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## A Message from Bill MacLeod and Michael Sherar Co-Chairs of the Ontario Palliative Care Network Executive Oversight



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We're pleased to welcome you to the inaugural edition of the Ontario Palliative Care Network (OPCN) newsletter. As part of the OPCN implementation, this newsletter has been developed to keep you informed of our progress and share important milestones and highlights.

The OPCN, whose four provincial partners include CCO, Local Health Integration Networks (LHINs), Health Quality Ontario and the Quality Hospice Palliative Care Coalition of Ontario, is committed to realizing the vision expressed in *Advancing High Quality, High Value Palliative Care in Ontario*: to improve hospice palliative care for all Ontarians.

Since the launch of the OPCN in March 2016, we have made significant progress in the work we have planned for 2016/17, thanks to the enthusiastic support of hospice palliative care providers, health system leaders and many others across the province who have embraced this opportunity to work together to improve hospice palliative care for patients and their families. It's a testament to their commitment and willingness to engage with us that that we have nearly completed recruiting leaders and members to sit on the four councils that form the OPCN governance structure.

Our two Provincial Clinical Co-Leads – Ms. Melody Boyd (a registered nurse) and Dr. Ahmed Jakda (a family physician specializing in hospice palliative care) – will co-chair the OPCN Clinical Advisory Council, a body of multidisciplinary practitioners who will play a key role in shaping clinical improvements in hospice palliative care in Ontario.

The Implementation Advisory and Partnership Advisory councils are both active, and we recently recruited the members for the Data and Information Advisory Council (DIAC). The DIAC will provide ongoing strategic direction for OPCN performance measurement and help us better understand how to measure the Ontario hospice palliative care landscape, which will in turn support strategies to make improvements where required. This Council will be co-chaired by Anna Greenberg, Health Quality Ontario's Vice-President of Health System Performance, and Jason Garay, CCO's Vice-President of Analytics and Informatics, which will enable us to align strategies and leverage each other's resources.

We have also been working closely with the regional leaders to help them ensure their Regional Palliative Care Network governance structures align with the new direction under the OPCN. In an effort to strengthen our relationships with regional leadership, we are engaging in a number of ongoing consultations with LHIN CEOs, Cancer Care Ontario's Regional Vice Presidents and health service providers to listen to their concerns and priorities, and to learn from their successes and best practices.

We hope you find this newsletter informative. As we work to shape a collective understanding of high quality palliative care across all care settings, we look forward to the transformation derived from ongoing and new partnerships that will strengthen hospice palliative care at both regional and provincial levels.

Michael Sherar & Bill MacLeod

## Ontario Palliative Care Network Commonly Used Terms

### Regional Palliative Care Network (RPCN):

- Includes all individuals with life-limiting illnesses, professionals, volunteers and organizations in the region who provide care and support to individuals with life-limiting illnesses and their families.
- Includes both health and non-health service providers, regardless of specialty.
- Is not an entity or table, nor the governance structure for the region.
- Aims to build an inclusive community that generate, share and implement person-centred care solutions.

### Regional Palliative Care Network Governance Structure:

- Refers to the regional steering committee or leadership council and any other additional advisory councils reporting to it.
- Names of these structures may vary regionally.
- Is accountable to the LHIN CEO and CCO RVP and is the principal regional advisor on high quality hospice palliative care to inform LHIN CEO and CCO RVP decision-making.

### Network Director:

- Refers to the Regional Palliative Care Network Director. In some regions the title may vary depending on the organization they are employed by. For example, the Network Director might be titled Network Coordinator or Manager.
- Is responsible for collaborating with local partners to improve hospice palliative care across all patient populations, illness trajectories and health care settings.

Network Directors also:

- Work collaboratively with the Regional Palliative Care Network governance structure and other partners to recommend innovative solutions to improve the system of care for patients with hospice palliative care needs and their families.
- Provide oversight and coordination of planning and information analysis activities required by the Regional Palliative Care Network governance structure.
- Champion hospice palliative care and develop trusting relationships with local partners to achieve progress against deliverables.

### Multidisciplinary Clinical Co-Leads:

- Each region will have two Multidisciplinary Clinical Co-leads.
- One co-lead will be a physician and a member in good standing with the College of Physicians and Surgeons of Ontario.
- The other must be a member in good standing of a discipline falling under the Regulated Health Professionals Act, and may include an Occupational Therapist, Registered Nurse, Nurse Practitioner, Pharmacist, etc.

They:

- Work in close partnership with the Network Director to achieve regional deliverables defined or outlined in the regional work plan.
- Provide strong, visionary clinical leadership at the regional level as a recognized leader in hospice palliative care in the region, and demonstrate in-depth and current knowledge of clinical and system level issues.



## Q&A with Rick Firth President and CEO of Hospice Palliative Care Ontario

Below, President and CEO of Hospice Palliative Care Ontario (HPCO), Rick Firth shares his vision for the future of hospice palliative care and his role on both the OPCN's Executive Oversight and the Partnership Advisory Council representing a broad coalition of hospice palliative care providers.



Rick Firth. Member, Executive Oversight; Co-Chair, Partnership Advisory Council; and President & CEO, Hospice Palliative Care Ontario

### How does your background support the OPCN Executive Oversight role?

Hospice Palliative Care Ontario (HPCO) provides Secretariat support to the Quality Hospice Palliative Care Coalition of Ontario (the Coalition). The group is a broad coalition of hospice palliative care service providers including associations, academic centres, caregiver associations, disease-specific organizations and researchers. Collaboration among these partners and government resulted in the Declaration of Partnership. As President of HPCO, I represent the Secretariat of the Coalition, which is one of the four key organizations that provides executive leadership for the OPCN. Additionally, in this role, I act as co-chair for the OPCN's Partnership Advisory Council. The Council supports the achievement of the OPCN's work plan by providing insights, advice and recommendations on issues, and feedback on OPCN initiatives. The Council also helps disseminate OPCN information to Council and Coalition partners.

### How has Ontario's hospice palliative care sector changed this past year?

In her 2014 report, The Auditor General of Ontario was complimentary of the quality of hospice palliative care but critical of the sector's lack of coordination. The creation of the OPCN in 2016 addresses this concern and provides coordination of planning and measurement as well as the development of standards, quality initiatives and LHIN-based Regional Palliative Care Networks.

In addition to funding the OPCN, the government's 2016 budget made commitments for more visiting hospice service funding, volunteer training, and funding of another 20 hospices (200 beds) in Ontario.

All of this signifies a tremendous shift in recognition of the value and impact of hospice palliative care across the healthcare continuum and is good news for Ontarians.

### What is your vision for access to high quality hospice palliative care in Ontario?

I envision hospice palliative care highly integrated across care settings, responsive to individual needs, and accessible to every Ontarian, regardless of where they live. We have much work to do and I'm confident that with the OPCN and an engaged coalition, we can turn this vision into reality.

## The OPCN in the Community

Leadership and listening consultations provide opportunity for the OPCN to better understand regions' approach to Regional Palliative Care Networks

As part of our engagement work, the OPCN Secretariat has been meeting community and leadership representatives from hospice palliative care.

At the leadership level, we have hosted leadership consultations to begin an ongoing dialogue and help/guide the regions on how to evolve their Regional Palliative Care Network governance structures to align with the new direction under the OPCN, as well as to provide updates on the most recent OPCN activities. Leadership consultation participants include LHIN CEOs and Senior Directors, Regional Cancer Programs RVPs, Regional Palliative Care Network Directors and others. To date, seven of these consultations have occurred, with the remaining scheduled for the fall of 2016.

At the community level, we are meeting with clinicians and community stakeholders engaged in hospice palliative care to learn about regional successes and the challenges the regions may face so we can better understand how to support this work. Participants in these regional listening consultations include key hospice palliative care stakeholders as identified by their region from across settings and sectors of care. Three of these have been held to date.

### What we have learned from the leadership consultations:

- Many regions are in the midst of revising their governance structures to bring them into alignment with the governance structure guidelines provided by the OPCN in May 2016. For this reason, many regions are waiting until their new governance structure is in place before participating in their regional listening consultations.
- Most regions have their Network Directors in place or are in the process of hiring for the role.
- Most regions are in the process of hiring the Regional Multidisciplinary Clinical Co-Lead roles. Many regions have invited the OPCN Provincial Clinical Co-Leads Ahmed Jakda, MD, and Melody Boyd, RN, to participate in the interview process.

### Next Steps

- The OPCN Secretariat will complete the remaining leadership consultations and regional listening consultations by the end of 2016.
- A summary of the findings from all consultations will be available once they are complete.

## Establishing a Regional Palliative Care Network: Lessons Learned

Before initiating our leadership consultations across the province in May, we asked select regions to capture some of the lessons they have learned in establishing their governance structures prior to OPCN. Thank you to the following participants who generously shared their insights:

#### • North West LHIN:

- Jill Marcella, Coordinator, Regional Palliative Care Program
- Heli Mehta, Senior Planning & Integration Consultant
- Hilary Mettam, Community Development Lead, Regional Palliative Care Program

#### • Central West LHIN:

- Mark Edmonds, Acting Senior Director

#### • Erie St. Clair LHIN:

- Beth Lambie, Hospice Palliative Care Network Director (Retired)
- Maura Purdon, Hospice Palliative Care Network Director and Cross Sector Sector Education

Below is a snapshot of some of the themes that emerged as these regions developed governance structures. The complete lessons learned articles will be available on the OPCN website ([www.ontariopalliativecarenetwork.ca](http://www.ontariopalliativecarenetwork.ca)) later this fall.

### Collaborate, don't compete

The Erie St. Clair (ESC) Hospice Palliative Care Advisory Council has worked with the ESC LHIN to secure funding for a number of projects, including Palliative Care Consultation Teams in each county and a regional cross-sector education initiative. One of the principles

underpinning all projects was a commitment to sharing rather than competing for resources. In the early days of the ESC Council, a host of healthcare organizations worked through a decision-making process that resulted in two applications for funding rather than many separate applications. In the end, both proposals were funded and all organizations involved have since had the opportunity to benefit from that successful decision to collaborate versus compete.

## Get to know your community partners

The Ontario Telehealth Network helps the North West LHIN manage its vast geography. But committing to face-to-face meetings whenever possible to first establish relationships and then to socialize the new regional palliative care plan was a key contributor to the success of the NW Regional Palliative Care Program. The North West also found that focusing on strengthening community partnerships has facilitated recruitment for working and advisory groups.

## Build on existing strengths

The Erie St. Clair Hospice Palliative Care Advisory Council was built on a strong shared belief that coming together was better than trying to work independently. Each local area had already developed some palliative care programs that the region could build on rather than start from scratch.

The Central West (CW) LHIN has had a palliative network in place for many years, pre-dating the introduction of LHINs. Its network has historically included both funded and non-funded providers who have come together as a Community of Practice (COP). The CW LHIN, using its palliative care strategic plan as a guide, collaborated with Long-Term Care Homes, residential hospices, hospitals, palliative care physicians, pain and symptom management providers and Community Care Access Centres to advance hospice palliative care for very diverse urban and rural communities with multicultural and multilingual needs. CW is honoring these relationships and building on the strengths of their partners by including them in the dialogue to reshape their existing network to meet the guidelines established by the OPCN.

## Strengthening the Network: Secretariat Update

Since March, the Secretariat has been focused on building the foundations of the OPCN in partnership with the Regional Palliative Care Networks. That work includes establishing the OPCN governance tables and working with the regions to help them develop/evolve their Regional Palliative Care Networks. On top of the leadership and listening consultations underway, the Secretariat has also provided information packages, teleconferences and follow-up Q&As to assist in driving clarity on a variety of questions raised in the field related to our foundational work.

The Secretariat has worked with stakeholders on what and how hospice palliative care service delivery will be measured in Ontario and has shared data on four early indicators. Work also continues with stakeholders to look at capacity for hospice palliative care in other settings. Thanks to all for the great input that has supported our recommendations to the ministry.

An evidence summary of existing palliative care guidelines was recently completed. The OPCN will also be establishing a provincial palliative care education working group before the end of fiscal year.

In addition, a Communications Community of Practice with representation from all OPCN Executive Oversight partner organizations has been formed and has already met a number of times. This group provides important input from the field on communication and engagement activities.

**We would like to hear from you! If you have any questions or comments regarding content in this newsletter or if you have suggestions for future articles, please contact us at [info@ontariopalliativecarenetwork.ca](mailto:info@ontariopalliativecarenetwork.ca).**

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