palliative Care Outreach team was also developed to support people who want to be at home during their experience. Sakura House, the residential hospice in Oxford County continues to operate with 168 people being served over the last year.

Update in progress...



LONDON MIDDLESEX

London Middlesex started INTEGRATE, an early identification project where the primary care provider/team become involved earlier in the patient palliative care journey. Improving patient care by regularly screening the needs of patient, family and caregiver, and following up as required.

The hospitals have worked together to support an improved model of palliative care for hospital based palliative care beds. Last year, St Joseph's 10 bed residential hospice in London cared for 152 individuals.



ELGIN

In Elgin, the hospice palliative care collaborative introduced the Plan of Treatment for CPR project into long term care homes. This early identification project supports staff of long term care who are having conversations with patients during their admission as to what their wishes are. They are also working with community partners to establish a residential hospice to service all of Elgin County.



SOUTH WEST

All five sub-regions continue to learn and understand the Patient Experience through individuals and their family members shared palliative journey experience(s) with the goal to improve the palliative care system.

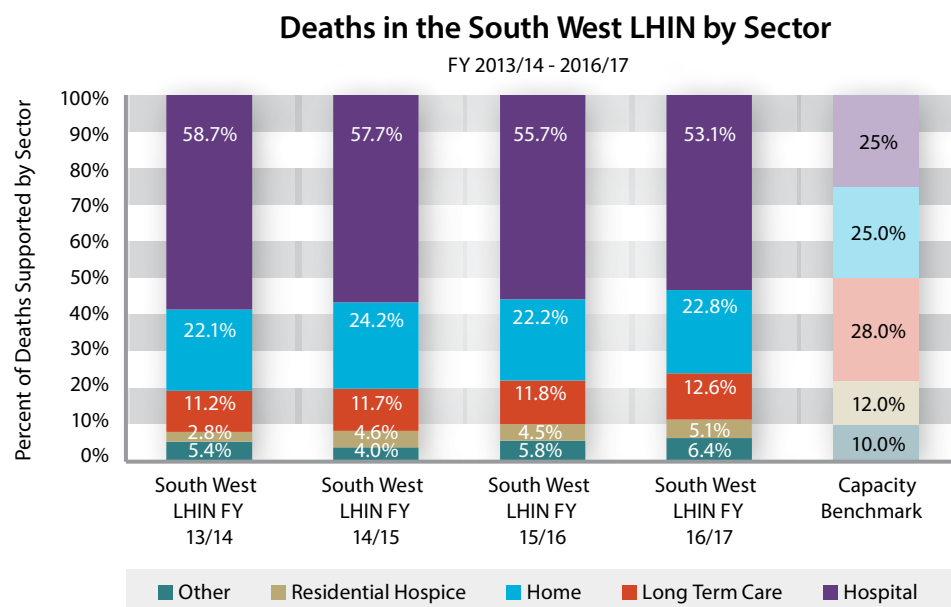
The **Indigenous Hospice Palliative Care Planning, Readiness Assessment Report** was published May 2016. This report provides insight on caring for individuals living in Indigenous communities, listening to the patients experiences and learning how the palliative system can improve to meet their needs. Work to address the formal recommendations presented in the report are underway .

How are we doing?

PERCENTAGE OF DEATHS SUPPORTED BY SECTOR

If we look back to our AIM statements we are making progress on earlier identification of individuals who would benefit from palliative care, we are improving the patient experience and introducing services when needed and more effectively using our resources.

- 82 per cent increase in deaths supported in Residential Hospices; 12 per cent increase home-based deaths supported through Home and Community Care; 10 per cent reduction in deaths taking place in a hospital setting



- Over 85 per cent of palliative/end-of-life patients supported through home and community care and are dying in their recorded places of choice.

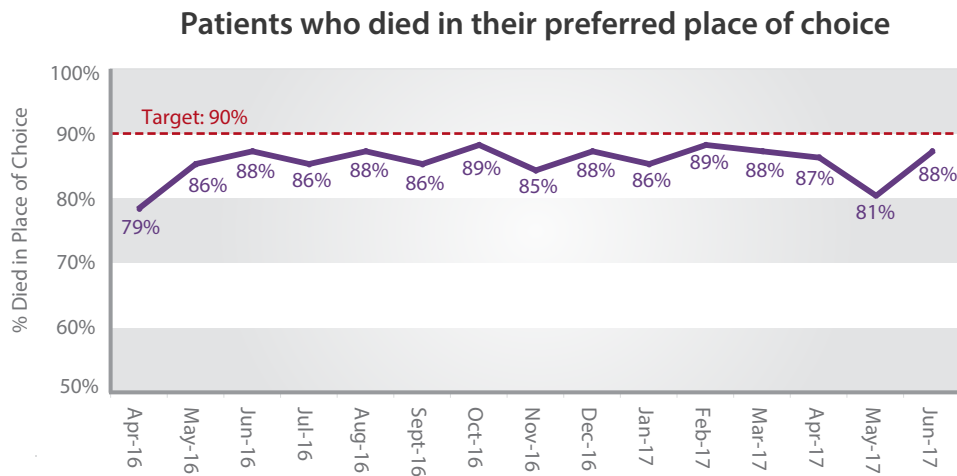


Watch: **CHERYL'S STORY**

In October 2017, the South West Hospice Palliative Care Summit was held at the Best Western Plus - The Arden Park Hotel in Stratford. Hospice palliative care providers and leaders from across the South West were provided with a day of celebration and information. Cheryl Peach shared her family's 20 year experience.

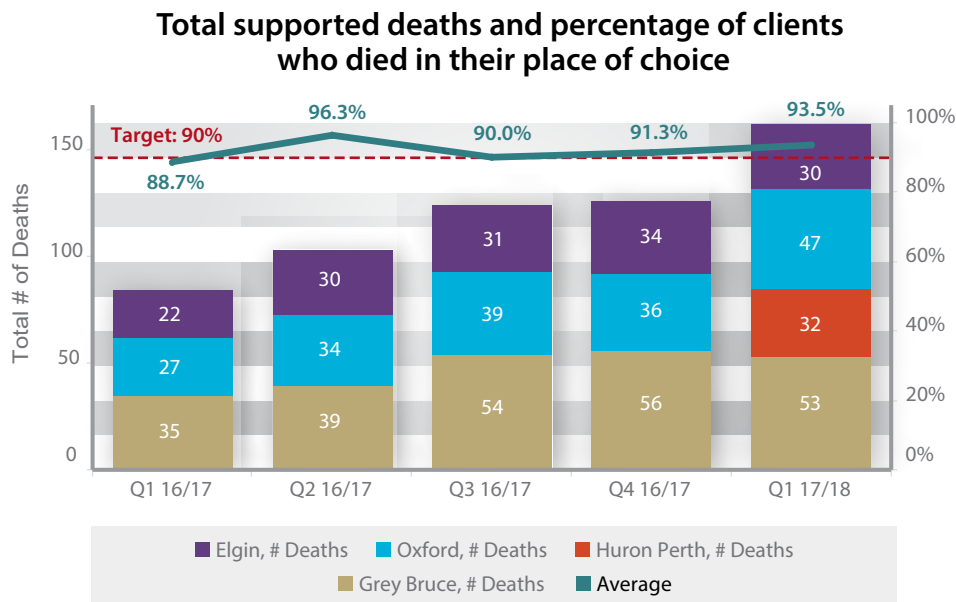
How are we doing?

PERCENTAGE OF PALLIATIVE PATIENTS SUPPORTED BY HOME AND COMMUNITY CARE



- Palliative Care Outreach Teams are operating in Grey Bruce, Huron Perth, Oxford and Elgin to provide support to home and community care providers. A total of 94 per cent of patients supported through palliative outreach teams are dying in their recorded places of choice.

PERCENTAGE PATIENTS WHO DIED IN THEIR PLACE OF CHOICE



In Addition



- New residential hospice beds are being established in Huron Perth, Grey Bruce and Elgin (increase of 16 new beds across the South West by year end 2017/18).
- Education is being offered to local health care providers on the need to identify earlier when individuals would benefit from palliative care.
- New partnerships have been strengthened with the Ontario Palliative Care Network who acts as a principal advisor to the Ontario government for quality, coordinated hospice palliative care in the province.
- Approximately 1,000 palliative patients receiving home based palliative care at any given time are being supported through e-Shift by 27 community Care Coordinators across the South West.

Next Steps

The work within the South West is region will

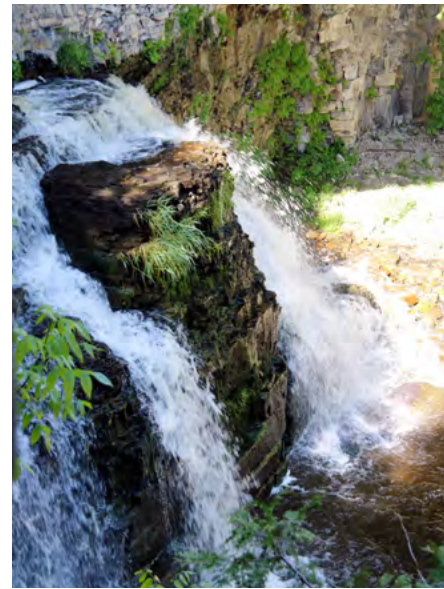
- Advance local quality improvement and innovation through the local Hospice Palliative Care Collaboratives
- Align with the Ontario Palliative Care Network's three year action plan and will be integrated into our local plan
- Advance the South West as a leader in system innovation

The work will depend on

- A strong focus on patient and family engagement in planning and improving services
- Continued local engagement through the sub-region Collaboratives and front line providers
- An enhanced focus on innovation and experimentation

The South West will continue to develop, evaluate and refine new models of care areas such as:

- Secondary level supports through Palliative Care Outreach Teams in each sub-region
- Piloting an Indigenous led palliative care team.
- Focus on performance metrics
- The expansion of e-shift program and palliative home support services
- Coordinated care planning
- Models of care that will specifically meet the needs of Indigenous communities
- Better connect services with coordinated and integrated palliative care in the community, closer to home
- Develop sub-regional residential hospice capacity, capacity to provide care in the home and long term care





Contact

SOUTH WEST HOSPICE PALLIATIVE CARE NETWORK

Alliance of community agencies, hospitals, long-term care homes, and other stakeholders who are committed to improving hospice palliative care services

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