



# Advancing High Quality and High Value Palliative Care

OCTOBER  
2014

## Hospice Palliative Care Provincial Steering Committee Update 7

### HOSPICE PALLIATIVE CARE PROVINCIAL STEERING COMMITTEE MEETINGS HIGHLIGHTS (9/16/2014)

At the last Steering Committee meeting in September, members approved the following six priority indicators to measure Palliative Care in the province:

1. Home support for discharged palliative care patients
2. ER visits in the last 2 weeks of life
3. % of palliative care patients discharged from hospital that were seen in the ER within 30 days
4. CCAC home care wait times
5. Outpatient palliative care wait times- Regional Cancer Centres
6. Hospital readmission within 30 days for palliative care patients

The technical specification and target setting guidelines are currently being refined. It is anticipated that these indicators will be shared for LHIN endorsement in upcoming Service Accountability Agreements (commencing 2015/2016). These indicators, along with those currently under further development, will support LHINs in achieving the strategic goal of a *10% reduction in the total number of hospital days that are attributed to palliative care.*

- **Update from Communication and Awareness Working Group**

Communications and Public Awareness is a key issues identified in the *Declaration of Partnership and Commitment to Action* (the Declaration).

The work undertaken in 2013-14 includes:

- Under Build Public Awareness and Engage in Public Dialogue
  - Promoted Advance Care Planning Day (April 16, 2014)
  - Through Hospice Palliative Care Ontario's (HPCO) Advance Care Planning-Health Care Consent Community of Practice, recorded four educational sessions on
  - Advance Care Planning (ACP) for health service providers; the general public, and a train- the-trainer workshop for health professionals.
  - Posted videos online at HPCO along with workshop PowerPoint presentations and facilitator guides
  - Distributed to each LHIN and Hospice Palliative Care/End Of Life Network a copy of the videos on CD and hard copies of the ACP Ontario Workbook.
  - Initiated conversations with specific coalition partners (OHA and OMA) to promote adoption of Speak Up Ontario ACP materials.
  - Work with other coalition partners to promote Speak Up Ontario
- Under Improve Access to Information Through a Central Hub for Information and Support.
  - Initiated an inventory of known HPC related websites, database, and information sources
  - Validated/updated the links from the inventory
  - Developing a categorization system for site content
  - Initiated a dialogue with thehealthline.ca Information Network about using thehealthline.ca as the back end for the Central Hub
  - Presenting concepts to joint LHIN/PEOLCN table for discussion and feedback (Oct/14)
  - Submit recommendation to HPC SC on implementation of the Central Hub

- **Update from Clinical Council**

Selected from a large pool of phenomenal palliative care leaders throughout Ontario, Dr. Denise Marshall was selected as the clinical leadership for the Steering Committee and Clinical Council, taking on the roles of Chair - Clinical Council (Chair) & LHIN Provincial Lead for Hospice Palliative Care to lead

significant and coordinated enhancements in palliative care province-wide and further the recommendations outlined in the Declaration of Partnership for advancing high quality, high value palliative care in Ontario

Following an inspiring response to the call for applications to the Clinical Council a small membership was drawn from the strong leadership found within Ontario's palliative care community - representing a variety of care specialties and regions throughout the province

Leadership for the Clinical Council was further strengthened by the installation of the Vice Chair position, Dr. Jeff Myers to work alongside the LHIN Provincial Lead for Hospice Palliative Care & Chair in leading the Clinical Council in providing advice to the Steering Committee from a clinical and implementation perspective on the action commitments outlined in the Declaration. The Vice Chair will also work with the Chair in ensuring that hospice palliative care is planned and delivered, under the governance structure established as part of the Provincial Hospice Palliative Care Steering Committee

The Clinical Council was installed and held its inaugural meeting on June 27th, during which it aimed to develop a common vision for the Council, a shared understanding of its mandate, and a critical path for its future work

“The Community Care Access Centres in Ontario are committed to improving palliative care service delivery.

Towards this goal, the CCACs have implemented a population focused model of care which includes specialized programs for palliative patients. The 14 CCACs also implemented the Hospice Palliative Care Nurse Practitioner program to support end of life care and earlier identification of palliative patients with advanced chronic illness. In addition, six CCACs have been pioneers in testing integrated care models for palliative patients through the Integrated Client Care Program (ICCP). With an interest in advancing palliative care across the CCAC sector the CCACs are embarking on an initiative this Fall to review CCAC palliative program best practices and to identify practices for provincial spread. The goal is to ensure patients in every part of Ontario have access to high quality palliative care services through the CCACs.

Ontario Community Care Access  
Centres

A Clinical Change Strategy document is being finalized in order to make explicit a change strategy that will inform the work of the Clinical Council, and help the Council arrive at specific, scalable and feasible clinical recommendations based on the following clinical priorities outlined in the Declaration:

- “Palliative care” needs to be accessible at the right time
- Family members or informal caregivers need to be well supported
- Palliative care delivery needs to improve for all care settings
- Palliative care needs to be delivered across settings in more integrated and seamless ways
- Individuals, teams, organizations and regions must share accountability for palliative care delivery
- Awareness and ownership for excellence palliative care must be taken on by the public.

Several recent Ontario evidence based initiatives have produced key learnings that will be examined and where possible, utilized by the Clinical Council as it formulates its clinical recommendations. The emphasis will be two fold; to use the major current, Ontario centric palliative care clinical “initiatives”, and to meaningfully discern and articulate unifying clinical recommendations for Ontario, that have capacity for both standardization for Ontario and regional customization.

Time-limited Expert Panels populated by colleagues engaged in work related to the key activity or initiative and from whom input on the clinical recommendation is critical will be struck to make specific recommendations based on their understanding of best practice recommendations and evidence. Specific bodies of work will be reviewed to extract key, priority, scalable clinical recommendations. Synergy and overlapping recommendations from the works (including the Auditor General’s Report) will be highlighted, and the Clinical Council through the Chair and Vice Chair will present its recommendations to the Steering Committee by the end of the calendar year

With such a rich palliative care community in Ontario and various leadership roles throughout the province among many organizations the membership of the Clinical Council will be further strengthened by ensuring the alignment of the Council’s direction with these roles, potentially adding members to the Council.

- **Update from Data and Performance Subcommittee**

The Provincial Hospice Palliative Care Steering Committee developed a data and performance measurement strategy to drive improvement in the delivery of palliative care in Ontario. This will help to advance the commitments outlined in the document ‘Advancing High Quality, High Value Palliative Care in Ontario: Declaration of Partnership and Commitment to Action’.

As such, the Data and Performance Measurement Subcommittee was struck in 2013 and is comprised of health care providers, patient/family advisors, health system administrators, and academic experts in measurement and palliative care from across Ontario. The main objectives of the Subcommittee are to develop and implement a data and performance measurement strategy for the delivery of palliative care in the province of Ontario. Specifically, to:

- 1) Develop a provincial work plan that is aligned with the Declaration and that supports the 14 LHINs’ regional plans;
- 2) Support the LHINs aim of developing an overarching system impact indicator, as well as other indicators to support that work; and

Support the advancement of high quality and patient-centred palliative care in the province with a unified set of indicators and standardized approach to data and performance measurement.

The work undertaken to date includes:

- leveraging National Quality Foundation (NQF) and Triple Aim elements **to** develop an Evaluation Framework Development –
- a Literature Scan & Snowball Sampling, which identified additional indicators and inventory of measurement concepts; where possible indicators were assigned to an element of the evaluation framework
- Modified Delphi Consensus exercises:
  - i. **ROUND 1:** Narrowing of indicator list based on relevance, outcome-focused, directionality, actionability
  - ii. **ROUND 2:** Assignment of indicators into 3 categories: accountability, explanatory, developmental
  - iii. **ROUND 3:** Rank ordering of accountability” indicators by Subcommittee via an online survey
- reviewing VOICES Survey to capture Patient and Caregiver Experience on Palliative Care services across all settings in the province
- supporting various LHIN-SAA tables regarding education of selected

indicators

- progress and review of explanatory and developmental indicators requiring further work through validation

- **Update from the Residential Hospices Working Group**

The Residential Hospices Working Group (RHWG) has held 10 meetings and has developed an interim draft report with advice on strengthening Ontario's end of life continuum and optimizing the role of residential hospices along with other partners involved in the provision of high quality, high value care at the end of life. The RHWG has held four successful Focus Groups with the: Residential Hospices Executive Directors, Palliative and End of Life Care Network and LHIN leads, key research partners and with the Hospice Palliative Care Provincial Steering Committee and Clinical Council. The goal of these engagement sessions is to generate important input on key themes critical to improving care at the end of life. The dialogue has generated insightful feedback that continues to shape the recommendations emerging from the RHWG.

Additional focus groups for diverse groups and geographies, First Nations, Clients and Caregivers and Health Links are planned for October 2014. The RHWG report is on track for being finalized in November 2014.

## QUESTIONS?

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