

Ontario Palliative Care Network:

Palliative Care Health Services Delivery Framework



We are pleased to share with you the [Palliative Care Health Services Delivery Framework](#) (Delivery Framework) – Recommendations for a Model of Care to Improve Palliative Care in Ontario (Focus Area 1: Adults Receiving Care in Community Settings).

Unanimously endorsed by the four OPCN Partners – [CCO](#), [LHINS](#), [Health Quality Ontario](#) and the [Quality Hospice Palliative Care Coalition of Ontario](#)— and the result of 18 months of system-wide engagement, the Delivery Framework is an innovative model of care for adults with a life-limiting illness who are living at home or in community settings and their families/caregivers. With a goal of enabling patients to remain at home as long as possible, the model's 13 recommendations build on existing high quality palliative care services, provides guidance on the organization and delivery of palliative care services. In addition, it allows for local adoption and adaptation to suit local contexts and geographies, while supporting other provincial initiatives underway. It describes an interdisciplinary palliative care model, clarifying the roles of the members of the team and recommending processes to build and maintain relationships between providers to deliver high quality palliative care.

Additionally, the OPCN has developed other tools for change with the goal to improve access to palliative care services in Ontario: [Tools to Support Earlier Identification for Palliative Care](#) document (see next page for more details), the [Ontario Palliative Care Competency Framework](#), and the Goals of Care resources. The resources are available on the OPCN website under “Resources” – “Palliative Care Toolkit” and can be accessed using the following links:

1. [Making Decisions About Your Care: Patient Resource](#)
2. [Person-Centred Decision-Making: Resource for Healthcare Providers](#)
3. [Approaches to Goals of Care](#)
4. [Advance Care Planning, Goals of Care, and Treatment Decisions & Informed Consent FAQs](#)

The implementation of the Delivery Framework is a multi-year endeavour that will build upon existing successful programs and services. With our collective commitment, leadership and resources at every level - provincial and local - we will help ensure care is well supported to meet high quality care as described in the [Palliative Care: Care for Adults with a Progressive, Life-Limiting Illness quality standard](#) and to transform the delivery of palliative care in this province.

Ontario Palliative Care Network:

Tools to Support Earlier Identification for Palliative Care

Purpose: The aim of this document is to support providers and system level leadership in earlier identification of patients who would benefit from palliative care.

How to Use This Document: This document provides guidance on preferred identification tools and suggested assessment tools for all health care sectors along with implementation considerations. The tools can be used in various health care settings including primary care, home & community care, acute care and long-term care.

Click [HERE](#) for full document.



Health Quality
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YOU ARE INVITED TO PARTICIPATE IN A WEBINAR FOCUSING ON

Implementing the Palliative Care QIP Indicator

Getting Started: Early Identification and Assessment Practices

In December 2018, Health Quality Ontario launched new priority indicators for the 2019/20 Quality Improvement Plans. One of these is “**Early identification: documented assessment of needs for palliative care patients**” (all sectors).

To help you implement quality improvement initiatives and measures related to this indicator, a **Palliative Care Implementation Support Community of Practice (CoP)** has been formed.

We are pleased to invite you to participate in a webinar that will introduce the CoP, describe resources you can use to begin early identification and assessment of palliative care patients and their needs, and share resources.

The *Tools to Support Earlier Identification for Palliative Care*, developed by the Earlier Identification Expert Panel at Ontario Palliative Care Network, is provided above to help inform your work. It provides guidance on preferred identification tools and assessment tools to support providers and system level leadership in earlier identification of patients who would benefit from palliative care.

May 9, 2019

12:00 p.m. – 1:00 p.m. (EST)

[REGISTER NOW](#)

[Click here for Regional Round-Up available online.](#)

Update from the South East Regional Palliative Care Network Priority Project

Earlier Identification for Palliative Care—Lanark, Leeds and Grenville

Executive Sponsor: Onalee Randall, Director of Community Services Rideau Community Health Services

Project Lead: Ruth Dimopoulos, Rideau Community Health Services

"We knew it was serious. We wanted to know all the options so that she could choose how to proceed. I felt I was always trying to prepare, so everything was in place, to prevent or prepare for a crisis whereas they were waiting for something to happen". [Caregiver LLG]

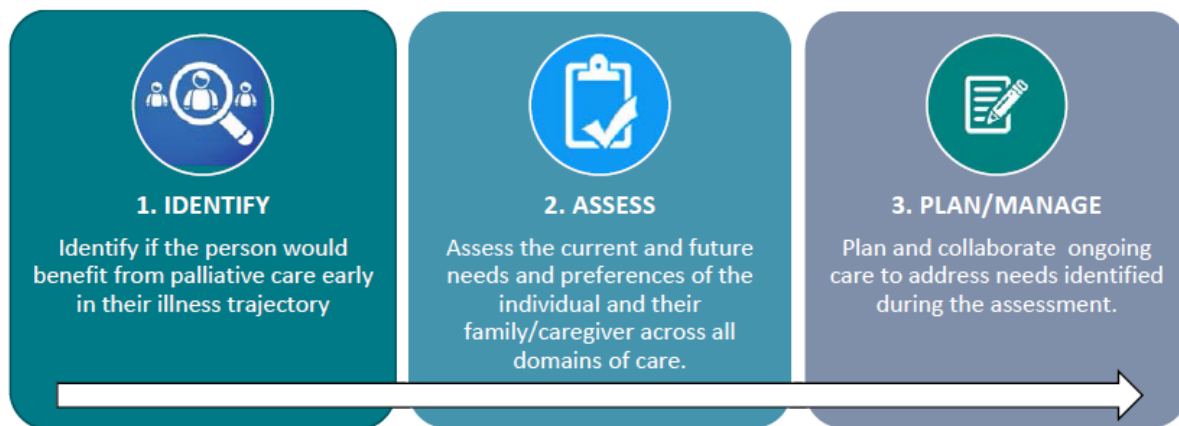
The aim of the **Earlier Identification for Palliative Care Working Group** in Lanark Leeds Grenville (LLG) is to 'increase the portion of primary care patients with a progressive, life-threatening illness who have had their palliative care needs identified early through a comprehensive and holistic assessment'. The first pilot site is Rideau Community Health Services as part of their 2019-20 Quality Improvement Plan.

"Wouldn't it be great if our EMR could somehow alert us to review these folks sooner? [Family Physician RCHS]"

The first step is identification of patients who could benefit from earlier access to palliative care supports. The project team is customizing and testing an EMR Palliative Care Toolkit (Practice Solutions) developed by the [eHealth Centre of Excellence](#) in Waterloo. A palliative toolbar is triggered by functional and disease specific indicators of decline within the patient record, to flag review by the care team. Decision support aids, informed by Ontario adaptations of the UK [Gold Standards Framework Prognostic Indicator Guidance tool](#) are available within the toolkit to guide the clinician through review of the patient record. Once identified for the palliative approach, provider tools and patient resources are available within the toolkit according to the patients' needs and palliative phase.

Other project change ideas include identification and testing of a comprehensive and holistic assessment tool and processes to support assessment, including collaboration with care coordinators.

For more information about the project and the Palliative Care Toolkit, customized for the SE region as well as LLG, please contact Ruth Dimopoulos, Project Lead: rdimopoulos@rideauCHS.ca



Click here for Regional Round-Up available online.

National Palliative Care Week

Happy Hospice Palliative Care Week! Great hospice palliative care starts with accurate health information. Download Canadian Hospice Palliative Care Association's "Busting the Myths" poster and share with others! Available [HERE](#).

10 Myths ABOUT PALLIATIVE CARE

National Hospice Palliative Care Week | May 4-11, 2019

Test your knowledge about hospice palliative care myths throughout the week on Facebook (@CanadianHospicePalliativeCare) and on Twitter (@CanadianHPCAssn) using the hashtag #BustingtheMyths

Myth 1 PALLIATIVE CARE IS ONLY ABOUT PAIN CONTROL

Palliative care includes psychological, social, emotional, spiritual, care giver support and practical support



Myth 6 I'M TOO YOUNG TO RECEIVE PALLIATIVE CARE

Hospice palliative care is provided to people of all ages from infancy to adulthood



Myth 2 I'M NOT READY TO RECEIVE PALLIATIVE CARE



89% of people with life-limiting illness, such as a progressive neurological illness, organ failure, or frailty could benefit from palliative care

Myth 7 PALLIATIVE CARE IS A LOCATION, NOT A RESOURCE

Hospice palliative care is a service that can be provided in many settings, including the patients' home



Myth 3 MY PHYSICIAN HASN'T MENTIONED IT TO ME, SO I MUST NOT NEED IT

Patients can initiate conversations with health care teams related to hospice palliative care



Myth 8 TALKING ABOUT DYING CAUSES STRESS FOR MY LOVED ONES



A cultural shift in how we talk about death and dying is required to facilitate acceptance and understanding of what palliative care is and how it can positively impact people's lives

Myth 4 MY COMMUNITY DOESN'T HAVE A HOSPICE SO I CAN'T ACCESS HOSPICE PALLIATIVE CARE



Palliative care can be provided at home, in a long term care facility, hospice or hospital

Myth 9 PALLIATIVE CARE IS ONLY FOR PATIENTS NEAR THE END OF THEIR LIVES

Palliative care benefits patients and families from diagnosis until end of life



Myth 5 RECEIVING PALLIATIVE CARE MEANS I'VE ADMITTED DEFEAT

Palliative care is for any one at any stage of their illness, aimed at improving quality of life for patients and their families



Myth 10 CHILDREN CANNOT RECEIVE HOSPICE PALLIATIVE CARE

Children need care that is appropriate to their condition/illness, their size, age, understanding of their conditions and its implications, and their spiritual and emotional awareness.



For more information, please visit:
www.chpca.net/week



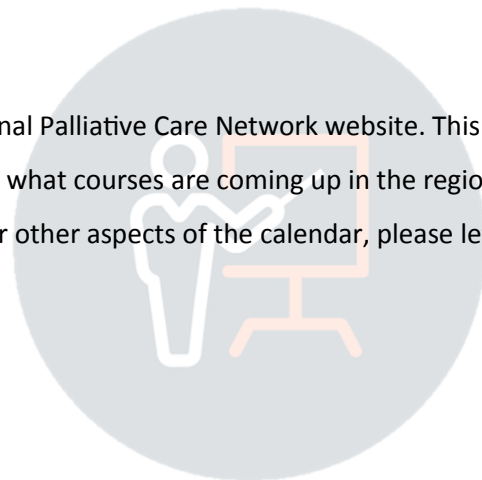
Canadian Hospice Palliative Care Association
Association canadienne de soins palliatifs

Click here for Regional Round-Up available online.

Palliative Care Education Opportunities

We have a newly updated **education calendar** on the South East Regional Palliative Care Network website. This calendar will be updated regularly through-out the year so you can see what courses are coming up in the region. If you have courses to add or feedback with respect to content, format or other aspects of the calendar, please let us know by sending an email to SouthEastPalliativeCare@lhins.on.ca.

Here is a link to the calendar: www.serpcn.ca/education



FUNDAMENTALS OF HOSPICE PALLIATIVE CARE

CORE FUNDAMENTALS an eight-week program for those working in the health system interested in developing their capacity in hospice palliative care.

BROCKVILLE – May 21, June 11, 25 —Registration deadline: **May 13, 2019** [Program information](#) and [registration](#)
Enhanced Fundamentals: July 9, 2019

TRENTON – July 10, 24, August 7 —Registration deadline: **July 3, 2019** [Program information](#) and [registration](#)
Enhanced Fundamentals: August 21, 2019

GLENBURNIE — August 8, 29, Sept. 12— Registration deadline: **July 29, 2019** [Program information](#) and [registration](#)
Enhanced Fundamentals: Sept. 26, 2019

PHYSICAL ASSESSMENT IN PALLIATIVE CARE WORKSHOP

The workshop aim is to develop and refine physical assessment skills for both a beginning examiner and a more seasoned nurse, with a specific focus on palliative care. Enhancing physical assessment skills assists with early identification, management of symptoms and effective communication within the care team.

KINGSTON — June 19, 2019 - Registration deadline: **June 14, 2019** [Program information and registration](#)

LEAP (LEARNING ESSENTIAL APPROACHES TO PALLIATIVE CARE)

LEAP provides inter-professional learners with the essential, basic competencies of the palliative approach to care.

[LEAP Core Brochure](#)

[LEAP Long-Term Care Brochure](#)

We will be offering 4 LEAP courses in 2019-20. If you are interested in attending or hosting a LEAP session this year, please let us know by sending an email to SouthEastPalliativeCare@lhins.on.ca.

Click here for Regional Round-Up available online.

Ontario Indigenous Cultural Safety Program

The Ontario Indigenous Cultural Safety (ICS) Program's Core ICS training is an interactive and facilitated online training program for professionals working in the Ontario health system. It addresses the need for increased Indigenous cultural safety within the system by bringing to light service provider biases and the legacies of colonization that continue to affect service accessibility and health outcomes for Indigenous people.



If you are interested in taking the online ICS training, please connect with our ICS LHIN contact, Tracy Laporte, for registration support at tracy.laporte@lhins.on.ca. Learn more at www.soahac.on.ca/ICS-training.

In the News

[Count hikes up Hospice Prince Edward fundraising by more than \\$25,000](#)

County Live

The eighth annual Hike for Hospice Prince Edward got under way under glorious sunshine and warm temperatures Sunday morning. About 175 participants...

[Hospice Quinte campaign co-chairmen announced](#)

Intelligencer

Palliative care has an image problem: patients and families have negative views about receiving it, and those who need it commonly enter care reluctantly or too late...

[At 10 referrals per week, Lanark County hospice services are in demand with greying population](#)

InsideOttawaValley

As Lanark County's population gets older, calls are more frequent to the Community Home Support (CHS) Lanark County's hospice and palliative care services...

[Palliative care: training the primary care workforce is more important than rebranding](#)

BMJ

While only 50% of BMJ readers thought palliative care should be 'rebranded', in a second poll a month later 89% called for primary care staff to have more training in palliative care...

For more information visit:
www.serpcn.ca