



North West LHIN

Regional Palliative Care Program

Ontario Palliative Care Network Update

According to Health Quality Ontario's *Palliative Care at the End of Life* report, of the 54,000 Ontarians who received palliative care services between April 2014 and the end of March 2015, about half (47.9%) began receiving palliative care in their last month of life. Nearly two-thirds (64.9%) died in hospital, and about one-quarter (25.8%) spent half or more of their last month of life in hospital.

As these numbers indicate, Ontario has faced a number of challenges in ensuring equitable, integrated access to quality hospice palliative care, including inadequate support for caregivers, a lack of accountability for the delivery of this care and a lack of integration of care across the system. Though there are examples of patients and families experiencing excellent care, there is a recognized need across the health system for improvement.

To address these gaps, and to improve the consistency and quality of hospice palliative care in the province, the Ontario Palliative Care Network (OPCN) was launched in March 2016. Funded by the Ministry of Health and Long-Term Care, the

Ontario Palliative Care Network



OPCN is a province-wide partnership of patients, families and caregivers, healthcare providers and organizations, and health system planners who are working to ensure all Ontarians have access to high-quality hospice palliative care, regardless of their age or illness, or where they live in the province.

To learn more about the OPCN, visit the newly launched OPCN website at ontariopalliativecarenetwork.ca. For more information, contact the OPCN at info@ontariopalliativecarenetwork.ca.

RPCP UPDATE

The RPCP is developing the third year work plan for the implementation of the Regional Palliative Care Plan. To help inform this work a Palliative Care Summit was hosted in partnership with Thunder Bay Regional Health Sciences Centre on January 25th. The Summit brought together over 41 health care providers, stakeholders, and palliative care physicians, from across the North West Region. Together the group discussed how to implement an integrated palliative care service delivery model for the region. Four areas of focus for palliative care service delivery in the North West Region were identified by the participants. The priority areas were:

1. Development of a Palliative Care Hub
2. Promoting interprofessional collaboration and communication
3. 24/7 Supports for health care providers, patient, families and caregivers
4. Palliative Care discharge planning to remote communities

The RPCP will take this information in the form of recommendations to the RPCP Advisory and the Local Health

Hubs and determine the feasibility of incorporating the priorities into the RPCP workplan. A face to face Advisory meeting has been scheduled for February 15th and will include facilitators from the local health hub palliative care committees. The RPCP workplan for 2017/18 will begin to be formalized at this time.

In December 2016, the OPCN asked each Regional Palliative Care Program/Network to assist in a province wide palliative and end of life care capacity planning survey. The survey results will advise the Ministry of Health and Long Term Care on potential future investments in palliative care services across care settings such as; community, hospitals, long term care homes, complex continuing care, and hospices. The survey helps OPCN understand the current state, future needs and gaps in palliative care services across the province. The RPCP sent the survey to health care providers, hospitals, hospice visiting volunteer programs, educators and home and community care programs. Several surveys were returned and this information was provided to OPCN. In January a follow up call was held with OPCN to verify the information provided by the North West Region. A final analysis of the survey results is anticipated to be completed this year.

HIGHLIGHTS

Welcome Rebecca McEwen



The North West LHN
Regional Palliative Care
Program welcomes

Rebecca McEwen to the role of Regional Multidisciplinary Clinical Co-Lead. Rebecca joins the Regional Physician Clinical Co-Lead Dr. Kathy Simpson in the new Multidisciplinary Regional Clinical Co-lead role. Rebecca will provide strong clinical leadership and collaboration in hospice palliative care across the North West Region. In this role, her work will include regional planning, capacity building and implementation of the Regional Palliative Care Program's priority initiatives.

Rebecca is currently the Nurse Manager of Acute Care, Emergency, Long Term Care and the Assisted Living Program at Nipigon District Memorial Hospital. Rebecca completed the Bachelor of Science in Nursing program with a certificate in dementia studies at Lakehead University. Recently, she has graduated from the Dalhousie University Master of Science in Community Health and Epidemiology program. Rebecca has provided palliative care as a registered nurse in both the rural hospital setting as well as in remote first nation communities.

First Nations Update



Workshop participants got to know one another through an activity designed to awaken their creativity.

In November 2016 the RPCP partnered with the Centre for Education and Research on Aging & Health at Lakehead University and Health Canada's First Nations and Inuit Health Branch (FNIHB) to host providers from 17 First Nations communities in the North West region. All of these communities are working to develop their palliative care capacity by conducting local needs assessments, participating in education, and building linkages with external health care partners.

The RPCP team spent some time getting to know the participants through an arts-based icebreaker activity. This was followed by a demonstration of the 24/7 Palliative Care Consultation Line to show how it can be used to support frontline providers who are caring for individuals in the community. The rest of the workshop was spent discussing and

sharing knowledge around discharge planning, in particular how hospitals can improve their process to better serve patients who are returning home to a First Nations community. Communication was a key theme throughout the day, with a commitment from all those in attendance to work on improving communication and coordination between providers in Thunder Bay and those working in First Nations communities.

The RPCP team learned a lot from the workshop participants and looks forward to doing more engagement with First Nations communities and providers in the near future. Thank you to all who have shared their knowledge and experiences with us!

REGIONAL UPDATE

Local Health Hubs

This year the RPCP Team has engaged with 3 additional Local Health Hubs (LHHs) to develop palliative care programs within their communities. Atikokan, Manitouwadge, and Marathon have all started local palliative care committees/teams and are currently identifying projects that can improve palliative care in their communities.



If you are interested in joining the Palliative Care Committee in any of the Local Health Hubs (LHHs), please contact Hilary at the RPCP (mettamh@tbh.net)



Manitouwadge Palliative Care Team

The mission of the Manitouwadge Palliative Care Team is to assist people living with a life limiting or chronic illness to experience a sense of connection, community, and support through companionship.

Local Facilitators: Amanda Warford, RN, Manitouwadge General Hospital and Trena Roberts, Social Worker, Manitouwadge Family Health Team

Achievements to date:

- Created a palliative care program binder for providers and another one for patients & caregivers.
- Introduced memory boxes at the hospital – a decorated box given to the patient's family after they pass to pack up their belongings. The box also includes resources to help support the family following the death of their loved one.
- Started collecting statistics on their palliative care program, including where clients wanted to die and where they actually died, length of time they were in the palliative care program, and whether or not a bereavement call was placed to the family after the client passed.

Public Education

Even though we all understand that our lives will eventually come to an end, death can be an uncomfortable topic that most people find difficult to discuss. But the truth is that making arrangements and talking about personal wishes with those who matter can actually ease discomfort. When a person is prepared, with their affairs in order before a crisis happens, they often feel comforted, knowing that they have clearly expressed the things that are important to them.

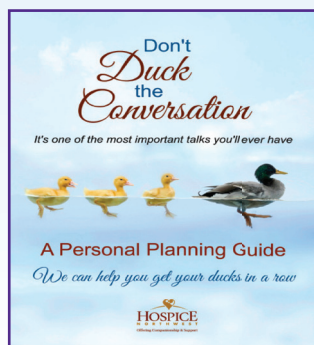
Don't Duck the Conversation Personal Planning Guide was designed by Hospice Northwest to help individuals and their families prepare this type of personal information. The workbook guides them through the process of documenting important facts about themselves, the care of their family, pets and possessions, as well as their wishes regarding their obituaries, memorial services or funeral arrangements.

Don't Duck the Conversation is available in print form from the Hospice Northwest office or in an electronic version which can be downloaded from www.hospicenorthwest.ca.

On November 24, 2016 Hospice Northwest release a new planning guide to the public at the latest **Die-alogues: Conversations on Life and Death**. 65 participants attended this event, and were treated to delicious desserts and thought-provoking discussion on the topic of Advance Care Planning and the **Don't Duck the Conversation** guide.

Die-alogues discussions were designed by Hospice Northwest to encourage individuals in our community to engage in meaningful conversations about end-of-life issues. A unique and thought-provoking topic is selected for each Die-alogues event.

Future Die-alogues events that are scheduled for the coming months include a gathering hosted by the Lakehead University Social Work grad class, as well as an event tentatively scheduled for June 2017 which will focus on palliative care for the homeless.



Clinical Tools for Practice

Early identification of people nearing the end of their life leads to earlier planning, better transitions, better decisions and choices and improved coordinated care.

The **Gold Standards Framework Prognostic Indicator Guidance tool (GSF PIG)**, is a UK based initiative that began in primary care with the goal of improving palliative care delivery in primary care.¹ It aims to help physicians, clinicians and other professionals in earlier identification of those adult patients living with a life limiting, progressive or terminal illness who may benefit from a palliative approach to care. This early identification can trigger specific support, such as clarifying their particular needs, offering advance care planning discussions, improved pain and symptom management with prevention of crises admissions and pro-active support to ensure patients "live well until they die".

Three early identification triggers that suggest that patients could benefit from a palliative approach to care:

1. The surprise question: "Would you be surprised if this patient were to die in the next few months, weeks, days?"
2. General indicators of decline- deterioration, increasing need or choice for no further active care.
3. Specific clinical indicators related to certain conditions.

The focus is on anticipating patients' likely needs so that the right care can be provided at the right time.

If you would like more information regarding tools, guides or a copy of the tool guide, please contact: Marlene Benvenuto RN CHPCN(c), North West Regional Palliative Care Program

Telemedicine Consultant

Phone: 807-343-2476 toll-free 1 -844-343-2476

¹ Thomas.K et al. *Prognostic Indicator Guidance*, 4th Edition. The Gold Standards Framework Centre In End of Life Care CIC, 2011.

UPCOMING EVENTS

March 2nd - 4th LEAP Core, Atikokan

March 24th and 31st LEAP LTC, Thunder Bay

CERAH Lunch and Learn Series

March 15th 12:00pm - Health Care Consent & Advance Care Planning Conversations

Webinars

Health Care Consent and Advance Care Planning in Ontario:
To Register visit <http://www.hpco.ca/>

March 10th 10:30 am - 12:00 pm - LTC Corporations and Compliance Officers

March 10th 1:00 pm -2:30 pm – Primary Care

May 12th 1:00 pm -2:30 pm – Lawyers and Legal Clinics

Conferences

Hospice Palliative Care Ontario

"Accessing Compassionate Hospice Palliative Care Across the Continuum April 23rd -25th, Richmond Hill, Ontario

For information on CERAH Events, please visit the Lakehead University Centre for Education and Research on Aging & Health (CERAH) Website: <http://cerah.lakeheadu.ca> or contact Jessica Wyatt at jlwyatt@lakeheadu.ca, 807-766-7222

National Advance Care Planning Day is taking place April 16th, 2017 !

We encourage everyone to promote the importance of advance care planning within their networks and organizations. Ideas for raising awareness include:

- setting up a display booth in your lobby/ cafeteria or in a community space such as the library or municipal building;
- including a short article in your organization's newsletter, on your website, or in the local newspaper;
- sending around an email blast to all of your contacts.

Listed below are some great resources that can help you plan an activity to celebrate National ACP Day:

ACP Day Campaign Kit

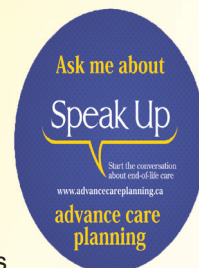
www.advancecareplanning.ca/resource/acp-day-campaign-kit-2017/

Speak Up Ontario www.speakupontario.ca

www.makingmywishesknown.ca

Don't Duck the Conversation – Hospice Northwest

www.hospicenorthwest.ca/resources/dont-duck-the-conversation/



North West LHIN Regional Palliative Care Program 2016 — 2017 Advisory Committee Membership

OFFICER	POSITION	COMMUNITY	IDN
DR. KATHY SIMPSON Regional Palliative Care Physician Lead	Co-Chair	Thunder Bay	City of Thunder Bay (Regional Mandate)
HELI MEHTA North West LHIN	Co-Chair	Thunder Bay	City of Thunder Bay (Regional Mandate)
ANNE TURCOTTE Caregiver	Member	Thunder Bay	City of Thunder Bay
PAULA DONLYLYK North West CCAC	Member	Thunder Bay	City of Thunder Bay (Regional Mandate)
ANDREA DOCHERTY Regional Cancer Care Northwest	Member	Thunder Bay	City of Thunder Bay (Regional Mandate)
LORI BYERLY Thunder Bay Regional Health Sciences Centre North West Regional Renal Service	Member	Thunder Bay	City of Thunder Bay (Regional Mandate)
KATHY KORTES-MILLER Lakehead University / Hospice Northwest	Member	Thunder Bay	City of Thunder Bay
DONNA MAKOWSKY Lake of the Woods District Hospital	Member	Kenora	Kenora
BRENDA DECK Hagi Community Services Manager	Member	Thunder Bay	Thunder Bay & Northwestern Ontario
SUSAN ANDERSON Meno Ya Win Health Centre	Member	Sioux Lookout	Northern
AMANDA WARFORD Manitouwadge General Hospital	Member	Manitouwadge	District of Thunder Bay
REBECCA MCEWEN Regional Palliative Care Clinical Co-Lead	Member	Nipigon	Regional Mandate
JUDY HARVEY Nipigon District Memorial Hospital	Member	Nipigon	District of Thunder Bay
KAYLA CAUL-CHARTIER Fort Frances Tribal Area Health Services	Member	Fort Frances	Rainy River District
KATHLEEN LYNCH St. Joseph's Care Group	Member	Thunder Bay	City of Thunder Bay
ALEX VISTORINO North West LHIN	Ex-Officio (Non-Voting)	Thunder Bay	Regional Mandate
ROBIN CANO Regional Palliative Pain & Symptom Management Consultant (CCAC)	Ex-Officio (Non-Voting)	Thunder Bay	Regional Mandate
JESSICA WYATT Regional Palliative Care Education Planner (CERAH)	Ex-Officio (Non-Voting)	Thunder Bay	Regional Mandate
PATRICIA LEE LTC Director of Care	Member	Thunder Bay	District of Thunder Bay
JILL MARCELLA Northwest RPCP Co-ordinator	Support Staff	Thunder Bay	Regional Mandate
HILARY METTAM Northwest RPCP Community Development Lead	Support Staff	Thunder Bay	Regional Mandate
MARLENE BENVENUTO North West RPCP Palliative Care Telemedicine Consultant	Support Staff	Thunder Bay	Regional Mandate

St. Joseph's Hospital
35 North Algoma Street
Thunder Bay, ON P7B 5G7
1 (807) 343-2431
www.rpcp.sjcg.net (website)
rpcp@tbh.net (email)



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