



Ontario Hospice Palliative Care Networks

March 12, 2010

There are 14 hospice palliative care networks across Ontario. The boundaries of these networks correspond to the boundaries of the Ontario Local Health Integrated Networks (LHINs).

Each hospice palliative care network works to improve the quality of hospice palliative care locally. By bringing together partners across the continuum of care (such as hospitals, Community Care Access Centres, Community Support Services, physicians and educators) they work together to improve the local system that delivers palliative care to the dying.

The membership of each network is broadly based – usually the general membership is made up of individuals or organizations with an interest in palliative care. Most networks are led by a paid network director, with a steering committee (or cabinet) who oversee the activities undertaken by the network.

The 14 networks are closely linked; they belong to a provincial organization (the Provincial End-of-Life Care Network, or PEOLCN) and meet on a regular basis by teleconference or face-to-face.

Each of the networks has different accomplishments depending upon local conditions - but there are commonalities. All of the networks have adopted the same standards¹. They have encouraged the use of the same language, and have championed the same basic assessment tools (ESAS and PPS)². Networks have improved communication between local partners – local palliative care issues can be addressed quickly and efficiently. Because of

Important Ontario Dates and Events

(See page 4 for a list of supporting document to these events.)

November, 2004: Presentation from the MOHLTC describes the policy for a new End-of Life Care Strategy. The four-year provincial End-of-Life Care Strategy was to begin planning in 2004/05 and to implement over three years, ending the strategy in 2007/08.

October, 2005: Government announced \$115.5M for the End-of-Life Care Strategy to:

- Help shift care of persons in the last stages of their life from hospitals to home or another appropriate setting of their choice;
- Enhance an interdisciplinary team approach to care in the community; and
- Work towards better coordination and integration of local services.

April, 2006: MOHLTC provides new policy describing Volunteer Hospice Services.

May, 2006: Government announces \$117.8M to improve home care and community support services. The funding includes \$26.7 million for Ontario's End-of-Life Care strategy.

May, 2006: Details of how residential hospices will receive funding from the MOHLTC (through the CCACs) released by the MOHLTC.

May, 2006: E-mail from MOHLTC describes funding for EOL Networks (through the CCACs), "\$70,000 has been provided in base funding per LHIN to support the activities of the EOL Networks, for a total of \$980,000."

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¹ A Model to Guide Hospice Palliative Care: Based on National Principles and Norms of Practice, Canadian Hospice Palliative Care Association, March 2002

² Edmonton Symptom Assessment Score and Palliative Performance Scale.

these communication abilities, province-wide initiatives can be implemented quickly. (An example is when an improvement to Do Not Resuscitate orders was rolled out across the province.) Networks accumulate information about palliative services available in their communities, and provide the information to individuals and families facing life-limiting illness. Many networks have implemented Symptom Response Kits for people to have access to timely pain and symptom management medication. Networks have supported education for health care workers and caregivers, and have fostered research and communication to improve care for people who are dying.

Networks recognize and value the importance of community development processes to support capacity building and learning. They use change strategies to create broad system-wide changes. Many networks create a shared understanding at the systems level. In their role as resource persons in their workplaces, they influence the practice of co-workers and organizational leaders to enhance and improve hospice palliative care across the system. Networks use strategies such as coaching, mentorship and facilitation of dialogue with members; offering education and training resource materials that are based on adult learning principles; providing access to information and resources; preparing publications; engaging community consultations; research and evaluation, as well as coordinating community alliances and communities of practice. All of these are learning strategies to promote the transfer of knowledge to practice. The strategies aim to establish an endless loop of capacity building where interactions are constantly evolving to create sustainable change.

Funding

The Province of Ontario funds the end-of-life care networks \$70,000 annually, plus some cost of living increases. Each network has annual expenses in excess of \$70,000. They keep expenses to a minimum, and make up shortfalls by membership fees, organization donations or sponsor organization in-kind support. Like other community service organizations, most networks struggle to make ends meet.

Relationships with provincial organizations

Through the PEOLCN the 14 networks have healthy connections to other federal and provincial organizations uniting and advocating for palliative care. The PEOLCN, the **Hospice Association of Ontario** and the **Ontario Palliative Care Association** are strong supporters of having “One Vision, One Voice”. **Cancer Care Ontario** and the **Ontario College of Family Physicians** are close stakeholders and work is underway to form a coalition to create agreement on a provincial model for palliative care. The PEOLCN continues to reach out to provincial organizations representing those with a life limiting illness – such as the **Heart and Stroke Foundation of Ontario**.

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Important Ontario Dates and Events

August, 2006: A revised Pain and Symptom Management Policy states, “the role of the network is to offer advice and support for the provision of the PPSMC service across the designated sectors/region.”

September, 2006: MOHLTC ended the strategy phase of the End-of-Life Care Strategy.

March, 2007: New policy and Q’s and A’s describing Community and Facility Palliative Care Interdisciplinary Education Service released by the MOHLTC.

September, 2007: Networks across Ontario change boundaries to conform with LHIN boundaries.

*The MOHLTC approved the networks under the name “End of Life Care Network” but most have taken the name “Hospice Palliative Care Network”.

Relationships with provincial organizations cont...

The PEOLCN is the sponsor organization of the Hospice Palliative Care Community of Practice through the **Senior Health Research Transfer Network (SHRTN)**. Through the HPC Community of Practice, education opportunities are made available and the development of provincial documents are shared. SHRTN provides the PEOLCN with teleconference, webinar meeting services, librarian services and the services of a knowledge broker.

Local relationships

Developing a common vision and spirit among local organizations is not always easy, and –even with the best of intentions - relationships can be hard to develop and maintain. The following local relationships are very important ones for the networks:

1. Community Care Access Centres

Most Ontarians state that they want to die in their own homes, and the CCACs are crucial in helping them to achieve that goal. The CCACs deliver home care services, such as nursing and personal support, that allow clients (and their families) to live and die in their own homes.

As well as being a stakeholder in the networks, many of the CCACs are sponsoring agencies. The role of a sponsoring Agency is to transfer payments from the LHIN to the network, and to transfer accountability statistics back to the LHINs. Some CCACS are active supporters of the networks – for instance, they offer “in kind” services – such as administration or technology support, space and equipment.

2. The Local Health Integration Network

The main roles of the LHINs are to plan, fund and integrate health care services locally. LHINs fund health service providers and put local health dollars where they are most needed, based on community priorities. LHINs also work with communities to help integrate health services so care is better coordinated and more efficient. Many LHINs see the hospice palliative care network as important to community development and conduit of information about the palliative care community.

3. Palliative Pain and Symptom Management Programs

Palliative Pain and Symptom Management Consultation supports service providers in home care agencies (CCACs and contracted providers), long-term care homes, community support services and primary care by providing access to consultation, education, mentorship and linkages to palliative care resources across the continuum of care.

4. Residential and Community Hospices

Community hospices offer programs to people living at home or in other residential settings. Services include helping individuals and their families coordinate care, visiting volunteers and companions, day programs, spiritual support and bereavement support. Residential hospices (which may or may not be attached to a community hospice) provide a home-like environment with palliative physician support, nursing, personal care support and volunteers for individuals and their families who are facing the last weeks of their life and cannot be supported in their home.

5. Hospitals

Acute Care and Complex Continuing Care hospitals are an important partner in providing end-of life care. Hospitals in different communities offer different services which can include specialist cancer care, specialist care for other life limiting illnesses, inpatient palliative care units and outpatient clinics.

6. Long Term Care Homes

Long Term Care Homes are a key sector in the Hospice Palliative Care Continuum. With government-funded 24-hour availability of nursing care and high levels of personal care many of Ontario's residents spend their last days in this sector.

7. Community Support Services

Community Support services help people maintain safety and independence while living at home. Services are delivered either in home or in different locations around the community. Organizations that provide these services are generally non-profit corporations. Services are as diverse as transportation, meal services such as Wheels-to-Meals, Diners Club or Congregate Dining, respite for caregivers, caregiver support groups and counseling, and Supportive Housing.

8. Others

Other important relationships for the networks are with:

- faith based groups, which lend spiritual support to people who are dying and their families,
- bereavement and grief support organizations,
- organizations involved in fundraising for palliative care,
- family doctors, specialist palliative care physicians, pharmacists, nurses, personal support workers and other health care providers,
- individual volunteers.

Ontario Hospice Palliative Care Networks work with their health care partners regionally to improve the system of palliative care required by clients, families and service providers.

Documents

The following is a list of important documents to support this brief description of hospice palliative care networks:

1. MOHLTC initial slide presentation of the policy for a new End-of Life Care Strategy (November, 2004)
2. Government announcement of \$115.5M for the End-of-Life Care Strategy (October, 2005)
3. MOHLTC policy describing Volunteer Hospice Services (April, 2006)
4. Government announcement of \$117.8M to improve home care and community support services (including \$26.7 million for Ontario's End-of-Life Care Strategy.) (May, 2006)
5. Details of how residential hospices will receive funding from the MOHLTC (through the CCACs) released by the MOHLTC (May, 2006)
6. E-mail from MOHLTC describing funding for EOL networks (through the CCAC) (May, 2006)
7. Policy descriptions of the Pain and Symptom Management Consultation Service with "Questions and Answers" (August, 2006 and March, 2007)
8. Snapshot description of the status of End of Life/Hospice Palliative Care Networks, December 2009.