Central LHIN Palliative Care Hub Model

March 2019



Local Health Integration Network

Réseau local d'intégration des services de santé

Provincial Palliative Care Strategy

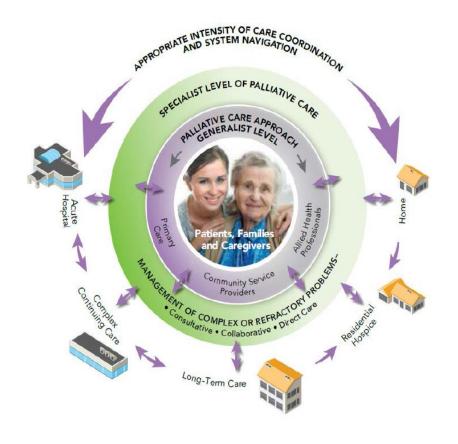
Provincial Declaration (Dec. 2011)	 Set out collective commitments, common priorities and actions to optimize palliative care in Ontario Addresses three core system goals: Quality, Population Health, Sustainability Six shared priorities: access, caregiver, service capacity, integration and continuity, shared accountability, public awareness
Regional Hospice Palliative Care Council (Jun.	 Created by Central LHIN to prioritize action plan submitted to MOHLTC in April 2012 Developed 14 recommendations based on six priorities from above
2012) Central LHIN Action Plan (Oct. 2014)	 Action plan consisted of six action items based on recommendations above (1) Central point of access, resources and bed registry (2) Single number for crisis (3) Strengthen capacity through education and tools (4) Implement service delivery hubs (5) Implement patient surveys- VOICES (6) Strengthen long-term care capacity
Central LHIN Palliative Hub Model (2018)	 Dedicated Palliative Service Providers for PSW and Nursing by Sub-Region Determined through EOI process Educational requirement for all PSWs and nurses in Palliative Care 24/7 access to palliative care expertise Daily Telephone huddles with inter-professional team Monthly face-to-face inter-professional meetings in the community

Palliative Hub Model - Alignment with OPCN action plan

- Enabling early identification of those who would benefit from Hospice Palliative Care
- Establishing Palliative Models of Care to increase access and enable adoption of the quality standard
- ✓ Identifying and connecting Hospice Palliative Care Providers
- ✓ Building provider competencies in Hospice Palliative Care

Regional Palliative Hub Teams Model

Palliative Care Model



Regional Palliative Care Teams



Patient Centered Palliative Care

Dedicated healthcare team leading to **continuity of care and stronger relationship** with patient More **integrated care** resulting in effective coordination of care– i.e. huddles, joint visits and assessments

Access to **specialized palliative nurse and PSW** who have completed standardized education and training requirements Minimize variability in service delivery of palliative care - less providers involved with designated provider per region – i.e. 10 providers versus 3 providers

Guiding Principles

- Minimize variability for patients
- Needs of patient/caregivers placed ahead of organizational priorities
- Cognizant of legislation and provincial OPCN action plan
- Build upon local partnerships and existing resources
- Share accountability for outcomes and the patient experience
- Early Identification using UK Gold Standard and Prognostic Indicators Guide
- Evidenced based practices

Benefits of Palliative Hub Model

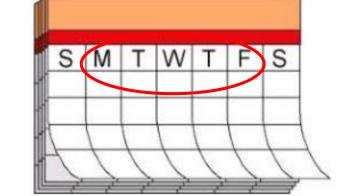
- Specialized palliative care delivered by nurses and PSWs with palliative education and expertise
- Regionalized care based on patient and regional demographics
- Increased and streamlined communication
- Increased collaboration and integration
- Mentorship, knowledge sharing and capacity building
- More cohesive team resulting in shared accountability

Daily Huddles - Frequency, method and time



Teleconference

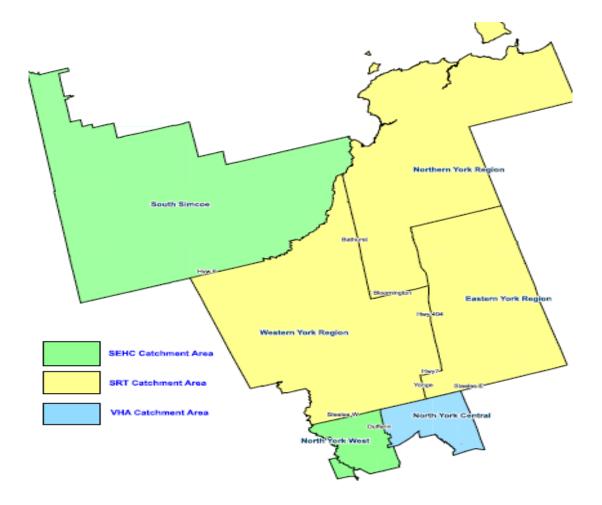
Daily huddles



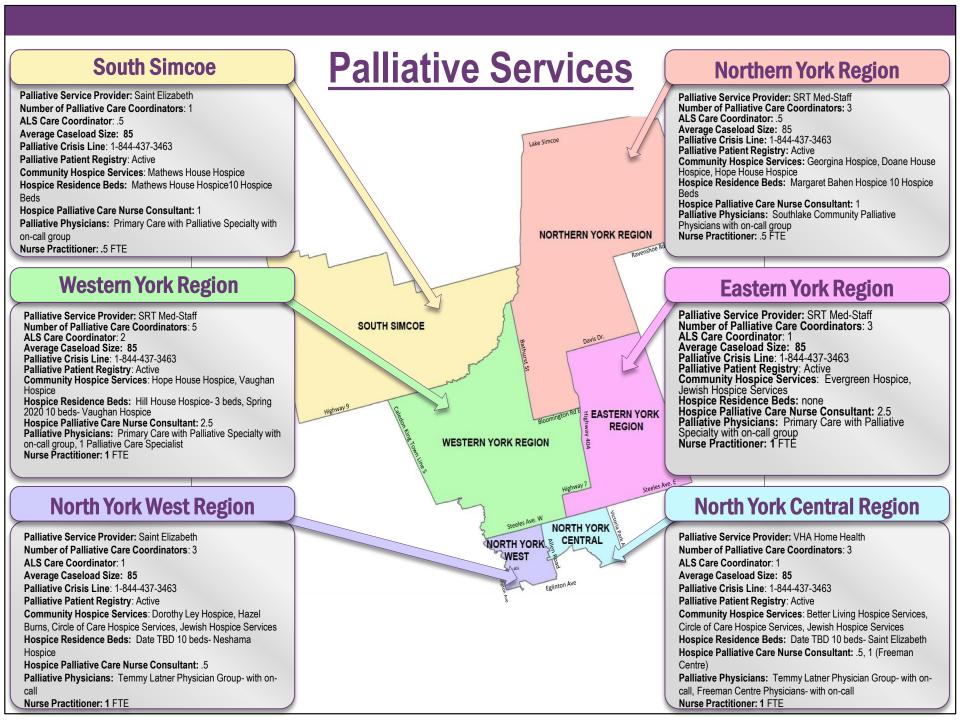


Maximum of 10-15 minutes

Palliative Hub Model Service Delivery Areas - PSW and Nursing



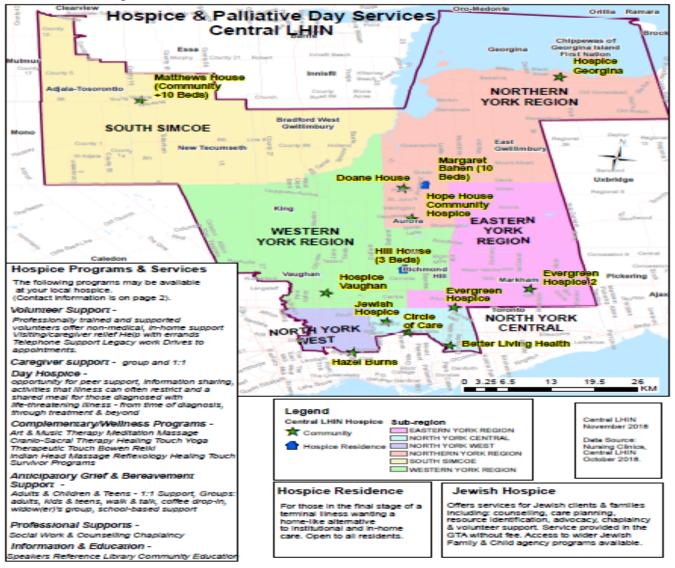
9



Evaluation of Palliative Hub Model

- VOICES Survey
- Patients who die in preferred location
- Hospitalizations in last 30 days of life
- SPO related
- Length of stay on palliative caseload
- Attendance at daily huddles

Appendix 1- Hospice Palliative Services



12