Central East LHIN Strategic Aim Update – Palliative & End of Life

Update to the Central East LHIN Board of Directors
November 25, 2015

Presented By: Lauren Chitra

Agenda

- Review of Central East LHIN Strategic Aim
- Update on Palliative Care Metrics
- Update on Central East Regional Palliative Care Plan Priority Recommendations
- Next Steps

2013-16 Central East LHIN Integrated Health Services Plan

Community

FIRST

Help Central East LHIN residents spend more time in their homes and their communities.

Increase the number of palliative patients who die at home by choice and spend 12,000 more days in their communities by 2016.

Palliative Care

Patient Story – Community Care City of Kawartha Lakes

Mr. Smith age 71, lived with his spouse at home. Recently been diagnosed with metastatic pancreatic cancer, admitted to hospital due to shortness of breath. After a procedure to reduce fluid in his abdomen, feeling much better and looking forward to going home. At discharge, referred to the Palliative Care Community Team (PCCT) for:

- Pain and symptom management and psychosocial support
- Evaluate level of confusion /capacity to function at home
- Evaluate and Support coping requirements of his elderly wife

The PCCT Clinical Navigator connected while he was still in the hospital, met him again when he went home. This allowed for the therapeutic relationship begun in the hospital to continue at home; lent an ability to identify change in the client's condition between hospital and community.

Within a few days of being at home a joint visit was made with the PCCT Clinical Navigator and Hospice Program Coordinator to address multiple needs for physical and emotional support, including supporting his wife, arranging for visiting volunteer. This joint visit reduced the client's need to repeat his story and provided opportunity to discern 'who is who' and 'who does what.

Patient Story – Community Care City of Kawartha Lakes(Cont'd)

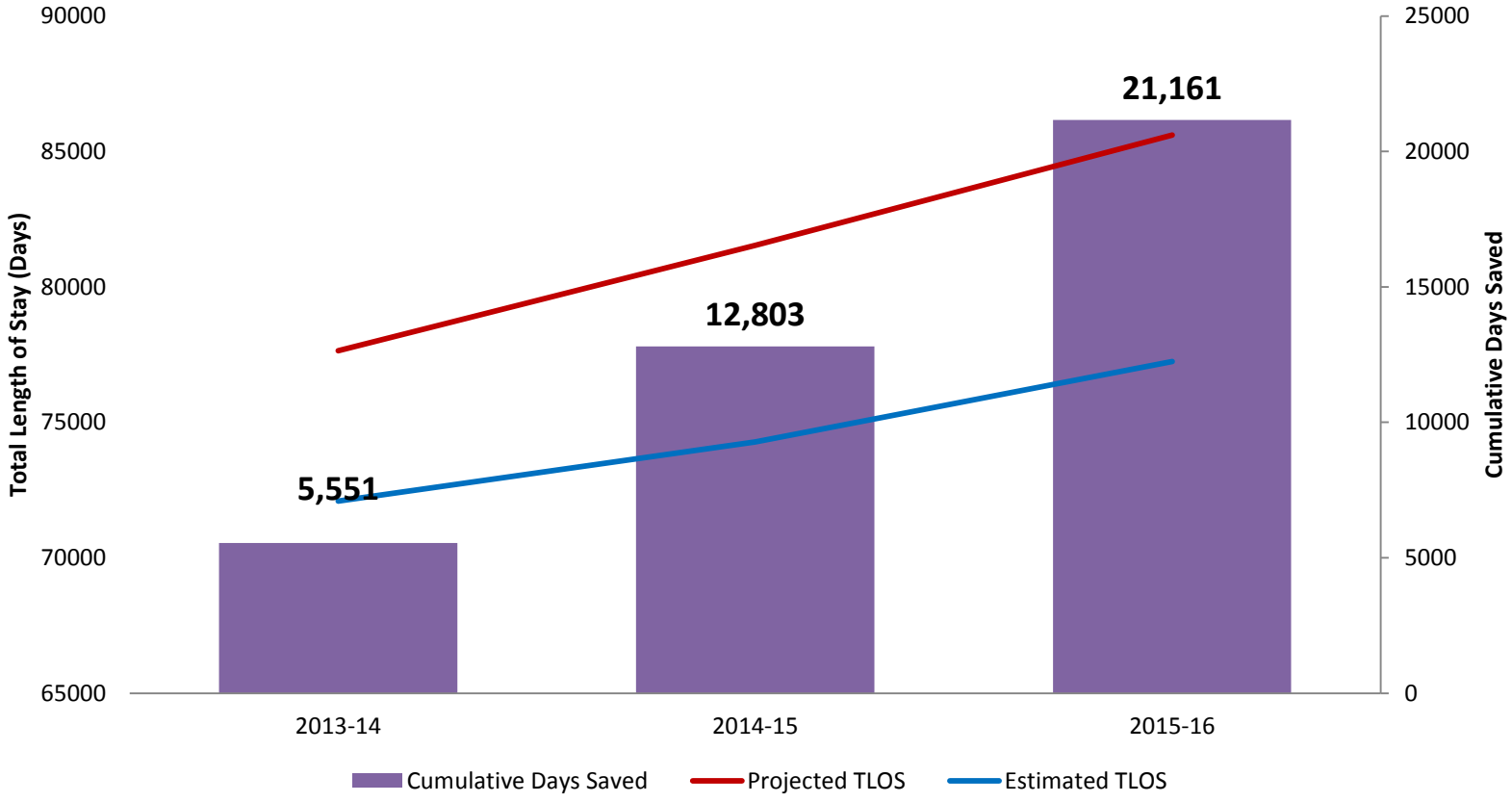
Navigator's initial visit was made when Community Nurse was in the home. Great opportunity to create a collaborative care plan with client and family. Navigator noticed an increase in the client's abdominal distension, causing discomfort to the client. As a result, Navigator was able to communicate with the Community Nurse, CCAC Care Coordinator and the physician who was responsible for Mr. Smith's care. An out-patient procedure was planned to draw accumulating fluid, and a plan for a more permanent solution. The Navigator also relayed information to CCAC Coordinator regarding Mr. Smith's status and change to his care plan and ensured all those in the 'circle of care' were kept informed. This outpatient visit helped to avoid a visit to the ER and undue distress for Mr. Smith and family.

The Hospice Program Coordinator was also able to make a very good volunteer match. She connected an individual who not only was extremely experienced in Hospice volunteer work, but also was of the same faith group.

Over the next several weeks leading to end of Mr. Smith's life, the PCCT contributed and assisted with a collaborative team approach between Mr. Smith and his family, the CCAC and nursing providers, an out-of area family physician, the PCCT, Hospice and bereavement team, all helping to ensure this Mr .Smith's needs were met. He was able to achieve comfort and die in his home as per his wishes. The Hospice volunteer is continuing to sustain Mrs. Smith with bereavement support.

Aim Metrics Update

Palliative Care Strategic Aim Update



Supporting Indicator – Definitions

Terms	Definition
Baseline	Where there is sufficient data, the baseline is the average of the two most recent fiscal years.
Central East LHIN Target	The formal Central East LHIN target for that indicator (typically developed for use in existing scorecards, such as the MLPA). This formal target is indicated by **bold formatting**. Where there is no formal target, the baseline less 10% is used as an informal Central East LHIN Target.
Current Performance	The Central East LHIN performance for the indicator using the most current data available.
Current Status	The current performance is compared with the CE LHIN target and the result is summarized by a colored dot following the parameters below: • A red dot indicates that the current performance deviates from the desired target by more than 10%. • A yellow dot indicates that the current performance is within 10% of the target • A green dot indicates that the current performance meets the target or is performing better than the desired target
Direction	The direction of the data uses all the data from the baseline and any additional data, up to and including the most current data available.
↘ ⇨ ↗	A gray arrow indicates that there are at least 7 data points available to calculate the direction of the data.
↘ ⇨ ↗	A white arrow indicates that there are fewer than 7 data points available. The direction of data should be interpreted with caution.

Palliative Aim – Supporting Indicators

Indicators	Baseline	CE LHIN Target	Current Performance [1]	Current Status	Direction
Average Hospital Length of Stay for Palliative Patients, in Days (decrease)	14.8	13.3	14.5		
Percentage ALC days for Palliative Patients (decrease)	16.0%	14.4%	17.3%		
Percentage of Palliative InPatients who were discharged "Home with Support Services" (increase)	66.0%	72.6%	82.5%		
Percentage of Palliative InPatients who Died in Hospital (decrease)	65.7%	59.1%	69.1%		

Notes:

1 Most recent available data: 14/15 Q4

Central East Regional Palliative Care Plan

Update & Next Steps

Central East Hospice Palliative Care Network

Mandate

- To provide direction, coordination and leadership for the development of a coordinated and integrated system of hospice palliative care

Mission

- To provide leadership for the development and evolution of a comprehensive, integrated and coordinated system of hospice palliative care for the Central East Region through:
  - Development of standards and supports for delivery of care
  - Support for implementation of best practices
  - Support for building system capacity and access to hospice palliative care
  - Education and knowledge transfer

ce hpcn Central East Hospice Palliative Care Network

Central East Hospice Palliative Care Network (Cont'd)

Linda Sunderland - Hospice Peterborough

Patti Stanton - Hospice Peterborough

Franzis Henke - Central East CCAC

Lisa Burden - Central East CCAC

Isobel Manzer - Central East CCAC

Kim Cook - Scarborough Centre for Health Communities

Jill Sadler - Community Care City of Kawartha Lakes

Eric Hong - Yee Hong Centre for Geriatric Care

Dawnette Hoo-Hing – Durham Hospice/VON

Dr. Ed Osborne - LHIN/CCO Palliative Physician Lead, Lakeridge Health

Sari Greenwood - The Scarborough Hospital, Lakeridge Health

Heather Davis - Lakeridge Health

Kirsten Burgomaster - Lakeridge Health

Kathy Beaver McLeod - R.S. McLaughlin Durham Regional Cancer Centre

Kerry Shudall - Campbellford Memorial Hospital

Sonia Johnson - The Scarborough Hospital

Melanie Hill - Northumberland Hills Hospital

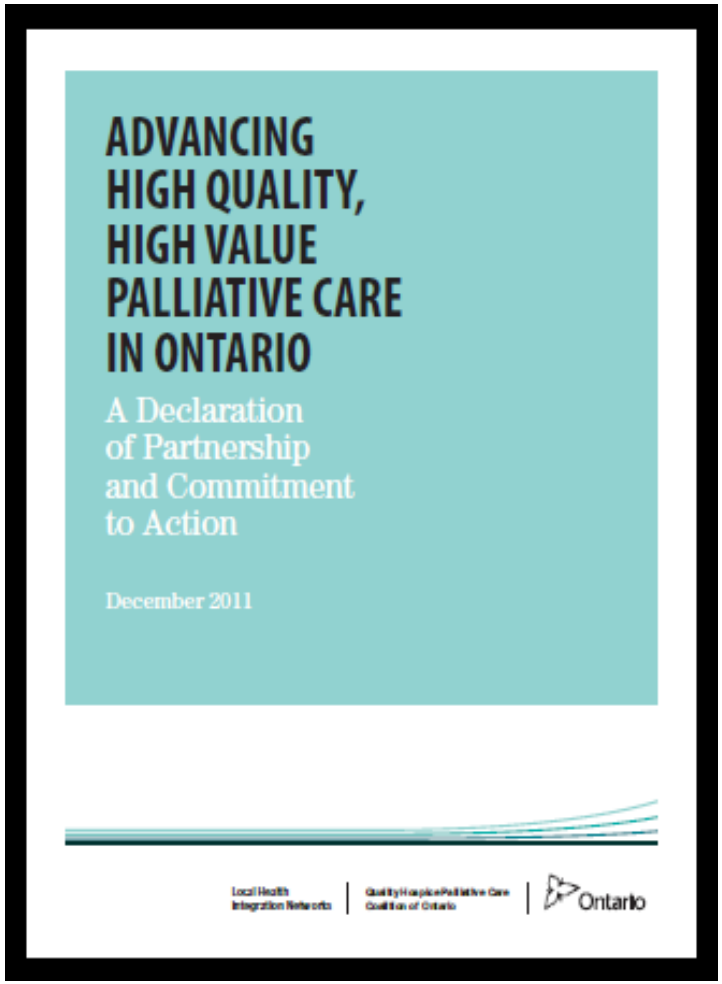
A Declaration of Partnerships - Provincial Framework

Model

- Supporting adults and children with advanced chronic conditions and their informal support network to receive care that is proactive, holistic, person and family-focused
- Centered on quality of life and symptom management
- Delivered by integrated inter-professional team across all settings

Action

- Provincial End of Life Care Networks to develop a comprehensive integrated Regional Palliative Plan



Central East Regional Palliative Plan: Priority Recommendations

Approved April 2014

Establish Dedicated Interdisciplinary Palliative Outreach Teams

Enhance Hospice Palliative Care (HPC) Education & Training

Create Integrated HPC Hospital Programs

Create Integrated HPC Programs in LTCHs

Promote Community Hospices as Central Hubs

Establish Dedicated Interdisciplinary Palliative Outreach Teams

- 3 Palliative Care Community Teams (PCCTs) funded - Scarborough, City of Kawartha Lakes, Haliburton
- Began seeing clients in April 2015 – focusing first, on hospital patients

Progress to Date

- Hired Project Management; RN Navigator/Liaison; Social Worker/Counsellor or Bereavement support
- Developing and implementing host of standardized tools
- Providing quarterly reports to LHIN – average of 25 clients seen per quarter
- Identifying lessons learned, developing knowledge transfer strategy for future PCCTs

Enhance Hospice Palliative Care Education & Training

Interdisciplinary Palliative Education Redesign

- South West Palliative Pain and Symptom Management Program course redesign reflective of best practice, evidence-based HPC, knowledge translation strategies
  - Revised *Fundamentals of Hospice Palliative Care* course (Fundamentals)
  - Eliminated *Advanced Hospice Palliative Care Education* (AHPCE) course
  - Established *Enhanced Fundamentals* course
  - Revised *Comprehensive Advanced Palliative Care Education (CAPCE)*
- Funding reallocated to Lead Hospice Agencies based on redesign - Hospice Peterborough, Scarborough Centre for Healthy Communities, Durham Hospice/Victorian Order of Nurses (VON)
  - Approximately $37,000 allocated to each Lead Hospice Agency

Enhance Hospice Palliative Care Education & Training (Cont'd)

Combined Palliative Care Go-Live Model

- CCAC led RFP to identify 2 agencies per Cluster, to receive interdisciplinary palliative education and training
- All CCAC palliative clients to receive PSW and RN support from 1 of 2 specialty trained agencies, only
  - North East Cluster - St. Elizabeth, Paramed
  - Durham Cluster - Paramed, VHA
  - Scarborough Cluster - VHA, St. Elizabeth
- Strategy being supported by Lead Hospice organizations offering interdisciplinary education; PPSMCs supporting additional knowledge capacity, training, mentorship

Enhance Hospice Palliative Care Education & Training (Cont'd)

Physician Education Redesign – Pallium Canada

- Pallium Canada updated Learning Essential Approaches to Palliative and End of Life Care (LEAP) Course. Specifically:
  - Developed a host of additional "LEAP Products" - LEAP Core, LEAP-Mini, LEAP Paramedic, LEAP Oncology
  - Standardized facilitator training/certification process, course registration, pre/post course physician accreditation requirements
- LHIN, CCAC, CEHPCN, Palliative Care Physician Lead are reviewing updated course content, funding distribution and establishment of enhanced access to physician education
  - Approximately $30,000 allocated to Central East CCAC to support physician education

Palliative Care Physician Leadership

- Dr. Ed Osborne announced as Palliative Care Regional Lead
  - Joint accountability to the LHIN and Regional Cancer Program (RCP) championing both provincial and local strategies
- Submitted Regional Work Plan outlining initiatives/deliverables, timelines and outcomes. Key activities include:
  - Promoting linkages with CCAC - access to palliative care supports
  - Active participation at regional, provincial Network tables
  - Assisting and supporting progress of current/future PCCTs
  - Facilitating and encouraging new LEAP curriculum
  - Quarterly updates and reports with LHIN/RCP

Residential Hospice

- Hospice Palliative Care Ontario (HPCO) defines community residential hospice as healthcare facility/registered charity that provides palliative care services by an interprofessional team with palliative expertise, 24/7, in a home like setting for an individual and their significant others, at no cost to the user

- In 2011, the Ministry announced operational funding for “approved” residential hospice

  - Hospice Peterborough, the Durham Hospice and the Yee Hong Centre for Geriatric Care Central East agencies/regions highlighted to receive $910,000 annually for nursing and personal support services based on a 10-bed model

- To date, funds have remained with the Central East CCAC to provide palliative care services throughout 3 Clusters

Residential Hospice - Hospice Peterborough

- Hospice Peterborough Care Centre to be located at corner of 325 London Street and Reid Street, Peterborough
  - Will become a hub for the delivery of integrated hospice palliative care services
  - Facility to include a 10-bed resident care area, existing program, administrative offices
- Cost of this project is set at $6.5M, to be funded through a community-wide capital campaign, "Every Moment Matters"
- Anticipated opening date - Fall 2017

Residential Hospice - Durham Hospice/VON

- Started a Residential Hospice Community Board Working Group
  - Working on Terms of Reference
- Meeting with Hospice Peterborough to discuss planning process, review experiences, challenges, opportunities and lessons learned in order to support future planning efforts
- Maintaining communication with the LHIN regarding planning activities

Residential Hospice - Yee Hong Centre for Geriatric Care

- Supporting discussions and planning efforts to establish a 10-bed Residential Hospice within the current Yee Hong Center for Geriatric Care building
- Drafting a Business Case to be presented and reviewed by Yee Hong Board of Directors
- Maintaining communication with the LHIN regarding planning activities

Residential Hospice - The Bridge Hospice

- 3-bed freestanding residential hospice situated in rural Warkworth, Ontario
- Began taking residents June 2013
- Recent partnership with Saint Elizabeth Community Enterprise
  - Proposal developed/accepted investing up to $1.5M over 5 years
  - Includes 24/7 PSW services, RPN/RN on call as needed - to augment services currently provided by CCAC
- Continual discussions with wider network of local services and planning tables

Ontario Palliative Care Network

- Led by LHINs and Cancer Care Ontario, organized partnership of community stakeholders, health service providers and planners, responsible for the development of a coordinated, standardized approach for the delivery of palliative services in the province

- Year 1 deliverables:

  - Operationalize network; develop and implement governance framework

  - Create 14 regional palliative care programs

  - Establish interprofessional clinical leadership in the 14 regional palliative care programs to inform systems planning

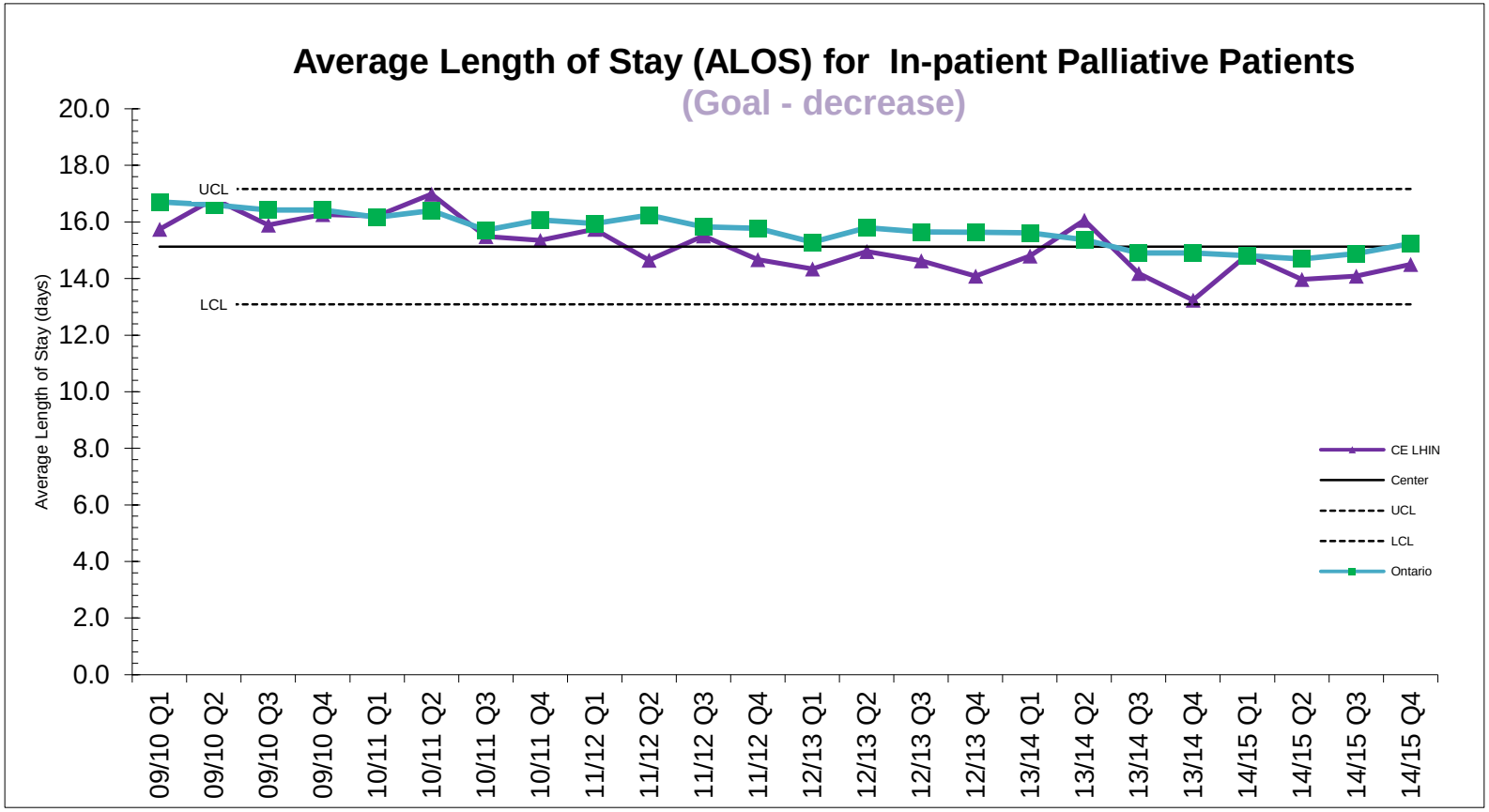
  - Advance provincial performance measurement for palliative care through provincial indicators and measuring experience at end of life

  - Conduct capacity planning for residential hospice expansion to inform Ministry decisions and develop a planning framework for palliative care services

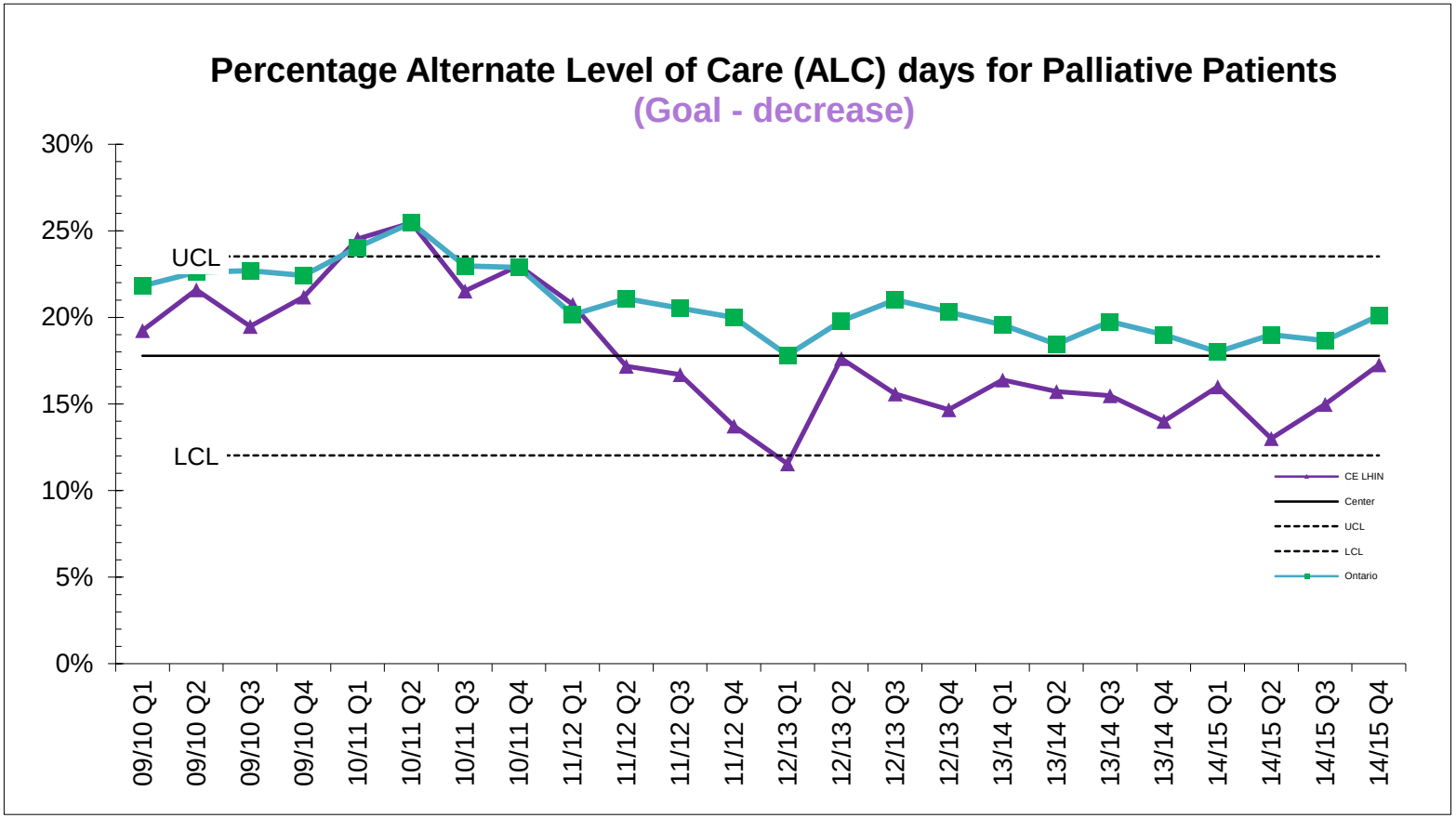
Next Steps

- Ongoing communication and promotion of IHSP 4 including updated palliative aim, metrics and priority initiatives
- Continued collaboration and advancement of CEHPCN's Regional Palliative Plan priorities
- Joint LHIN-CCAC communication identifying PCCT Phase 2 support for standardization of service delivery model – December 2015
- Deployment of LHIN-wide palliative education and capacity building strategy - January 2016
- Continued communication and collaboration to support Residential Hospice planning
- Continued leadership at provincial discussion tables - development of OPCN

Appendix

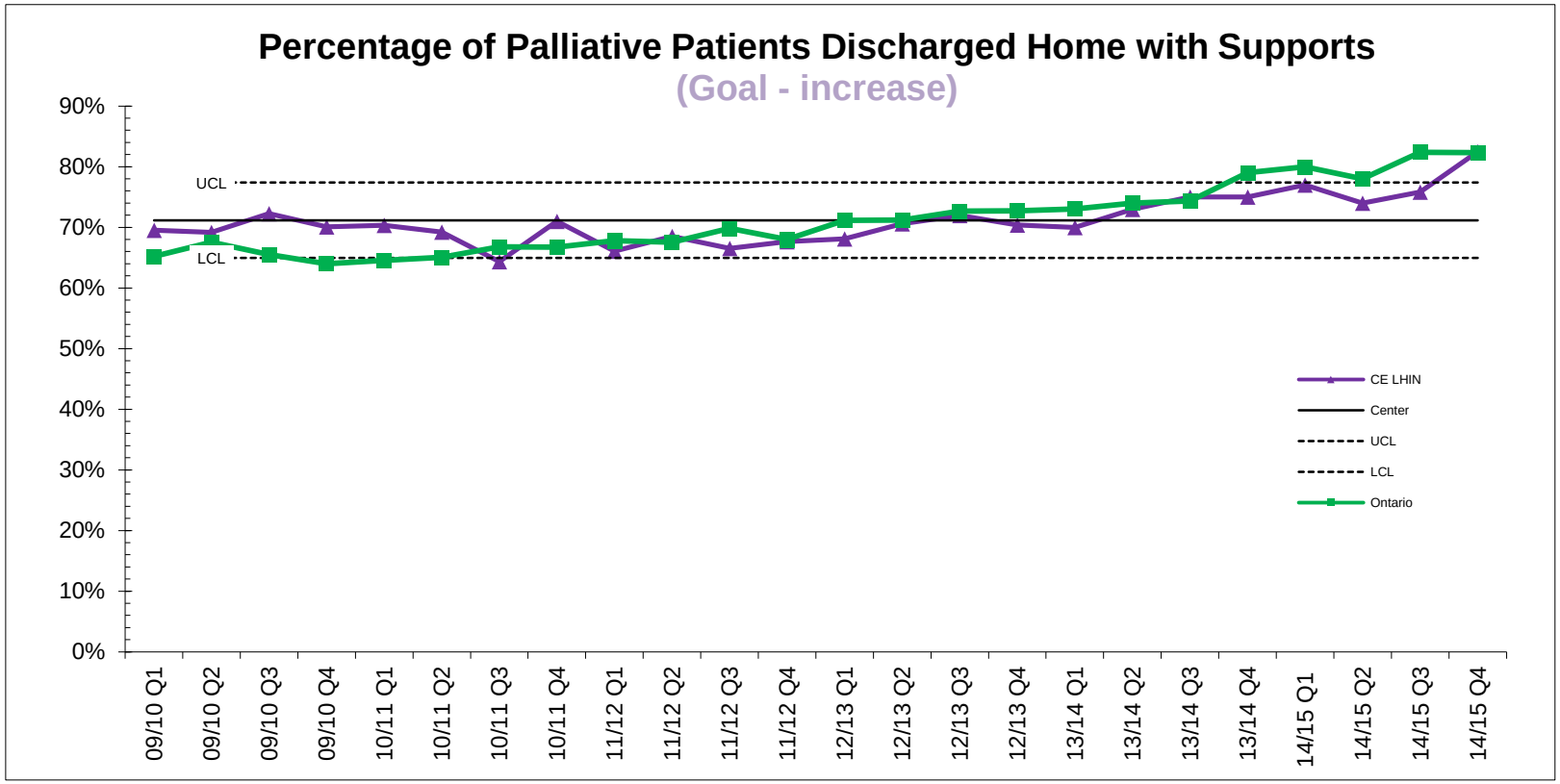


Analysis: The Average Length of Stay (ALOS) for Palliative patients in Central East LHIN has been consistently below the Provincial ALOS. Between FY 2012/13 and FY 2014/15, the *number* of patients diagnosed as palliative has increased.

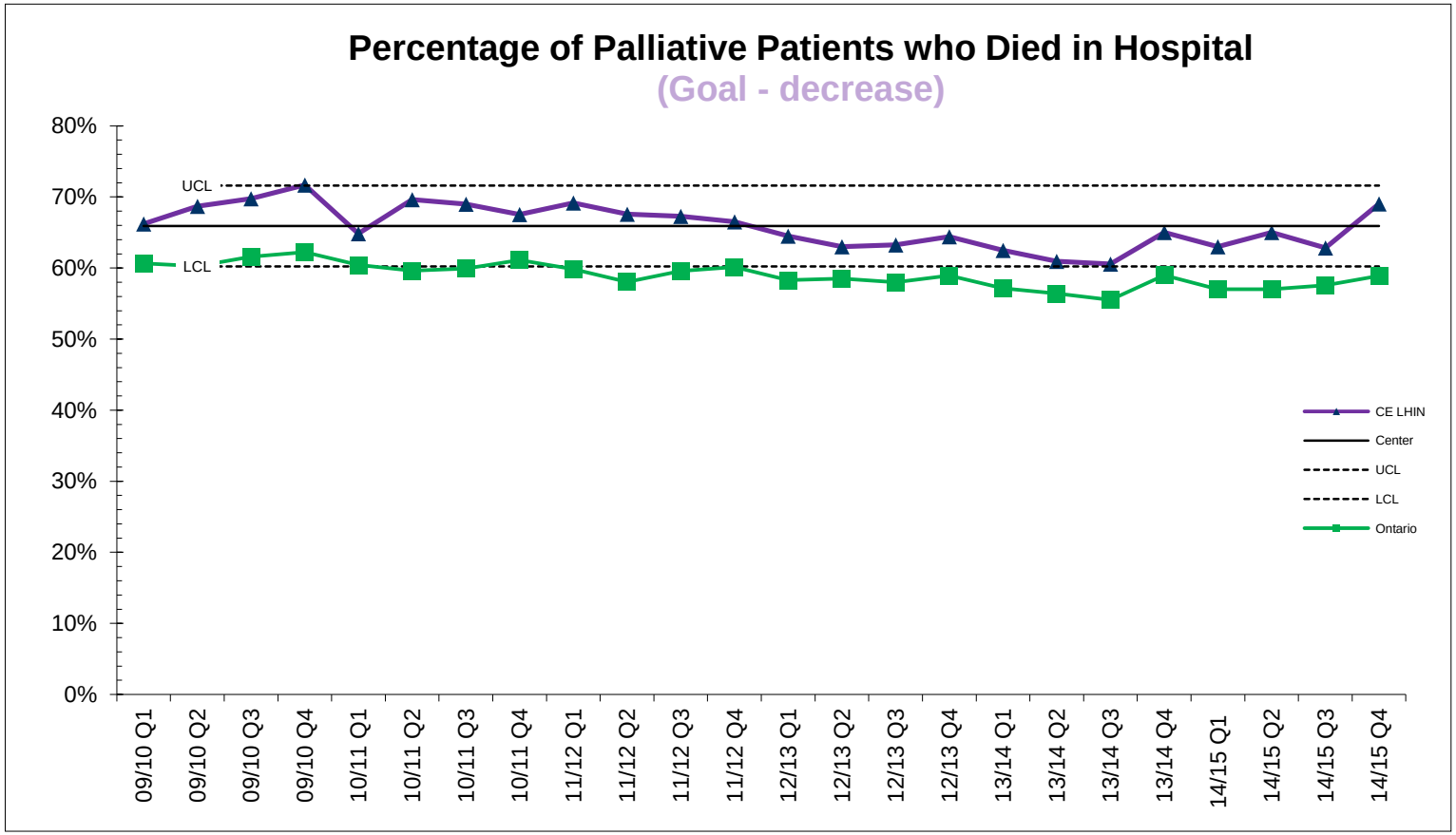


Analysis: In Q4 2014-15, Central East LHINs percentage ALC days for palliative patients is currently 17%.

Central East LHIN has seen an 11% reduction in the *number* of palliative patients designated Alternate Level of Care (ALC) between FY 2012/13 and FY 2014/15. The LHIN has also experienced a 3.6% increase in the number of days spent as ALC in an acute care setting.



Analysis: Central East LHIN performed at par with the Province for patients discharged home with supports. In Q4 2014/15, 82.5% of Central East LHIN patients were discharged to a home setting with support services (i.e. senior lodge, attendant care, home care). The Ontario performance is 82.3%. Between FY 2012/13 and FY 2014/15, there has been a 7.8% increase in the number of patients discharged home with supports. Over the last 4 quarters, there has been a steady increase in this indicator and we are exceeding our target of 73%.



Analysis: The most common place of death for Palliative patients is in the Acute Care setting.[1] There has been a 2.8% increase in the number of acute in-patient deaths in Central East LHIN hospitals between FY 2012/13 and FY 2014/15. For those who have died in hospital, there has been an increase of 4.25% in adults aged 65 and older over the last 3 fiscal years. Central East LHIN has been consistently above the Provincial percentage but performance has stayed within control limits.

[1]AHRQ Results for CE LHIN, June 2013