



Facilitating more conversations that matter about living, dying and grieving

We believe that the foundation of all hospice palliative care is open, compassionate communication. Conversations matter: open dialogue about what is meant by a palliative approach to care; advance care planning conversations between friends and family; goals of care discussions between health care providers and patients; and, normalizing discourse about dying and grieving.

We also need more open conversations about the gaps and issues that need to be addressed, and where we can do a better job of coordinating care, facilitating transitions and ensuring that everyone has an understanding of where and how to access the services they need.

We are committed to keeping frequent, open, compassionate communication in mind as we implement our strategic directions and yearly operational plan.

“You can change the system one client experience at a time – it all matters”

- family physician, Hawkesbury

STRATEGIC DIRECTIONS 2018-2021

We have surveyed the region and met with various groups and organizations to help determine some of the priorities, issues and needs in the region. In summary, this is what we heard:

It has been said that there are three key issues in hospice palliative care: access, access, and access.

Most people don't know how or where to start to find the services they need; caregiver support, personal support workers and/or respite care is often unavailable; and rural, francophone and vulnerable populations face additional barriers to access because of their location, language or life circumstances.

In rural areas, oftentimes patients are “about 10 minutes too far” to access the support they may need.

- Community member, North Lanark

When care is poorly coordinated between settings and providers, there are numerous points in a client's journey where communication can break down along the way, especially during “transfer” points. Because multiple providers may be involved in a client's care, each having its own tools, assessments, records, teams and processes, this can lead to duplication and repetition.

Not everyone who can benefit from a palliative approach to care receives it: people are not identified with palliative and end-of-life needs early enough, particularly if they have a non-malignant disease.

Families need to advocate, but in most cases, don't have the information they need – they have to “wing-it.”

- Ottawa Hospital Patient and Family Advisory Group member

Aging, death and loss are universal, normal and inevitable, yet many people (including healthcare providers) avoid having conversations about advance care planning (ACP), palliative care, goals of care and

treatment choice. As a result, many patients and their families never hear the clear, compassionate message that they are dying; and thus, they make treatment decisions without understanding their prognosis, palliative care and/or other choices available to them based on their goals of care.

In addition to input from regional stakeholders and partners, our planning has been guided by two key provincial documents:

- The Ontario Palliative Care Network Three-Year Action Plan: <https://www.ontariopalliativecarenetwork.ca/en/node/31851>
- The Quality Standards for Palliative Care: <http://www.hqontario.ca/Evidence-to-Improve-Care/Quality-Standards/View-all-Quality-Standards/Palliative-Care>

The strategic directions outlined here are intended to help us fulfill our commitments to the Ontario Palliative Care Network, work towards achieving each of the 13 provincial quality standards for palliative care, and meet regional priorities.

ACTION AREA 1: ACCESS

Supporting timely, equitable access to high-quality palliative care in all settings and communities in Champlain.

“Sometimes it’s not even about access. It’s about coordinating the services that are available.” –CHPCP Advisory Council Member

- 1.1 Ensure hospice palliative care services are responsive to the diversity of all residents of Champlain: consulting and connecting with urban, rural and remote populations; Francophone and other culturally/linguistically diverse populations; Aboriginal communities; and other vulnerable populations, such as children, individuals living with disabilities, LGBTQ and the homeless.
- 1.2 Support coordinated, person-centred care by sharing best practices, promoting goals of care discussions and providing information, resources and navigation tools to help patients, caregivers, and healthcare providers understand the services available and develop an appropriate care pathway to meet their needs.
- 1.3 Explore the use of technology to facilitate communication, coordination and information sharing between patients and providers to support referrals, consultation and more seamless transitions between settings.
- 1.4 Support and promote palliative care delivery within primary care.
- 1.5 Support the ongoing development of additional residential hospice beds in Champlain.
- 1.6 Enhance access to respite services to support patients, families, and caregivers with palliative care needs.
- 1.7 Enhance access to palliative care for people with chronic palliative care needs and non-malignant diseases.
- 1.8 Support the ongoing development of grief and bereavement services in the region.

ACTION AREA 2: TRAINING AND EDUCATION

Increasing capacity of healthcare providers, volunteers, and caregivers to support hospice palliative care early and more often.

“Conversations that extend understanding lead to better choices.”
– CHPCP Advisory Council member

- 2.1 Enhance understanding and support integration of the palliative approach to care.
- 2.2 Develop ongoing training, education and understanding of the advance care planning, goals of care and health care consent continuum across care settings.
- 2.3 Provide support, education and resources for family caregivers to help them understand what to expect at end-of-life.
- 2.4 Enhance education and understanding of the importance of early identification and provide training, information and resources to ensure that all clinicians understand and use tools for early identification of individuals in their practice that could benefit from hospice palliative care.
- 2.5 Support training initiatives to address the reluctance of many healthcare providers to discuss hospice palliative care earlier and more often in their practice.
- 2.6 Enhance opportunities to access standardized training (e.g. LEAP) to build the hospice palliative care competencies of more regulated and unregulated providers in the region.
- 2.7 Identify, develop and promote ongoing training opportunities for patients, caregivers, volunteers and healthcare providers on a variety of topics including grief, loss, resilience and self-care.

ACTION AREA 3: ENGAGEMENT & AWARENESS

Connecting people, information and ideas in hospice palliative care so that everyone understands what it is and their role in it.

“Our role is to help to connect the dots.” - CHPCP Advisory Council Member

- 3.1 Engage patients, caregivers and substitute decision makers so that they are increasingly empowered to have advance care planning conversations that will help them to identify their goals of care and help them to access support to die in their place of choice.
- 3.2 Explore opportunities and ways to raise public awareness and understanding of hospice palliative care in Champlain.
- 3.3 Support the creation of compassionate communities and help to promote opportunities and events to normalize conversations about living, dying and grieving.
- 3.4 Identify opportunities to partner with organizations, community groups, healthcare providers, and others, to promote compassionate communities that integrate a palliative approach to care.

OPERATIONAL PLAN 2018-2019

While the Strategic Directions outline how we will work towards inspiring more important conversations that matter about living, dying and grieving, our Operational Plan outlines what we are going to be doing on over the course of this year. There are additional activities underway, but these are some of the highlights:

Strategic Direction	Activities	Quality Standard
ACCESS	Reviewing expansion of central referral and triage	2 & 10
	Developing regional telepalliative medicine strategy	5
	Supporting residential hospice development in Hawkesbury and Ottawa East	11
	Developing recommendations to address chronic palliative care needs	1 & 9
	Developing resource development (information about regional hospice palliative care services and how to access them)	8
	Assessing and implementing Health Services Delivery Framework (OPCN)	1 & 2
	Monitoring regional system performance (forming a new Performance Committee and regional “dashboard” of indicators).	
	Working with regional hospitals to understand why patients are going to emergency departments in their last month of life (is it pain and symptom management? Is it caregiver burnout? etc.) and identifying initiatives to support them.	
EDUCATION & TRAINING	Developing Advance Care Planning, Goals of Care, and Health Care Consent workshops and learning modules for health care providers (with the Ottawa Hospital and Regional Cancer Program)	3
	Delivering ongoing education and Training Initiatives (grief and bereavement, self-care, advance care planning, education day, etc.)	8 & 13
	Developing an education strategy for Primary Care	13
	Supporting the ongoing work of the regional Palliative Care Community of Practice	13
ENGAGEMENT & AWARENESS	Supporting the work of Inner City Health and the Somerset West Community Health Centre with the Homeless/Vulnerably Housed Peer Support Group	8
	Continuing to run and support Advance Care Planning presentations and workshops in communities across the region (including ongoing training of volunteers)	4
	Developing a CHPCP communications strategy (which includes website development and promotion)	
	Maintaining ongoing support of CHPCP Committees (e.g. Clinical Advisory, Education, Bereavement) and local networks	

If you have any questions or would like additional information about any of these initiatives, please contact us at 613-683-3779 or visit our website: champlainpalliative.ca