



**Ontario  
Palliative Care  
Network**

July 2016

# Ontario Palliative Care Network

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# WHAT IS HOSPICE PALLIATIVE CARE?

**Hospice palliative care aims to relieve suffering and improve the quality of living and dying.**

It strives to help individuals and families to:



Address physical, psychological, social, spiritual and practical issues, and their associated expectations, needs, hopes and fears



Prepare for and manage end-of-life choices and the dying process



Cope with loss and grief



Treat all active issues and prevent new issues from occurring



Promote opportunities for meaningful and valuable experiences, and personal and spiritual growth.

# CURRENT STATE OF HOSPICE PALLIATIVE CARE IN CANADA

- Only 16-30% of Canadians have access to formalized hospice palliative/end-of-life care services
- At least 25% of the total cost of hospice palliative care is borne by families
- Approximately 70% of deaths occur in hospital
  - 40% of terminally ill cancer patients visit the emergency department within the last 2 weeks of life
  - 41% of long term care home residents have at least one hospital admission in their last 6 months of life
- 96% of Canadians believe it is important to have conversations with their loved ones about their wishes for care
  - 34% have actually had a discussion
  - 13% have completed an Advanced Care Plan

# A FOUNDATION FOR QUALITY HOSPICE PALLIATIVE CARE IN ONTARIO



The Quality Hospice Palliative Care Coalition of Ontario brings together organizations, universities and research institutions

**ADVANCING  
HIGH QUALITY,  
HIGH VALUE  
PALLIATIVE CARE  
IN ONTARIO**

The Declaration of Partnership and Commitment to Action report outlines transformation priorities



Hospice Palliative Care Provincial Steering Committee formed as a result of the Declaration

# THE PATHWAY TO CHANGE IN ONTARIO

## October 2014

The Steering Committee tasks the LHINs and CCO with developing a business plan to propose creating a new provincial structure to address hospice palliative care priorities

## October 2014 - January 2015

Development of the business plan:

- Iterative process, involving multiple engagements with key partners
- Building on work already underway by various stakeholders

## February 2015

The business case was shared with the Deputy Minister, and a formal plan was submitted for consideration

March 11, 2016

**Ontario  
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Network**

Formally launched

# THE MANDATE OF THE ONTARIO PALLIATIVE CARE NETWORK



## **Be a principal advisor**

to government for quality, coordinated, hospice palliative care in Ontario



## **Be accountable**

for quality improvement, data and performance measurement and system level coordination of hospice palliative care in Ontario



## **Support regional implementation**

of high-quality, high-value hospice palliative care

# WHAT HAS CHANGED SINCE THE FORMATION OF THE OPCN

Former HPC PSC	Ontario Palliative Care Network
Ministry endorsement but no formal accountability	<ul style="list-style-type: none"> <li>• Executive Oversight accountable to the Ministry of Health through CCO's Master Accountability Agreement</li> <li>• Regional Networks jointly accountable to LHIN CEO and RVP</li> </ul>
Lack of additional funding to support the work required	<ul style="list-style-type: none"> <li>• In kind support from CCO, LHINs, HQO and the Quality Hospice Palliative Care Coalition of Ontario (the Coalition)</li> <li>• Support from the Ministry</li> </ul>
Provincial Physician Leadership existed	<ul style="list-style-type: none"> <li>• Newly appointed and expanded multi-disciplinary leadership provincially and regionally (1 physician and 1 RN)</li> </ul>
No centralized reporting	<ul style="list-style-type: none"> <li>• EO reports regularly to partners and the Ministry</li> <li>• Provincial and regional level reporting on performance</li> </ul>
Limited staff to support the work	<ul style="list-style-type: none"> <li>• Network is supported by a full-time Secretariat team responsible for the execution of the mandate of the OPCN</li> </ul>
No patient or family voice in developing solutions	<ul style="list-style-type: none"> <li>• Patient and families will be engaged as we move forward</li> <li>• There will be two permanent patient/family members seats on the Partnership Advisory Council and regions will be expected to do the same</li> </ul>

# ADVANCES TO DATE

## Operationalizing the OPCN

- Executive Oversight in place
- Developed Terms of Reference for governance tables
- Implementation Advisory Council and Partnership Advisory Council in place
- Provincial Clinical Co-Leads in place
- Aligning priorities of the governance tables

## Moving toward 14 Regional Palliative Care Networks with multidisciplinary clinical leadership

- In person meeting with regional leaders and system leaders in March 2016
- Funding to support additional regional multidisciplinary leadership
- Tools to support regions with network evolution and design

## Advancing performance measurement

- Completed critical appraisal of initial set of palliative care provincial indicators
- Implemented caregiver voices survey in hospices
- Developed plan for caregiver voices survey in CCACs
- Confirmation of hospice palliative care indicators for HQO QIPs

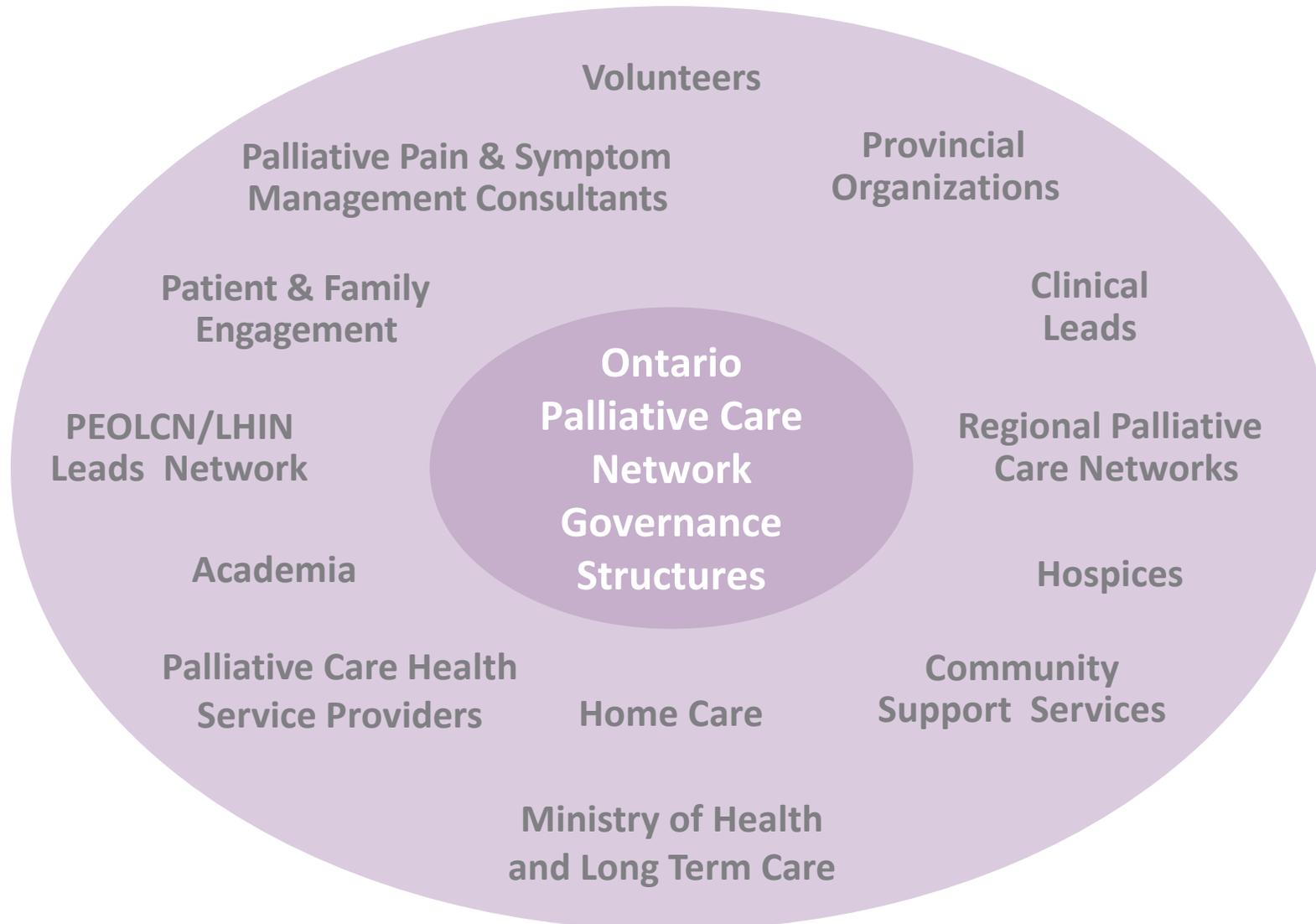
## Hospice Capacity Planning

- Recommendations provided to Ministry on residential hospice palliative care expansion in Ontario
- Phase 2 Capacity Planning consultations underway with regions for home and community care

## Building Health Service Provider Skills

- Leveraged existing provincial Advance Care Planning work
- Completed an inventory of Health Care Consent & Advance Care Planning activities, projects/initiatives and resources taking place across Ontario

# TOGETHER, WE ARE THE ONTARIO PALLIATIVE CARE NETWORK



# CLARIFYING THE NETWORK

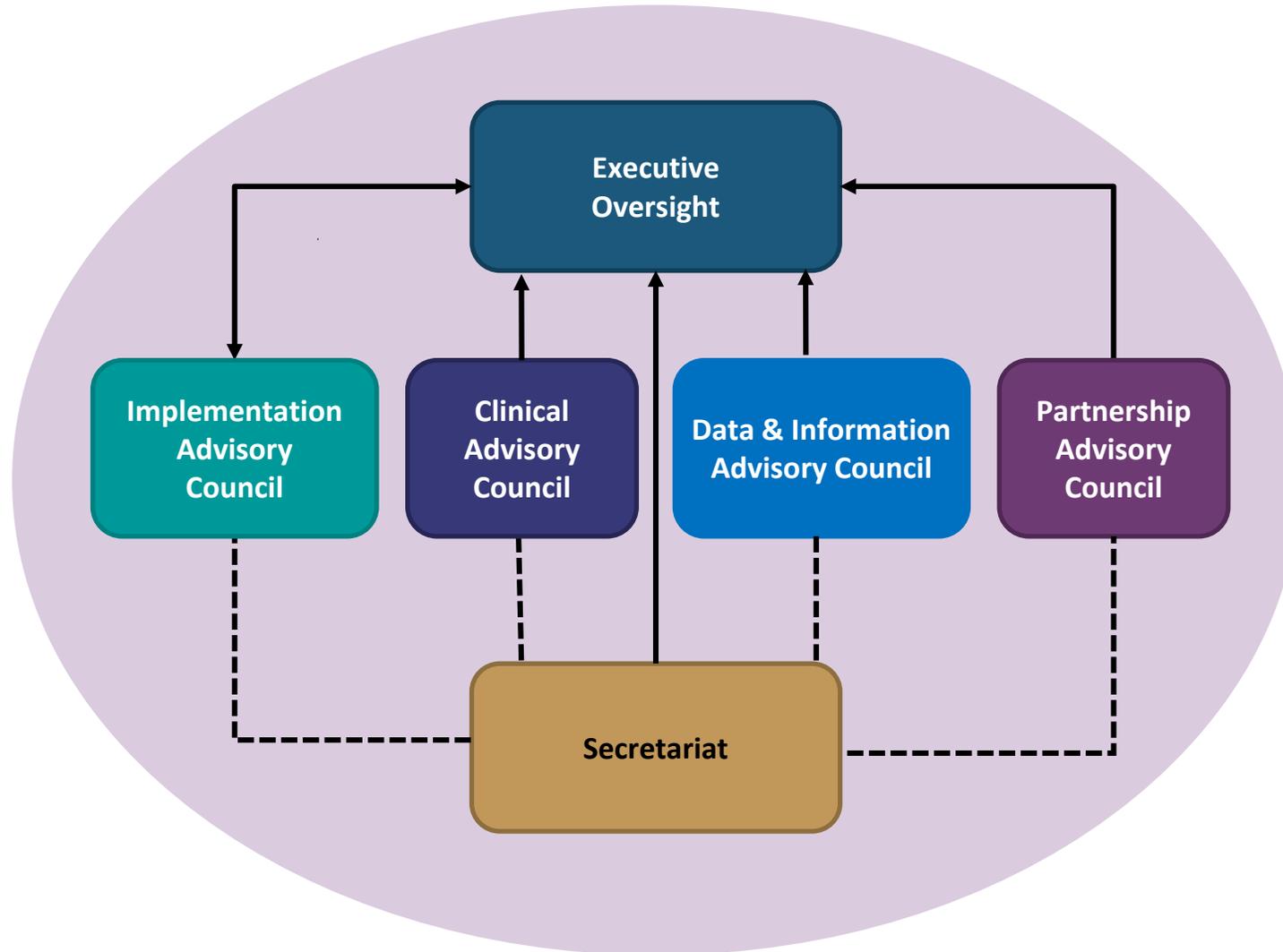


THE ONTARIO PALLIATIVE CARE NETWORK  
DOES NOT LIVE IN A BUILDING ON UNIVERSITY AVENUE



THE ONTARIO PALLIATIVE CARE NETWORK  
LIVES EVERYWHERE IN ONTARIO

# GOVERNANCE STRUCTURE



# PROVINCIAL LEVEL NETWORK ACCOUNTABILITY

- At the provincial level, the Executive Oversight of the network will be accountable to the Ministry of Health and Long-Term Care through the CCO Master Accountability Agreement.
- The success of the network is the responsibility of the **four partners** including the LHINs, CCO, HQO and the Coalition and their responsibilities will be formalized through agreements.



# WORKING TOGETHER TO DRIVE CHANGE

## LHINs bring:

- Expertise in planning, community engagement, integrating and funding local health care
- System leadership in holding local providers accountable
- Staffing and resources to support operational and tactical activities
- Health system design expertise to improve access, coordination and quality

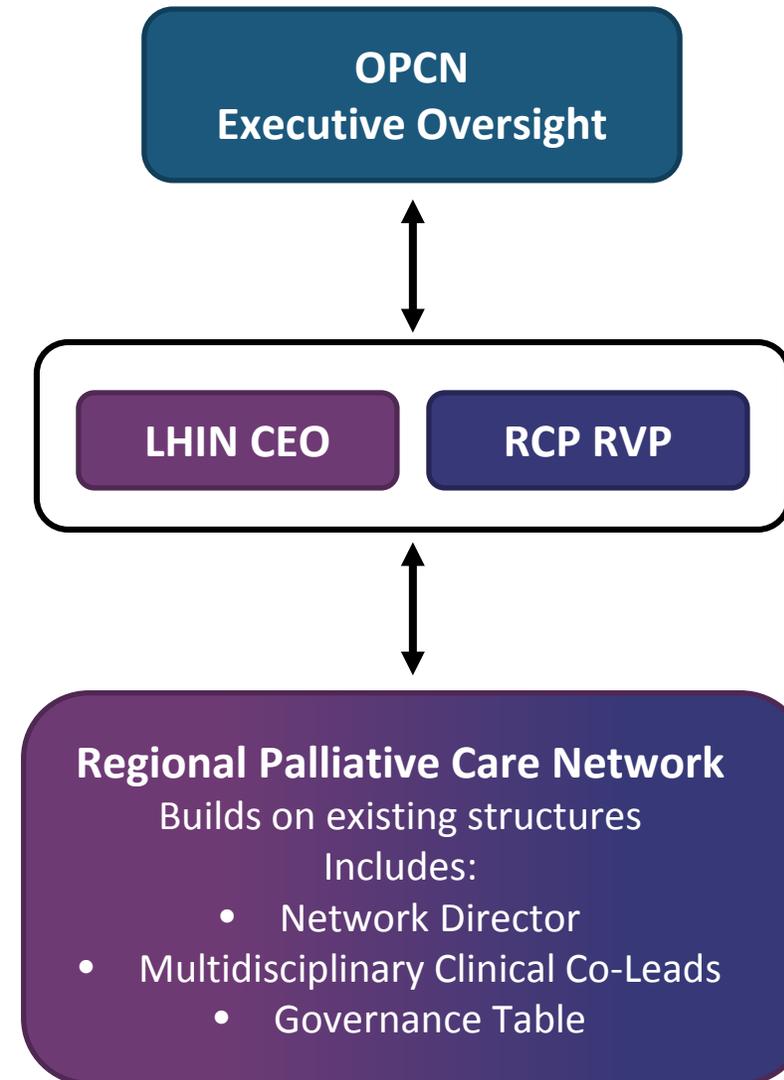
## CCO brings:

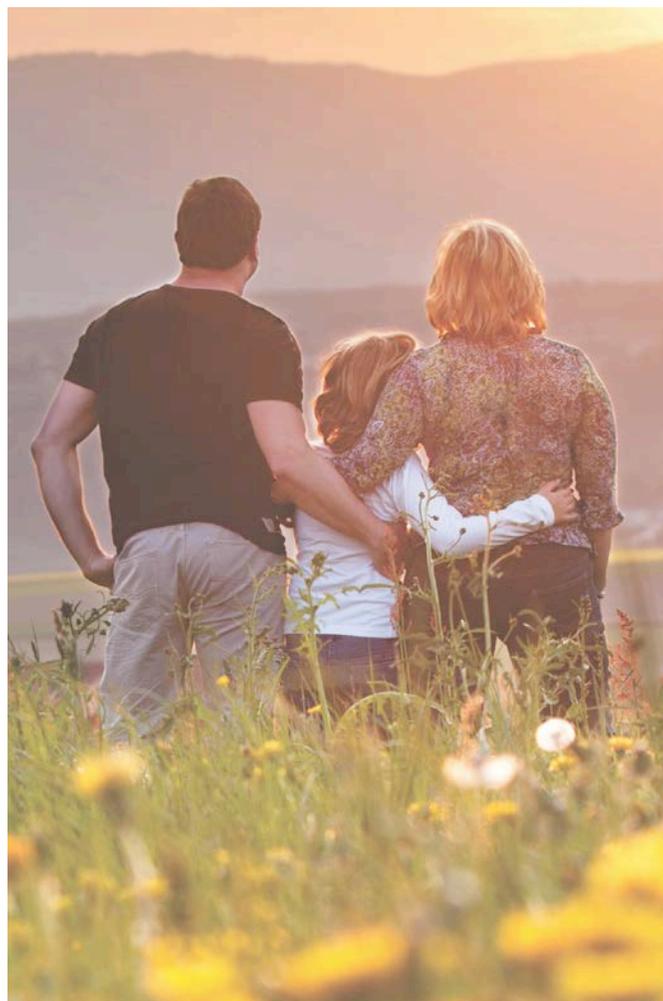
- Expertise in driving improvements in the regional cancer Networks
- Staffing and resources to support operational and tactical activities
- Data, clinical engagement and strength in provincial strategic planning

# REGIONAL PALLIATIVE CARE NETWORKS – ACCOUNTABILITY & COMPOSITION

The 14 Regional Palliative Care Networks will work with stakeholders and providers to ensure delivery of consistent person-centred care in their region using the following framework:

- Joint accountability to LHIN CEO and RVP
- Standardized accountability model
- Joint reporting on network activities to LHIN CEO and RVP
- A governance model of mixed leadership
- Multidisciplinary clinical co-leads and Network Director
- **Build on what is already in place in the regions**





Thank You

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