



## North West LHIN Regional Palliative Care Program

### Sharing Knowledge in Northwestern Ontario



### Person Centred Decision Making

On October 12, 2017 Hospice Palliative Care Ontario and the Ontario Palliative Care Network hosted a full day conference in Toronto focused on strengthening the skills of health care providers engaging in Advance Care Planning (ACP), Goals of Care (GoC), and Health Care Consent (HCC) discussions. The conference brought together multidisciplinary clinician leads from across the province who play a role in promoting and implementing person-centred decision making in their region, organization, sector or community. The goal of the conference was to ensure that participants gained a shared understanding of person-centred decision making, and how the concepts in ACP, GoC and HCC relate to the legal framework in Ontario.



The one day conference provided participants with the opportunity to strengthen their skills in having these important discussions while clarifying health care provider roles and responsibilities related to ACP, GoC and HCC. Participants engaged in an exercise whereby a case example was shown of an Advance Care Planning conversation between a Physician, client, spouse and daughter. Based on that conversation, participants were asked to make a treatment decision after a significant health incident for the client. Participants were asked to assume the role of the Substitute Decision Maker in this case, and the decision had to be made based on the information that was gained during the ACP conversation. The exercise demonstrated the importance of the information obtained about the values, wishes, and defining of quality of life for each individual, and how this information is so important in guiding the decision making for Substitute Decision Makers. The exercise also highlighted the importance of revisiting conversations and clarifying what is talked about.

This year's Centre for Education and Research On Aging & Health Palliative Care Conference on November 2 & 3<sup>rd</sup> at the Victoria Inn, will focus on 'Conversations Worth Having'. ACP, GoC and HCC will be a topic area delegates will have the opportunity to learn more about.

### Health Quality Ontario Palliative Care Standards

Health Quality Ontario (HQO) has drafted the Palliative Care Quality standards. The standard was available for public consultation and stakeholder engagement until October 19<sup>th</sup>, 2017. The Quality Standard launch and implementation is anticipated for Spring 2018. In total there were 13 Quality Statements within the Palliative Care Quality Standard. The quality standard focuses on palliative care for adults living with progressive, life-limiting illness, their families and caregivers. It addresses palliative care provided in all settings, including primary care, home and community, hospice, long-term care and acute care.



HQO's Quality Palliative Care Standard is intended to outline for clinicians and patients what quality palliative care looks like. The standard is developed in collaboration with patients, physicians, nurses, other clinicians, caregivers, and organizations across the province, quality standards are intended to achieve four main aims. They will help:

- Patients, residents, families and caregivers know what to discuss about their care with their health care professionals;
- Health care professionals offer the highest-quality care based on the best available evidence;
- Health care organizations and professionals measure, reflect on their practice and improve the quality of their care; and
- Health system planners create the environment for health care professionals and organizations to deliver quality care.

If you are interested in learning more about HQO's Palliative Care Standard you can access it through the following link <http://www.hqontario.ca/Evidence-to-Improve-Care/Quality-Standards/View-all-Quality-Standards/Palliative-Care>



## Palliative Care, Public Health, and Compassionate Communities

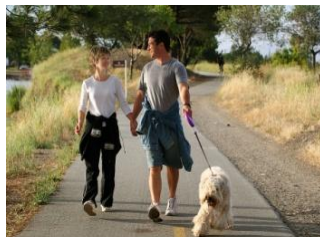
On September 20<sup>th</sup> the Regional Palliative Care Program presented at the International

Public Health and Palliative Care conference in Ottawa. We shared our process for community capacity building in Northwestern Ontario and were joined by Nikita Matichuk from Atikokan to share her community's experience with developing a local palliative care team.

Attending this conference reignited our interest in the Compassionate Communities movement and we wanted to share some highlights with you:

- "Palliative Care is Everybody's Business" is a simple phrase that recognizes the universal human experience of death, dying, loss, and bereavement. It also speaks to the fact that we can all play a role in supporting people in our community who are on a palliative or end-of-life journey.
- Most communities want to support individuals to live well until the end of life while also helping the dying individual's family, caregivers, and loved ones in practical, meaningful ways.
- We need to do a better job at engaging the broader community – faith groups, seniors centres, workplaces, service clubs, etc – to fulfill their role as natural helping networks that can be activated when one of their own is sick and has needs that the health care system is not able to meet.
- A lot of people with life limiting illness or disease are concerned about things that regular community members can help out with e.g. Who will walk my dog? Who will pick up my children from school? Who will shovel my driveway? Who can sit with me while my spouse takes a break? There is a lot that can be done to improve a person's quality of life that doesn't involve medical professionals!

If you are interested in learning more about **Compassionate Communities**, please visit [www.pallium.ca/cc](http://www.pallium.ca/cc) or contact Hilary, RPCP Community Development Lead, at [mettamh@tbh.net](mailto:mettamh@tbh.net)



## Clinical Practice: Communication

When working in palliative care, effective communication is a therapeutic tool. "Good communication not only benefits the patient and family; communication skills are increasingly recognized for their contribution to good health care provider/patient relationships, which can help clinicians combat burnout." *Medical Care of the Dying 2006*

Three main purposes of communication can be identified as creating a good interpersonal relationship, exchanging information and making treatment related decisions.

### Useful phrases that can be helpful in guiding discussions

- ❖ *What is your understanding now of your illness?*
- ❖ *If your health worsens, what are your most important goals?*
- ❖ *What are your biggest fears and worries regarding your health?*
- ❖ *What is the most concerning issue to you at this time?*

### Basic Principles of communication in palliative care

- 1. Establish the setting** - Prepare prior to the meeting, environment should be quiet, private and the right allotted amount of time along with support persons should be there
- 2. What does the patient understand?** Use language appropriate to his/her level of understanding, keep it simple and clear. Open ended questions to be used to identify the patient's understanding of their illness.
- 3. What does the patient expect?** "How much does the patient want to know – level of detail and at what pace?"
- 4. Respond to emotions-** Attune to the patient's emotional responses (verbal and non verbal) and demonstrate empathy Explore the patient's and family's concerns, fears, hopes and expectations
- 5. Strategize and Summarize**  
*Retrieved from "Medical Care of the Dying and The Pallium Palliative Pocketbook"*