Central East **LHIN** | **RLISS** du Centre-Est

2016-19 Integrated Health Service Plan Strategic Aim Update: Palliative Care

Central East LHIN Board of Directors Meeting
April 25, 2018

Presented by: Jenny Greensmith, Lead, Health System Strategy, Integration, Planning and Performance Division

Ontario
Local Health Integration Network
Réseau local d'intégration des services de santé

Objectives

- Provide current status of Central East LHIN Strategic Aim Performance Metrics
- Provide an update on the new Central East Regional Palliative Care Work Plan and related initiatives
- Next Steps
- Appendix – Supporting Metrics

Central East LHIN Palliative Care Strategic Aim Performance Metrics

Integrated Health Service Plan: Palliative Strategic Aim

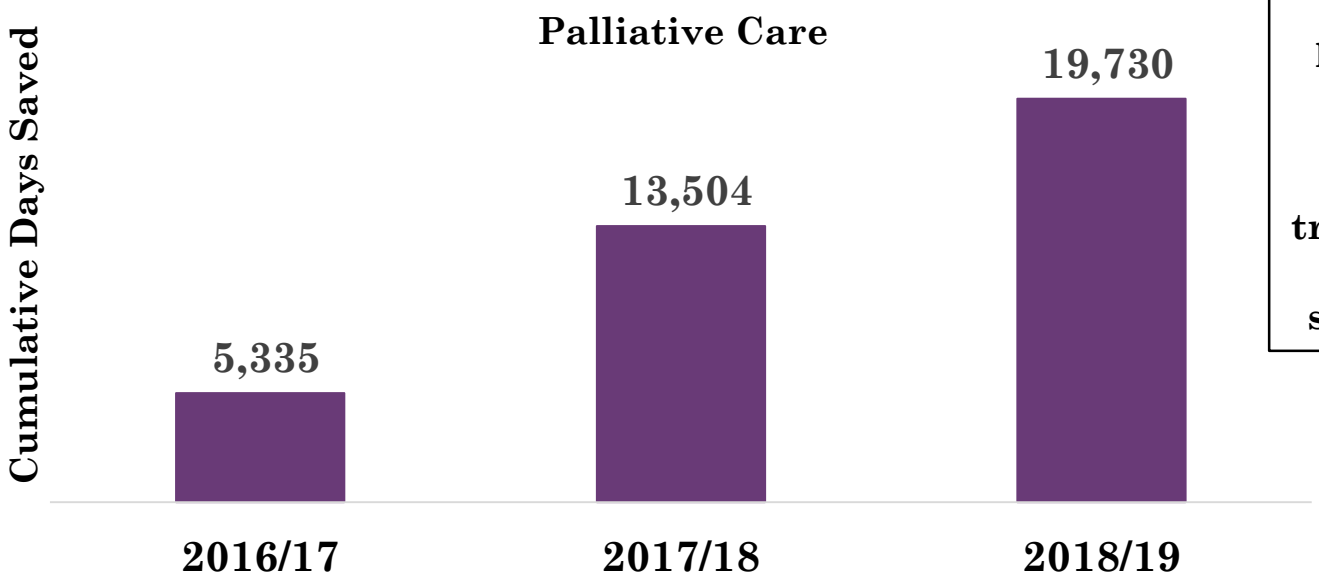
Palliative Care Strategic Aim:

- Continue to support palliative patients to die at home by choice and spend 15,000 fewer days in hospital by increasing the number of people discharged home with support by 17% by 2019.

Assumptions:

- The number of palliative cases will continue to increase.
- The Central East LHIN palliative initiatives will be a factor in decreasing the total length of stay.

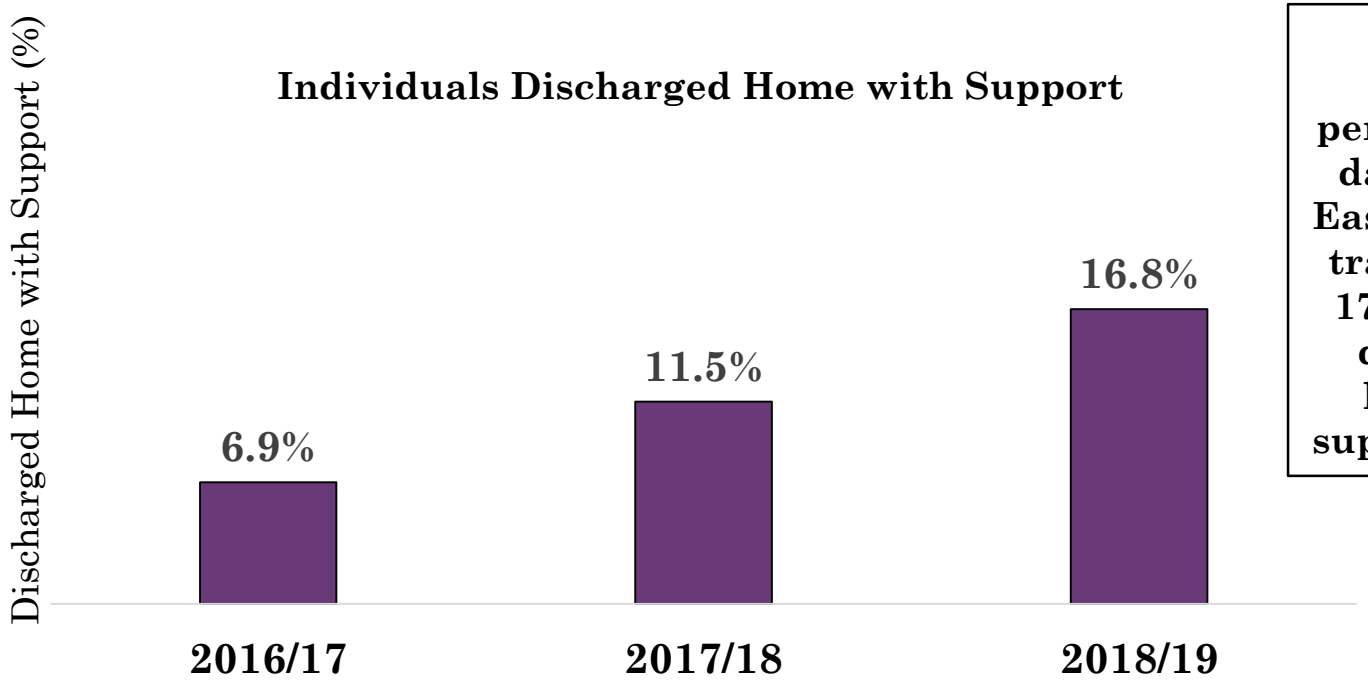
Palliative Strategic Aim: Cumulative Days Saved



Based on 2017/18 performance to date, Central East LHIN is on track to exceed 15,000 days saved by 2019

	2016/17	2017/18	2018/19
Projected Total Length of Stay	81,703	85,888	90,073
Estimated Total Length of Stay	76,368	77,718	83,847
Cumulative Days Saved	5,335	13,504	19,730

Palliative Strategic Aim: % of Palliative Patients Discharged Home with Support



Based on 2017/18 performance to date, Central East LHIN is on track to reach 17% of people discharged home with support by 2019

	2016/17	2017/18	2018/19
Projected Discharged Home with Support (%)	79.0%	81.4%	83.6%
Estimated Discharged Home with Support (%)	84.5%	85.2%	88.0%
Cumulative %	6.9%	11.5%	16.8%

Palliative Aim Supporting Metrics Update

Indicators	Time Period for Current Performance	Baseline	CE LHIN Target	Current Performance [1]	Current Status	Direction of Trend
Average Hospital Length of Stay for Palliative Patients, in Days *(Goal is to decrease average hospital length of stay)*	2nd Quarter 2017/18	14.8	13.3	15.1	●	↘
Percentage ALC days for Palliative Patients *(Goal is to decrease percentage ALC days)*	2nd Quarter 2017/18	16.0%	14.4%	23.6%	●	↘
Percentage of Palliative Inpatients who Died in Hospital *(Goal is to decrease the percentage of palliative patients who die in hospital)*	2nd Quarter 2017/18	65.7%	59.1%	60.3%	●	↘

Notes:

1 Most recent available data: 2nd Quarter of 2017/18

Central East Regional Palliative Care Strategy

Central East Regional Palliative Care Strategic Priorities – reviewed by Central East LHIN Board in October 2017

- The Central East Regional Palliative Care Steering Committee, in consultation with stakeholders, developed the following 4 strategic priorities to support the achievement of the Palliative Strategic Aim:

Priority #1: Establish common and consistent palliative care terminology to be utilized across Central East region

Priority #2: Establish a purposeful and deliberate coordination of care process at points of transition across all care settings

Priority #3: Establish and implement an Advance Care Planning Strategy

Priority #4: Review and continue implementation of an education strategy for health service providers

Ontario Palliative Care Network (OPCN)

- In March 2016, the Ministry of Health and Long-Term Care (MOHLTC) announced the creation of the Ontario Palliative Care Network (OPCN).
- Led by LHINs, Cancer Care Ontario, Health Quality Ontario, and the Quality Hospice Palliative Care Coalition of Ontario are developing a coordinated, standardized approach for delivering palliative care services in the province.
- In December 2017, OPCN released its 2017-20, 3-year Action Plan.
- The Action Plan includes 7 Action Areas and 38 Action Items, including 15 local (LHIN-level) initiatives/strategies.
- LHINs were required to align local strategies and initiatives with the OPCN Action Plan.
- The 4 strategic priorities identified by the Central East Regional Palliative Care Steering Committee in fall 2017 (previous slide) have been embedded within the new Central East Regional Palliative Care Action Plan.
- The new Central East Regional Palliative Care Action Plan has been reviewed and endorsed by:
  - The Central East Regional Palliative Care Steering Committee
  - The Central East Regional Palliative Care Executive Committee
  - The Central East LHIN Chief Executive Officer (CEO) and Central East Cancer Program Regional Vice-President who have joint accountability for the Action Plan

Central East Regional Palliative Care Action Plan 2018/19

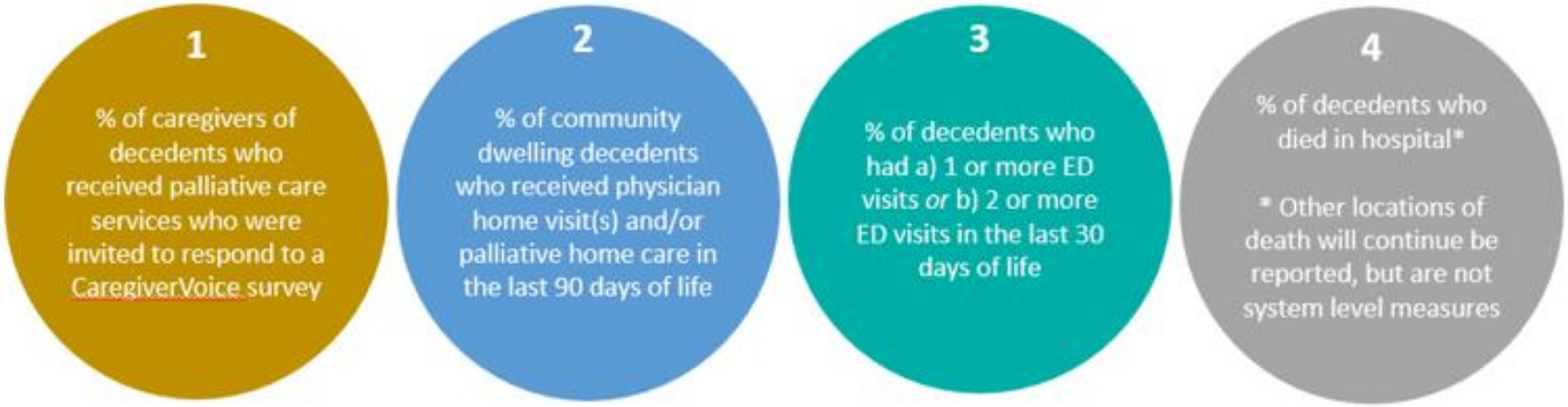
Action Area	Central East LHIN Initiative(s)/Project (s)
A: Enhancing Patient & Caregiver Engagement in Hospice Palliative Care	**A1:** Residential Hospice Strategy and Standardized Intake
	A2: Environmental scan/resource inventory for patient/caregiver education resources (which will include **Central East Regional Palliative Care Strategy Priority #3: Development and implementation of an Advance Care Planning (ACP) Strategy**)
	A3: Engagement with patients/caregivers to support planning and deliverables
	A4: Central East Regional Palliative Care Steering Committee Priority #1: Establish common and consistent palliative care terminology to be utilized across Central East region
B. Aligning the Planning for Hospice Palliative Care across the Province	**B1:** Reporting on 2018/19 Central East Regional Palliative Care Work Plan and development of 2019/20 Central East Regional Palliative Care Work Plan
	B2: Submission of Expression of Interest (EOI) Assessment of Service Gaps (to be implemented pending success of Central East LHIN in EOI for implementation of Health Service Delivery Framework (HSDF) Model of Care (Action Area D))
	B3: Vulnerable populations, including uninsured/First Nations, Inuit, Metis/Francophone/LGBTQ/homeless/other
C. Enabling Early Identification of Patients Who Would Benefit from Hospice Palliative Care	**C1:** No Action required 2018/19
	C2: No Action required 2018/19

Central East Regional Palliative Care Action Plan 2018/19 cont.

Action Area	Central East LHIN Initiative(s)/Project (s)
D.Establishing Palliative Models of Care to Increase Access and Enable Adoption of the Quality Standard	**D1:** Completion of the EOI for implementation/test of the Health Services Delivery Framework Model of Care.
	D2: Central East Regional Palliative Care Strategy Priority #2: Establish a purposeful and deliberate coordination of care process at points of transition across all care settings.
E. Identifying and Connecting Hospice Palliative Care Providers	**E1:** Mapping process of palliative care providers and services in Central East LHIN
F. Building Provider Competencies in Hospice Palliative Care	**F1: Central East Regional Palliative Care Strategic Plan Priority #4**: Development and implementation of an Education Plan for health service providers
	F2: Implementation of Learning Essential Approaches to Palliative Care (LEAP) courses
	F3: Review/monitor First Nations, Inuit, Metis, Indigenous Cultural Sensitivity/Education training for health service providers in the Central East LHIN
G. Measuring and Reporting on our Progress	**G1:** Report review and incorporations in development of 2019/20 Work Plan
	G2: Development of Central East Regional Palliative Care Scorecard

New Central East LHIN Indicators

- The following four metrics were developed and will be monitored by the OPCN on a quarterly basis.
- Central East LHIN staff are considering the relationship between existing Central East LHIN-identified metrics and new metrics identified by OPCN and how the Actions will contribute to the achievement of new and existing metrics.



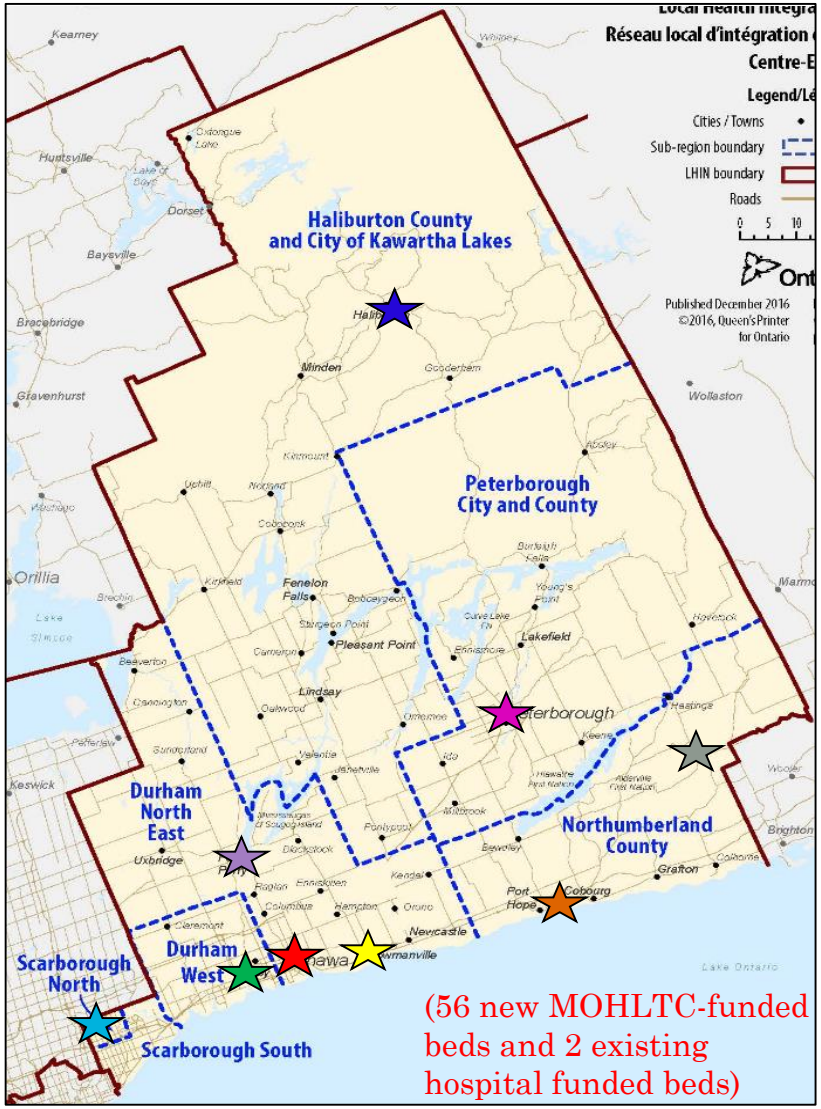
Current Initiatives: Residential Hospice

A. Enhancing Patient and Caregiver Engagement in Hospice Palliative Care

Central East LHIN Residential Hospice Strategic Aim

- To expand options available to palliative patients in the Central East LHIN by increasing the number of operational residential hospice beds to 56 by 2019, by:
  - Pursuing development of beds across LHIN sub-regions;
  - Advancing collaborative multi-sector partnerships to make best use of public investment; and
  - Recognizing residential hospice as a key element to advancing the *Hospice as Hubs* strategy.
- Central East LHIN annual investment = $400,000 (project management resources)
- Ministry of Health and Long-Term Care annual investment = $105,000 per hospice bed (once operational)

Current Initiatives: Residential Hospice Development (Current Status)



- **Scarborough North**: 10 beds (Yee Hong Centre for Geriatric Care) – projected to open March 2019
- **Durham West**: 10 beds (VON) – projected to open in Summer 2019
- **Durham North East**:
  - 5 beds in Port Perry (Oak Ridges Residential Hospice) – projected to open in Summer 2019
  - 5 beds in Bowmanville (Durham Hospice - Clarington) – projected to open in Summer 2019
  - 1 bed in Oshawa (CMHA Durham) to support homeless and vulnerably housed – projected to open April 2019
- **Northumberland County**:
  - 6 beds in Cobourg (Community Care Northumberland) – projected to open in March 2019
  - 3 beds in Warkworth (The Bridge Hospice) *operational
- **Peterborough City and County**: 10 beds (Hospice Peterborough) – projected to open in February 2019
- **Haliburton County and City of Kawartha Lakes**: 2 beds (Haliburton Highlands Health Services) *Funded through hospital operating dollars
- **6 beds (unallocated) – working with partners in the Scarborough South sub-region**

Current Initiatives: Choice ANd Dignity in Death (CANDID)

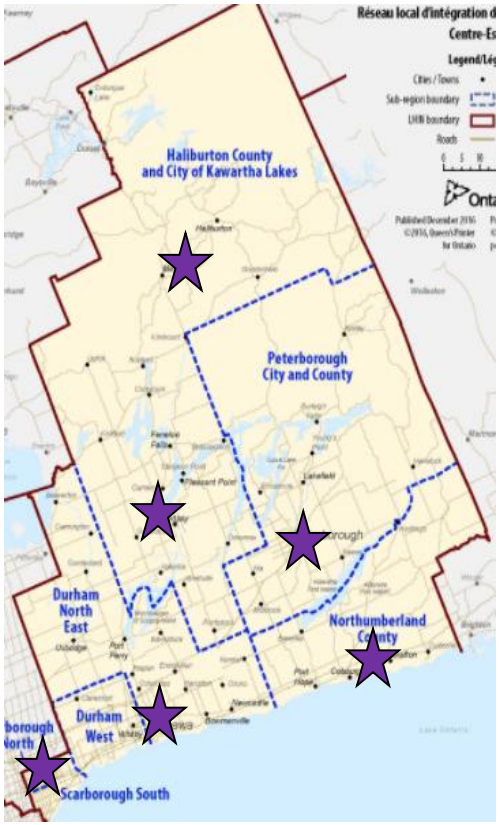
B. Aligning the Planning for Hospice Palliative Care Across the Province.

- A program funded by the MOHLTC providing palliative and end-of-life care to the homeless and vulnerably housed.
- Canadian Mental Health Association (CMHA) Durham is the lead organization.
- A dedicated Home and Community Care CANDID Care Coordinator and contracted service provider agency work together with the CANDID Outreach Team to identify eligible patients and coordinate Home and Community Care services.
- The CANDID team has completed 20 assessments of 23 referrals. 2 people died before contact could be made and 1 person was not eligible for services.
- The majority of referrals are coming from Cornerstone (non-MOHLTC funded social service partner) and Lakeridge Health Oshawa.
- MOHLTC annual investment = $100,000

Current Initiatives: Palliative Care Community Teams

D. Establishing Palliative Models of Care to Increase Access and Enable Adoption of the Quality Standard

- Implementation of Standardized Model for Palliative Care Community Teams
- 6 interdisciplinary team-based models providing clinical and non-clinical community-based care to palliative and end-of-life patients and their caregivers
- Annual investment = $1.9M
- Activity Outputs through the 3rd Quarter of 2017/18:
  - 1,215 unique clients
  - 6,482 client interactions (e.g., home visit, phone call, email)
  - 75% of deceased clients who died at home and selected home as preferred location of death
- Partners: Hospitals, Central East LHIN Home and Community Care, Palliative Care Physicians, Family Health Teams, Community Health Centres, Palliative Pain and Symptom Management Consultants



Current Initiatives: Palliative Care Education for Health Service Providers

F. Building Provider Competencies in Hospice Palliative Care

1. Lead Community Hospice Agencies provide standardized interdisciplinary education
   - Hospice Peterborough, Victorian Order of Nurses, Scarborough Centre for Healthy Communities
     - Approximately 700 individuals were trained in 2017/18
     - Annual investment = $111,000

2. Implementation of Learning Essential Approaches to Palliative Care (LEAP) Courses
   - 94 individuals were trained in 2017/18
   - Annual investment = $45,000

3. Three (3) Palliative Pain and Symptom Management Consultants (PPSMC)
   - Offer consultation to service providers in person, by telephone/videoconference/e-mail regarding care, building capacity amongst front line service providers
   - Annual investment = $355,000

Next Steps

Next Steps

1. Development of a detailed Work Plan, including required resources for implementation of the new Central East Regional Palliative Care Action Plan
2. Planning palliative care services at a sub-region level
3. Indicator reconciliation in partnership with Central East LHIN Decision Support staff. New OPCN-identified indicators will be reviewed for alignment with existing Central East LHIN-identified indicators and considered for inclusion in the 2019-2022 Integrated Health Service Plan. Further discussion will be required to determine need for inclusion within health service provider accountability agreements.
4. Continued partnership in planning with Central East LHIN Home and Community Care, specifically related to planning and implementation of the new Action Plan

Questions?

Appendix – Supporting Metrics

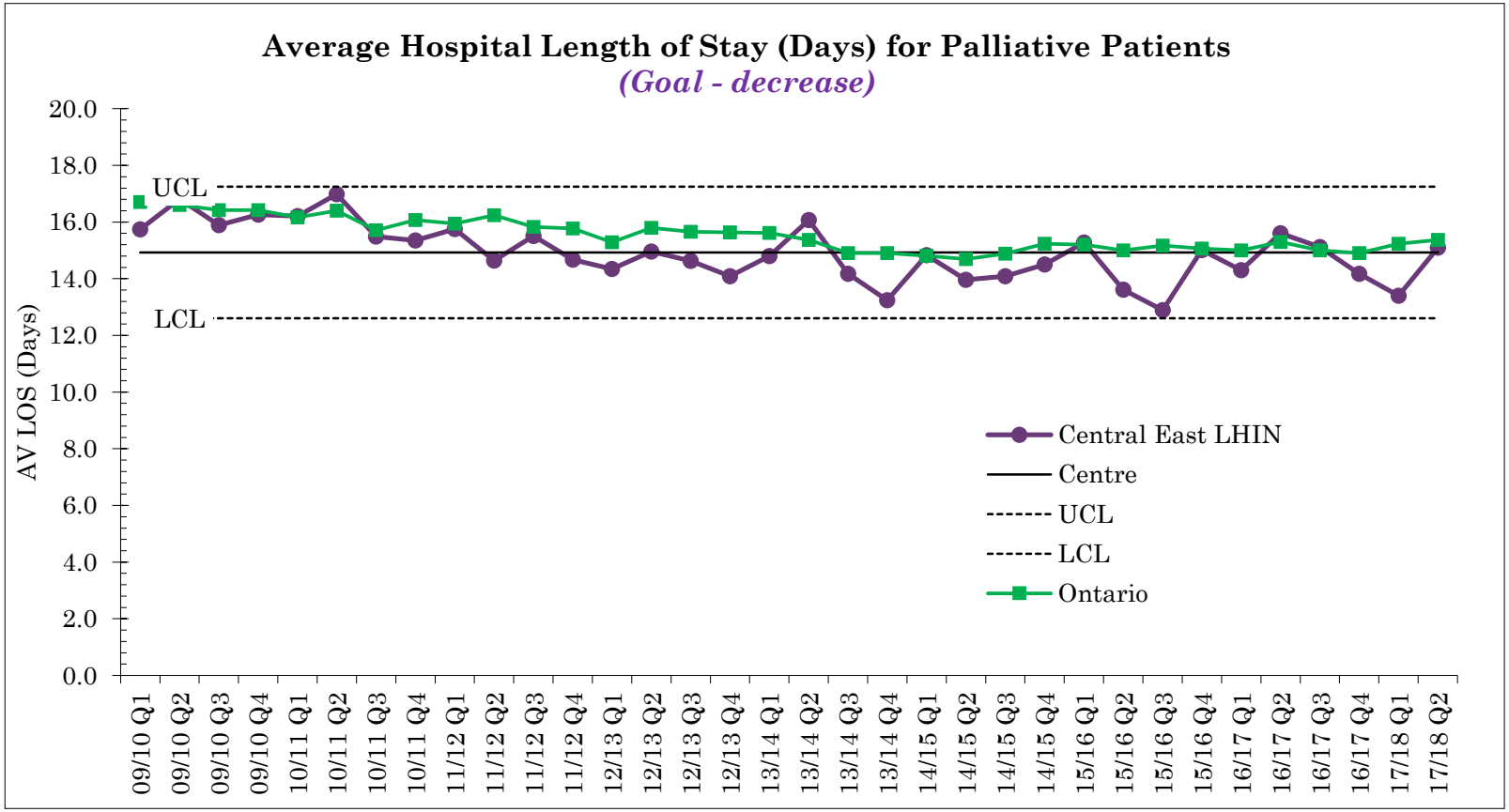
Reminder: How are savings calculated?

Goal: Continue to support palliative patients to die at home by choice and spend 15,000 fewer days in hospital by 2019

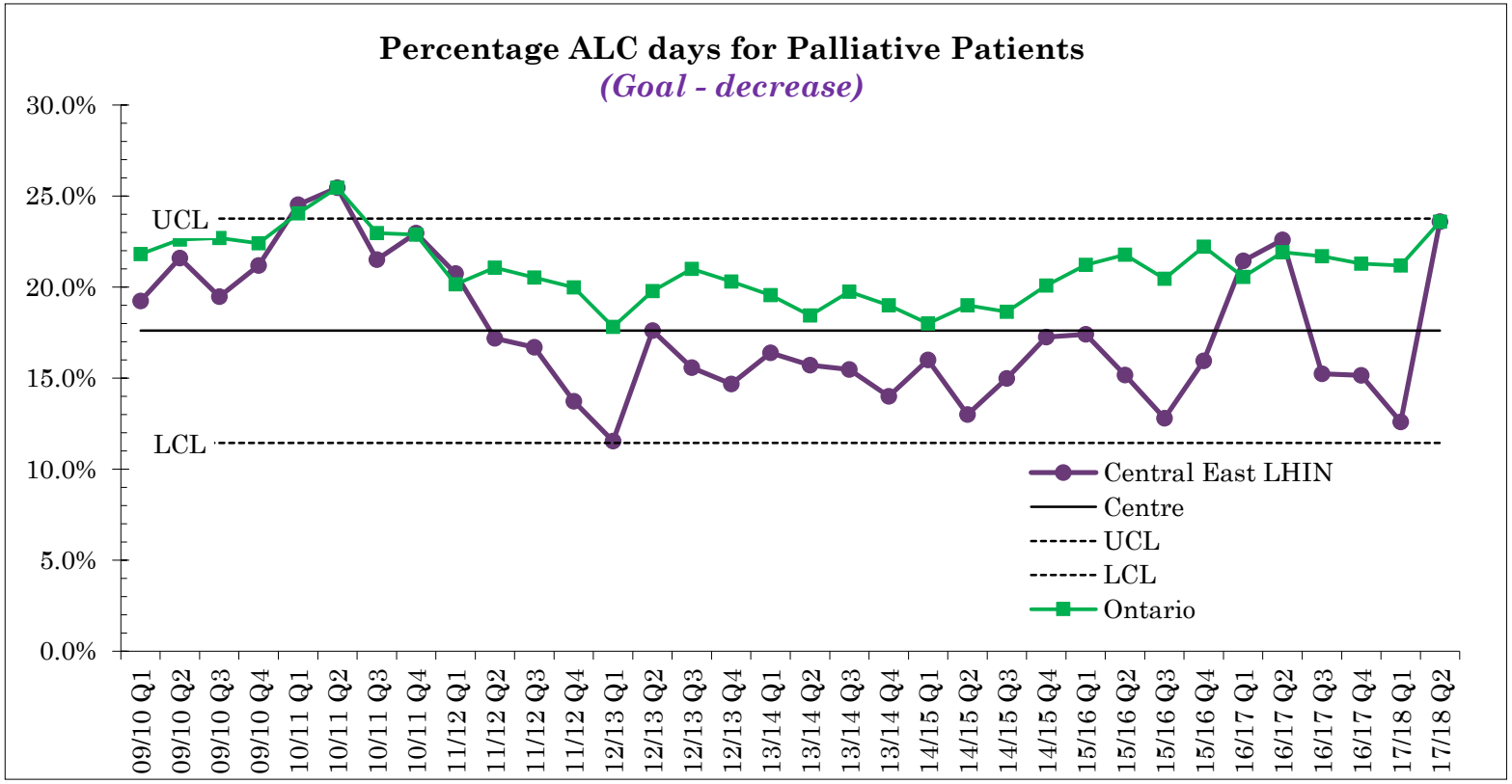
- Cumulative Days Saved = Projected Total Length of Stay – Estimated Total Length of Stay
- Projected Total Length of Stay (TLOS) represents a projection of what the total length of stay would potentially be, based on three years' of historical data.
- Estimated TLOS represents the actual TLOS for each fiscal year. Estimated values are used until actuals are known. Values up to and including the 2nd Quarter of 2017/18 are actuals.

Goal: Continue to increase the number of palliative patients discharged home with support by 17% by 2019

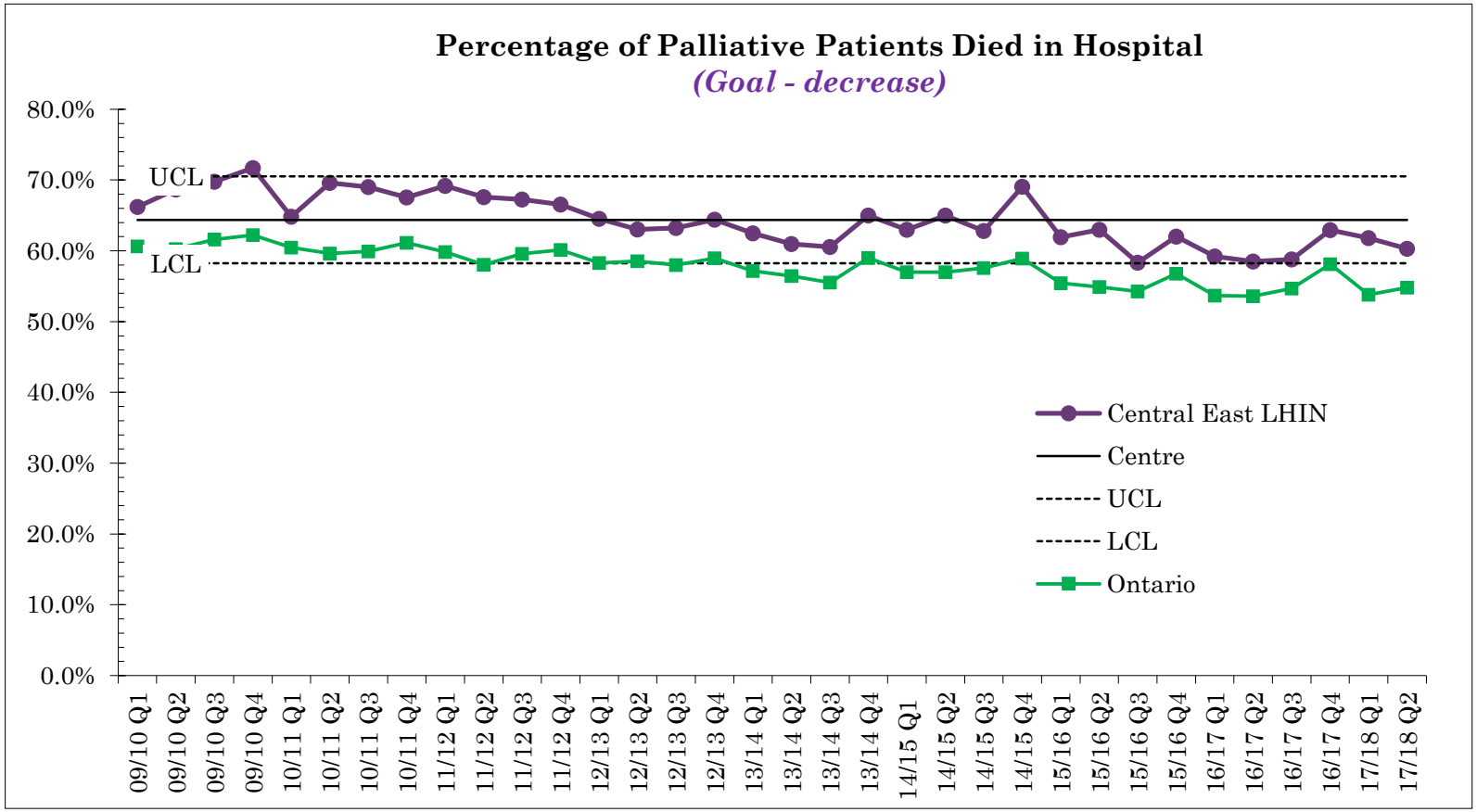
- Cumulative Increase(%) = (Projected Discharged home with Support – Estimated Discharged home with Support) / Projected Discharged home with Support
- Projected Discharged Home with Support (%) represents a projection of what the percentage of palliative patients discharged home with support would be, based on three years' of historical data
- Estimated Discharged Home with Support (%) represents the actual percentage of palliative patients discharged home with support for each fiscal year. Estimated values are used until actuals are known. Values up to and including the 2nd Quarter of 2017/18 are actuals.



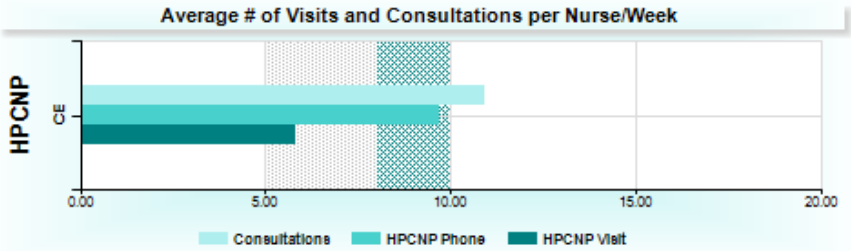
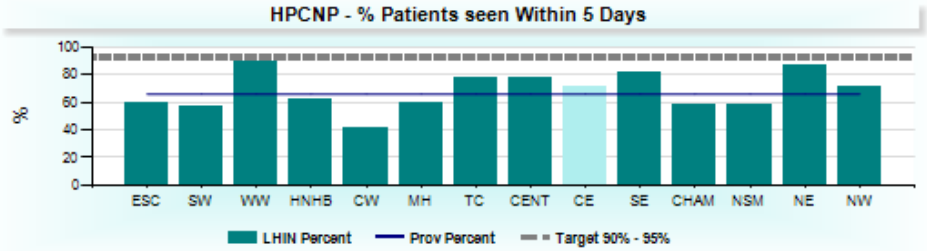
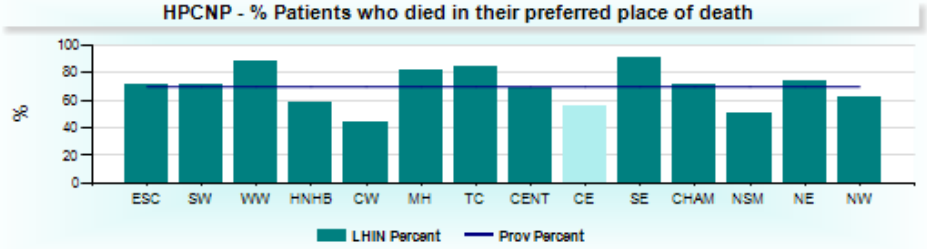
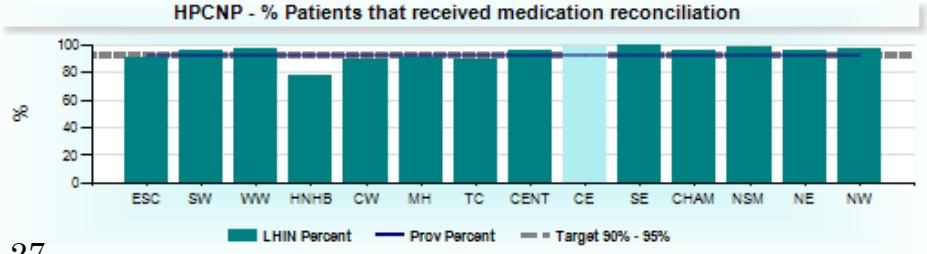
Analysis: Central East LHIN experienced an increase during the 2nd Quarter of 2017/18 in ALOS for palliative patients, after a substantial drop between the 2nd Quarter of 2016/17 and 1st Quarter of 2017/18. Historically, there was a slight decrease in ALOS between 2014/15 and 2015/16, and the overall trend is in a downward direction. This may be attributed to improved coding practices through physician identification and documentation of palliative cases. Central East LHIN's Average Length of Stay (ALOS) has been consistently below the Provincial ALOS, with only a few exceptions.



Analysis: Central East LHIN experienced an increase in the percentage of days palliative patients spent as ALC in an acute care setting during the 2nd Quarter of 2017/18. However, the overall trend is in a downward direction. This indicator continues to be closely-monitored. This indicator is measured only when a patient is discharged from the acute care setting of a hospital.



Analysis: The most common place of death for palliative patients is in the Acute Care setting (AHRQ Results for Central East LHIN, June 2013). The number of acute inpatient deaths in Central East LHIN hospitals was slightly above 60% in the 2nd Quarter of 2017/18. The last 10 data points (1st Quarter of 2015/16 to 2nd Quarter of 2017/18) are below the median value in the control chart which indicates that a shift has occurred. This may be in an indication of the value of the palliative initiatives.

Central East Community Palliative Care Nurse Practitioners

- Central East LHIN Nurse Practitioners (NP) provide care to patients activated through a palliative care coordination
- NP care includes direct care for pain and symptom management for patients at end-of-life
- Total visits per NP per week through three quarters in 2017/18
  - At 15.9 visits equals the provincial average of 15.9
  - Ranks 6th among LHINs