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

LHIN Board of Governors Meeting
April 27, 2016

Presented By: Lauren Chitra, Palliative Care Coordinator

Ontario
Local Health Integration Network

Objectives

- Provincial Networks - Guiding Partnerships & Frameworks
- Central East LHIN Strategic Aim Update
- Central East Palliative Care Plan - Priority Recommendations & Areas of Focus
- Moving Forward - Next Steps

Provincial Networks

Guiding Partnerships & Frameworks

Ontario Palliative Care Network

- March 2016, Ministry announced creation of Ontario Palliative Care Network (OPCN); aligns with strategy to support greater patient choice in palliative care, highlighted in Patients First: A Roadmap to Strengthen Home and Community Care

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

  - Accountable for quality improvement initiatives, data and performance measurement

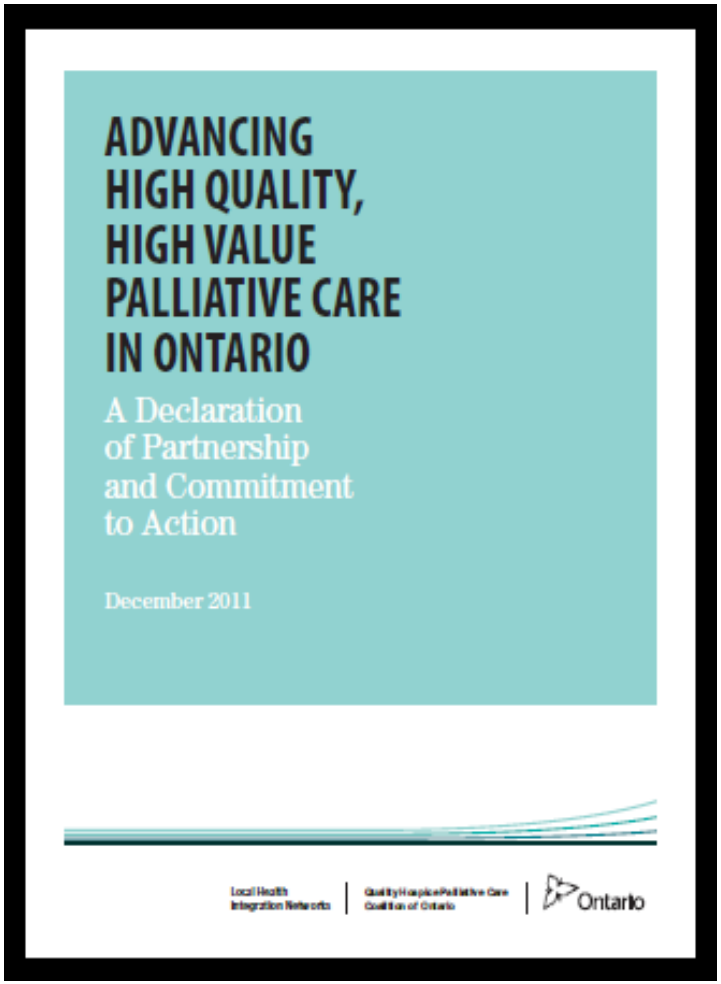
  - Support regional implementation of high-quality, high-value palliative care

  - Connect current research and leading best evidence to clinical practice

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



Central East LHIN Strategic Aim Update

Palliative & End of Life Care

2013-16 Central East LHIN Integrated Health Service Plan

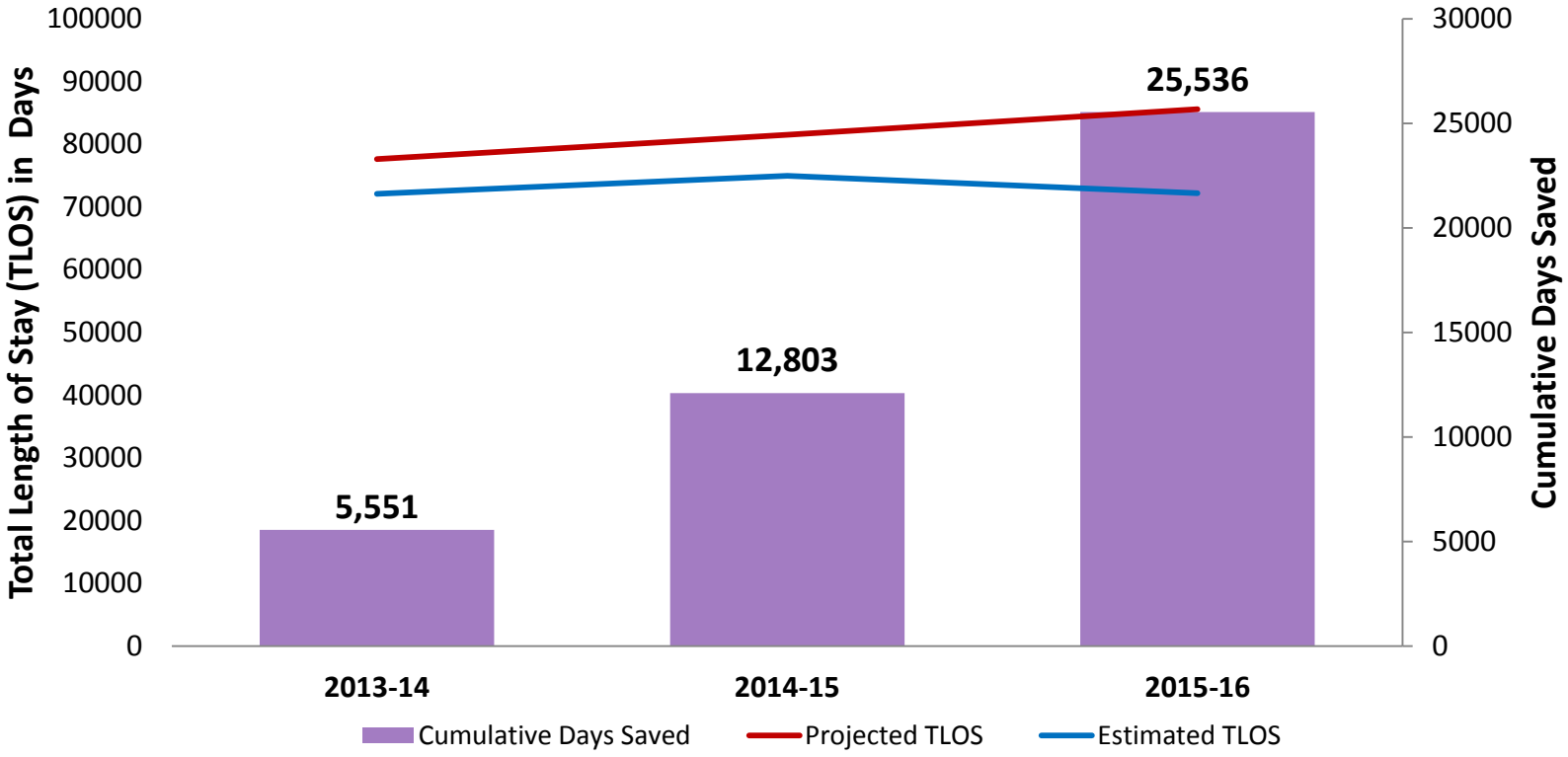
Community
FIRST

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

Palliative Strategic Aim - Update

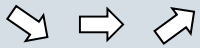


Cumulative Days Saved: purple bars represent the difference between the Projected Total Length of Stay (red line) and the Estimated Total Length of Stay (blue line).

Estimated Patient Days: blue line represents a projection of what the Total Length of Stay would potentially be based on 3 years of historical data.

Projected Patients Days: red line represents what the actual Total Length of Stay is for each fiscal year. Until the actual TLOS is known, estimated values are calculated based on the aim assumptions.

Palliative Supporting Indicators - 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 Supporting Indicators - Updates

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	13.6		
Percentage ALC days for Palliative Patients (decrease)	16.0%	14.4%	15.2%		
Percentage of Palliative InPatients who were discharged "Home with Support Services" (increase)	68.7%	75.6%	77.4%		
Percentage of Palliative InPatients who Died in Hospital (decrease)	65.7%	59.1%	63.0%		

Notes:

1 Most recent available data: 15/16 Q2

2016-19 Central East LHIN Integrated Health Service Plan

Palliative Care Aim: Continue to support palliative patients to die at home by choice and spend 15,000 fewer days in hospital by increasing the number of people discharged home with support by 17% by 2019.

Palliative Care

Central East Regional Palliative Care Plan

Priority Recommendations & Areas of Focus

Central East Hospice Palliative Care Network

Mandate

- To provide direction and 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 access to hospice palliative care; and
  - Education and knowledge transfer.
- Voluntary membership with 18-20 representatives from across acute, community, CCAC, LTCH settings

ce hpcn Central East Hospice Palliative Care Network

Palliative Care Physician Leadership

- Dr. Ed Osborne announced as Palliative Care Regional Lead
  - Joint accountability to LHIN and Regional Cancer Program (RCP) championing both provincial and local strategies
    - Promoting linkages/access to palliative care supports
    - Participation at regional, provincial Network tables
    - Continual collaboration with LHIN/Cancer Care Ontario Physician Leads
    - Assisting and supporting progress of Palliative Care Community Teams
    - Facilitating Pallium Canada physician education and training

Palliative Care Physician Leadership – (cont'd)

- Palliative Care Community Team (PCCT) Quality Improvement Event (February 2016)
- Ontario Palliative Care Network engagement session (March 2016)
- Regular LHIN Physician Leads meeting (March 2016)
- Scarborough Faculty development session with Dr. Onye Nnorom (April 2016)
- Physician expansion within Scarborough PCCT (April 2016)
- Ongoing awareness and use of Symptom Management Kits (SMK) to support palliative care in the community (April 2016)
- Physician LEAP education planning (June 2016)

Central East Regional Palliative Care Plan

Priority Recommendations & Areas of Focus

- Establish Palliative Care Community Teams and ensure a standardized approach
- Enhance Hospice Palliative Care (HPC) Education & Training
- Create Integrated HPC Programs in LTCHs
- Create Integrated HPC Hospital Programs
- Promote Community Hospices as Central Hubs
- Residential Hospice

IHSP 3

IHSP 4

Establish Palliative Care Community 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
  - Providing quarterly reports to LHIN - average of 25 clients seen per quarter
- LHIN Board approved funding for 3 additional PCCTs - Peterborough, Durham, Northumberland
- 2 Day PCCT Quality Improvement Event held February 2016 (over 80 participants)
  - Establish consensus on key components of standardized model that will meet needs of communities, patients, and families
  - Leverage learning from existing palliative care experts - PCCTs, hospitals, communities, physicians, CCAC

Enhance Hospice Palliative Care Education & Training

Interdisciplinary Education

- 3 Lead Community Hospice Agencies funded to provide interdisciplinary education (approximately $37,000 each)
  - Hospice Peterborough, VON/Durham Hospice, Scarborough Center for Healthy Communities
- Standardized # of courses geared towards RN, PSW, Hospice Volunteers

Physician Education

- CCAC funded to support physician education (approximately $32,000)
  - 3 Pallium Canada Learning Essential Approaches to Palliative and End of Life Care (LEAP) Core courses offered per year

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

Combined Palliative Care Go-Live Model

- All CCAC palliative clients to receive RNs and PSWs support from 1 of 3 specialty trained agencies in each Cluster; strategy supported by Lead Hospice organizations offering interdisciplinary education

Agency	Training	Staff Type	# of Staff Trained
Visiting Homemakers Association (VHA)	Fundamentals Enhanced	RN	10
	Comprehensive Advanced Palliative Care Education (CAPCE)		3
	Fundamentals	PSWs	35
	Registered for Future Courses		3
ParaMed	Fundamentals Enhanced	RN	47
	CAPCE		13
	Registered for Future Courses		13
	Fundamentals	PSWs	65
	Registered for Future Courses		25
Saint Elizabeth Health Care (SEHC)	Fundamentals Enhanced	Nurses	45
	CAPCE		15
	Registered for Future Courses		6 for CAPCE
	Fundamentals	PSWs	54
	Registered for Future Courses		12

Community Hospices as Central Hubs

- Hospice Hub Collaborative developed; representation from Central East LHIN's 6 Community Visiting Hospice Programs
  - Hospice Peterborough, VON/Durham Hospice, Scarborough Center for Healthy Communities, Community Care City of Kawartha Lakes, Community Care Northumberland, Haliburton Highlands Health Services
- Key objective is to support establishment of community based Centers of Excellence in Hospice Palliative Care
  - Enhanced access to a common set of core programs and services (caregiver, respite, grief, bereavement, education, mentorship)
  - Communication, promotion and awareness of local Hospice Palliative Care services in the community
- Recently presented high level strategic plan to CEHPCN highlighting current/future state analysis of services and required resources, over time

Residential Hospice

- In 2011, the Ministry announced operational funding for “approved” residential hospice
  - Durham Hospice, Yee Hong Centre for Geriatric Care Central East and Hospice Peterborough, the agencies/regions highlighted to receive $900,000 annually for RN and PSW support based on a 10-bed model
- To date, funds have remained with the Central East CCAC to provide palliative care services throughout Durham, Scarborough and the Northeast Clusters

Residential Hospice - VON/Durham Hospice

- Meeting with Hospice Peterborough to discuss planning process, review experiences, challenges, opportunities and lessons learned to support future planning efforts

- Supporting discussions with North Durham Residential Hospice Steering Committee (NDRHSC) regarding introductory business case submitted to the LHIN, outlining strategic plan for moving forward with a residential hospice in Port Perry

- LHIN, VON/Durham Hospice and NDRHSC met in early April 2016; discussed potential partnership opportunities including contributions, expectations, challenges and opportunities

  - LHIN to facilitate and support strategic planning moving forward

Residential Hospice - Yee Hong Centre for Geriatric Care

- Supporting discussions and planning efforts to establish a 10-bed Residential Hospice within current Yee Hong Center for Geriatric Care building located at Finch site
  - Connecting with LTCH Licensing Policy Branch to ensure identified model of care aligns with Ministry guidelines and legislation
  - Drafting Business Case to be presented and reviewed by LHIN staff and Board
  - Maintaining close communication with LHIN regarding planning activities

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 project is set at $6.5M, to be funded through a community-wide capital campaign, "Every Moment Matters"
- Anticipated opening date – Spring 2017

Residential Hospice - The Bridge Hospice

- 3-bed 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

OPCN Residential Hospice Recommendations to the Ministry

- Recently identified recommendations for 200 residential hospice bed allocations across Ontario over next 3 years
- Recommendations build upon existing work of the Residential Hospice Working Group, stakeholder engagement with LHINs and data driven approach:
  - Largest gaps in supply, support for sustainability; and
  - Increased capacity where readiness exists (planned beds), through development of new beds/facilities.
- OPCN recommendations to the Ministry for Central East LHIN have been identified at 26 additional beds
- Allocations will form basis of OPCN recommendations to Ministry who will make the final decisions related to funding allocations and timing

Patient & Caregiver Experience Story

Scarborough Palliative Care Community Team

- 58 year old female, married. Breast cancer with metastases to brain diagnosed May 2013. Underwent neo-adjuvant chemotherapy followed by modified left mastectomy; radiation until February 2016

- Seen in hospital by a navigator in December 2015. Initially being followed by palliative physician on outpatient basis. Admitted back to hospital for shortness of breath, accumulated pleural fluid

- Care transferred over to PCCT. PPS of 10-20% 3 weeks after coming home. Dying at home was preferred, but not sure if husband would be able to cope

- Daily nursing to assess conditions and symptoms, 3x/day PSW, shift nursing upon further decline and once continuous adjustment to medications required. Teaching was completed with husband to assist in managing medication pumps

Patient & Caregiver Experience Story – (cont'd)

Scarborough Palliative Care Community Team

- Additional support for patient and husband through friends, hospice volunteers, shift nursing during last days of life, System Navigator, CCAC palliative care coordinator, palliative physician

- Patient well managed at home. System Navigator in constant communication with physician, CCAC coordinator, visiting nurse. Appropriate medications ordered in a timely manner. Daily nursing and eventual shift nursing in last few days of life, prevented readmission to the hospital

- Patient able to die comfortably at home with husband and friends; not in distress, calm, no pain expressed. Husband and friend at bedside during last moments of life. Brought husband great deal of peace; expressed tremendous gratitude to visiting nurse and PCCT in fulfilling wife's wish to die at home

- Referral for bereavement services completed for husband and friend

Moving Forward

Next Steps

Next Steps

- **Continued** leadership and collaboration at provincial discussion tables – regional alignment with OPCN strategy and deliverables
- **Ongoing** communication and promotion of IHSP 4 including updated palliative aim, metrics, priority initiatives; advancement of Regional Palliative Plan priorities
- **April 2016 -** Continued communication and collaboration with OPCN, Ministry and identified agencies to support Residential Hospice planning
- **June 2016 -** Development of Residential Hospice Strategy across sub-LHIN regions
- **July 2016 -** Ongoing collaboration with Hospice Hub Collaborative regarding strategic planning efforts, moving forward
- **Summer 2016 -** Development and expansion of Central East PCCT Standardized Model of Care Toolkit; launch of 3 newly funded PCCTs

Appendix

Central East LHIN Palliative Assets

2016-17 Central East Hospice Palliative Care Network Membership

Linda Sunderland	Hospice Peterborough
Franzis Henke	CCAC (Community Palliative Care Nurse Practitioner Program)
Eric Hong	Yee Hong Center for Geriatric Care
Wanda Parrott	CCAC
Jill Moore	CCAC
Isobel Manzer	CCAC
Dr. Ed Osborne	Central East Physician Palliative Lead
Sari Greenwood	Regional Cancer Program, Lakeridge Health, The Scarborough Hospital
Kirsten Burgomaster	Lakeridge Health
Heather Davis	Lakeridge Health
Sonia Johnson	The Scarborough Hospital
Melanie Hill	Northumberland Hills Hospital
Stephanie MacLaren	Haliburton Highlands Health Services
Jill Sadler	Community Care City of Kawartha Lakes
Kim Cook	Scarborough Center for Healthy Communities
Kerry Shudall	Campbellford Memorial Hospital
Dawnette Hoo-Hing	Durham Hospice
Patti Stanton	Hospice Peterborough (Palliative Pain and Symptom Management Consultant)

Palliative Care Community Teams

- Interdisciplinary team-based models provide clinical and non-clinical community-based care to palliative and end-of-life patients

- Partners in these teams include hospice services, hospital, CCAC, family health teams, community health centers, specialty care, and community service providers

- **3 Teams are currently in place and supported by the following Lead Agencies:**

  - Scarborough Center for Healthy Communities;

  - Community Care City of Kawartha Lakes; and

  - Haliburton Highlands Health Services.

Community Visiting Hospice Programs

- Aim to improve quality of life for individuals living with advanced illness, dying, and/or bereaved; provide comfort, dignity and the best quality of life for individuals and families; offer holistic care including psychological, social, physical, cultural, emotional and spiritual needs

- **6 Community Visiting Hospice Programs in the following Lead Agencies:**

  - Hospice Peterborough, VON/Durham Hospice, Scarborough Center for Healthy Communities, Community Care City of Kawartha Lakes, Community Care Northumberland, Haliburton Highlands Health Services

- Current service offerings include: Volunteer Visiting and Training, Day Hospice, Bereavement Support, Interprofessional Education, Pain and Symptom Management Support

Community Palliative Care Nurse Practitioner Program

- Dedicated Team of Nurse Practitioner providing direct clinical care to patients with complex palliative needs, supporting individuals and their families in the community
  - Enhancing continuity of clinical care across primary care, community supports, acute and specialty care sectors
  - Providing enhanced capacity to facilitate quality end-of-life care for those who wish to die at home
- **Central East CCAC currently supports 9 Nurse Practitioner positions and 0.5 of a Program Coordinator**

Palliative Pain & Symptom Management Consultants

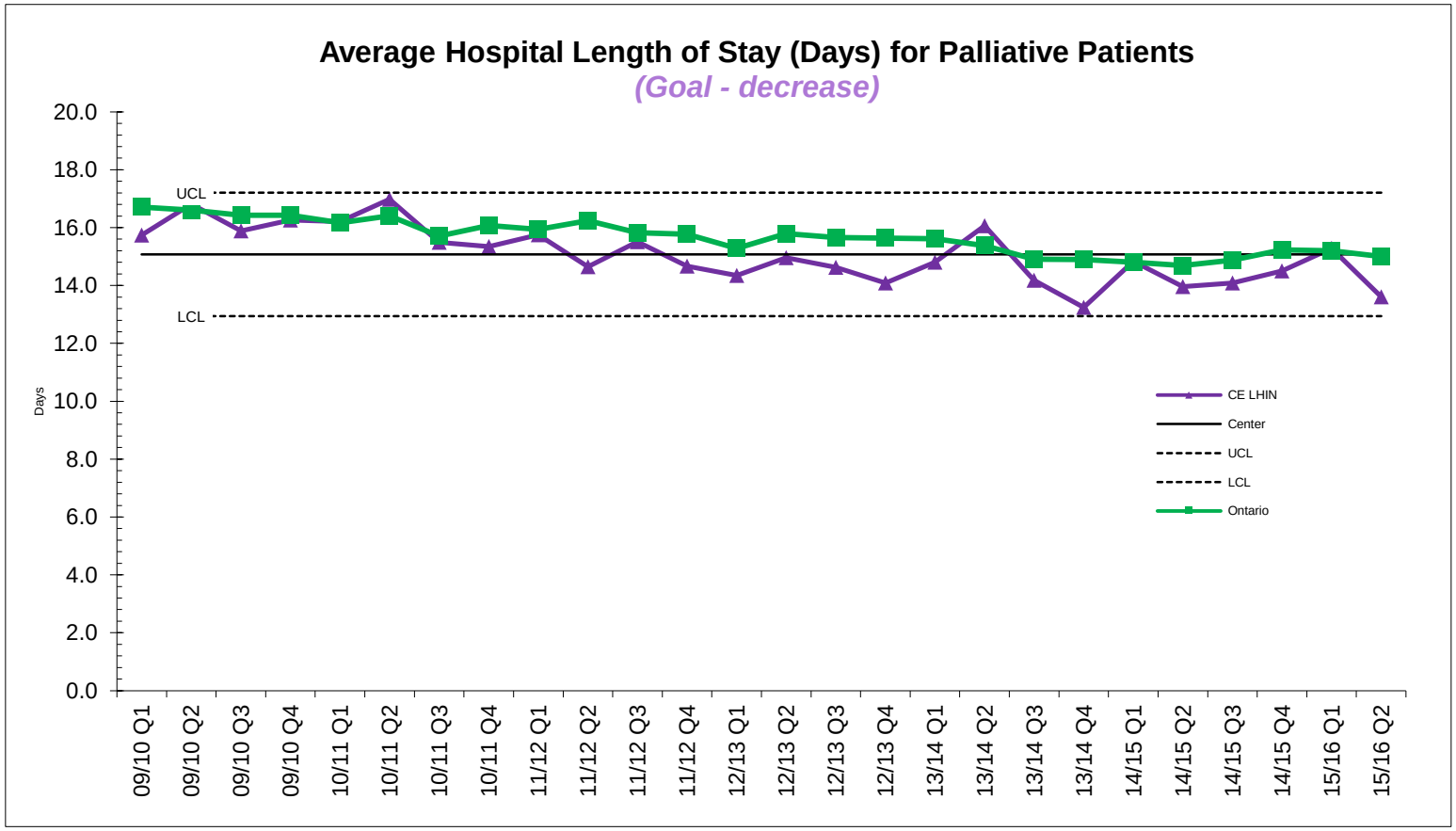
- Palliative Pain and Symptom Management Consultants (PPSMCs) support service providers in home care agencies, LTCHs, community support services and primary care by:
  - Assisting in the application of assessment tools and best practice guidelines;
  - Offering consultation to service providers in person, by telephone, by videoconference or through e-mail regarding care; and
  - Helping to build capacity amongst front line service providers and offer linkages with specialized resources.
- **3 PPSMCs currently support Central East region and are hosted out of the following Lead Agencies:**
  - Hospice Peterborough, VON/Durham Hospice, Scarborough Center for Healthy Communities

Community Palliative Care On-Call Program

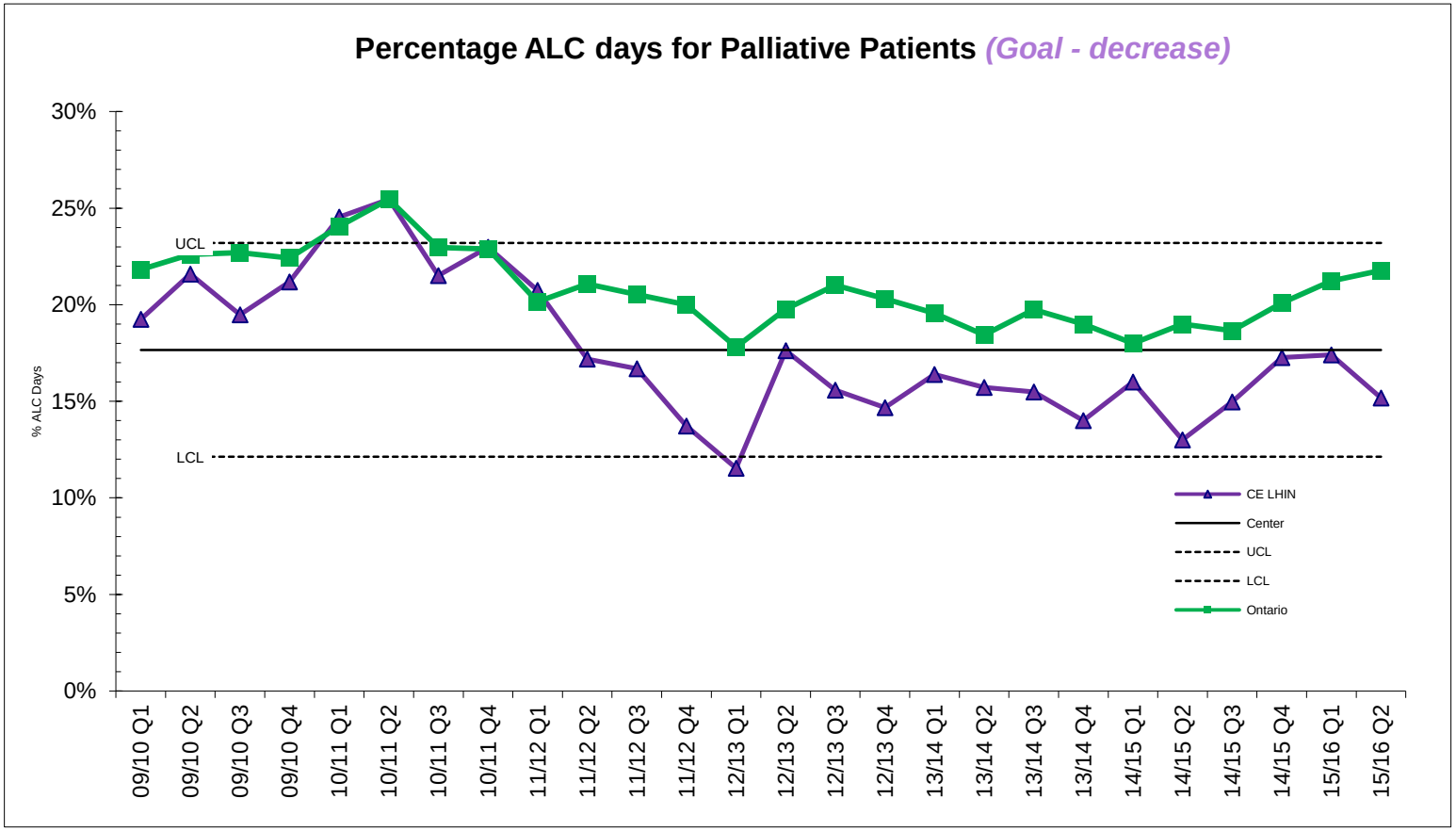
- Community Palliative Care On-Call (CPOC) Program established through an agreement between the Ministry of Health and Long-Term Care and Ontario Medical Association (April 2014)
- Provides funding for physician groups to be on call for patients receiving community based palliative care insured services, who intend to receive end of life care at home or in community setting
- Offers 24 hour, 365 day per year on call coverage
- Central East physician groups are located in:
  - Peterborough, Bowmanville, Ajax, Oshawa/Whitby

Appendix

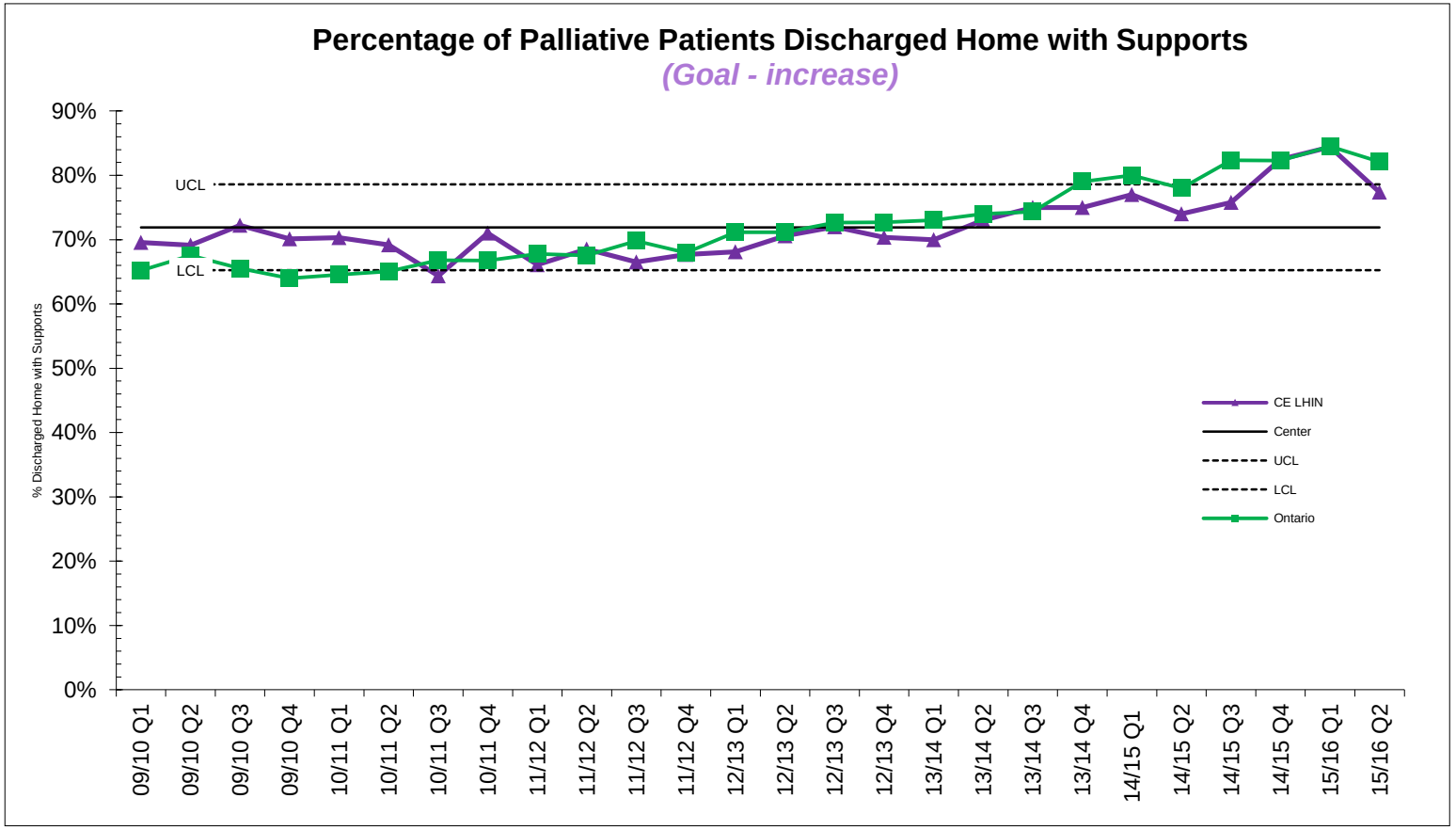
Supporting Metrics



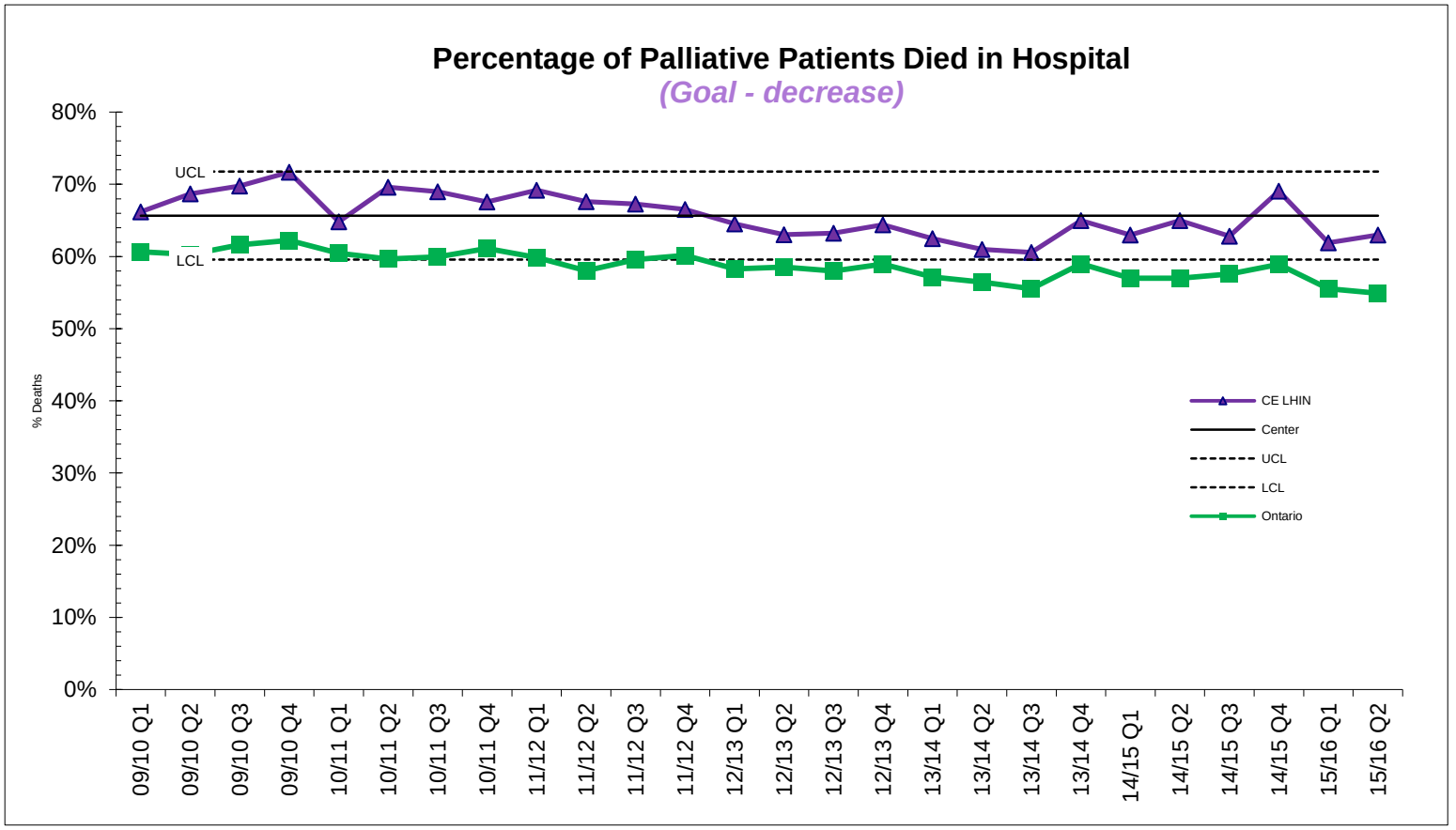
Analysis: Central East LHIN has seen a decrease in the Average Length of Stay (ALOS) for palliative patients between Q1 and Q2 2015/16. This may be attributed to improved coding practices through physician identification and documentation of palliative cases. Central East LHIN's ALOS has been consistently below the Provincial ALOS.



Analysis: Central East LHIN experienced a 2% decrease in the number of days palliative patients spent as ALC in an acute care setting between Q1 and Q2 of FY 2015/16 while the *number* of palliative patients designated Alternate Level of Care (ALC) remained steady. This indicator is measured only when a patient is discharged from the acute care setting of hospital.



Analysis: Central East LHIN experienced a similar decrease as the Province in the percentage of palliative patients discharged home with supports during Q2 2015/16. In Q2 2015/16, 77.4% of Central East LHIN patients were discharged to a home setting with support services (i.e. senior lodge, attendant care, home care) while the Ontario performance is 82%. Central East LHIN has exceeded our target of 75.6%.



Analysis: The most common place of death for palliative patients is in the Acute Care setting.[1] The number of acute in-patient deaths in Central East LHIN hospitals remained steady at 63% with a slight increase of 1% between Q1 and Q2 2015/16. 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

Summary

- It is projected that Central East LHIN will meet or exceed its IHSP target
- However, there are identified risks which could change this projection. Specifically:
  - Historical trending may not be entirely representative of future trending;
  - Data limitations across the continuum of care; and
  - Data quality and coding issues.
- Central East LHIN will monitor 4 supporting indicators to further understand the effect of regional initiatives implemented during the IHSP period