Moving Towards Broader Palliative Care in Northeastern Ontario:

Early identification & initiation of palliative care approach across diseases and sectors.

DR. CHRISTINE PUN & DR. HAILEY MOORE| FEB 3RD 2023

Ontario Health
North East

Required Slide

Disclosure Slide

- **Speaker Name: Hailey Moore**
  - **I have no relationships with for-profit or not-for-profit organizations.**
- **Speaker Name: Christine Pun**
  - **Relationships with for-profit or not-for-profit organizations:**
    - **Grants/Research Support:** NOAMA Grants (ACP Education for Primary Care, PoCUS for Palliative Care RN)
    - **Speakers Bureau/Honoraria:** Pallium LEAP.
    - **Other:** Ontario Health North East Palliative Care Clinical Co-Lead

Required Slide

Learning Objectives

At the end of this presentation, participants will be able to:

1. Discuss recent developments in provincial and regional palliative care network
2. Identify priorities for palliative care in our region
3. Apply tools to identify patients who would benefit from palliative approach to care
4. Share tips for early initiation of palliative approach to care

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Provincial and Regional Palliative Care Network

Ontario Palliative Care Network

Our Shared Mandate

A partnership of health service providers, community and social support service organizations, health systems planners, as well as patient and family/caregiver advisors formed to develop a coordinated, standardized approach for delivering palliative care services in the province.

The **Ontario Palliative Care Network (OPCN)** is funded by the Ministry of Health

Be a principal advisor
to government for quality, coordinated, hospice palliative care in Ontario

Be accountable
for quality improvement initiatives, data and performance measurement and system level coordination of hospice palliative care in Ontario

Lead regional and local integration
of palliative care services and care delivery

Engage sector stakeholders
including Francophone, First Nations, Inuit, Métis and urban Indigenous communities

Ontario
Palliative Care
Network

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OPCN Provincial Oversight Structure

1 year trial basis

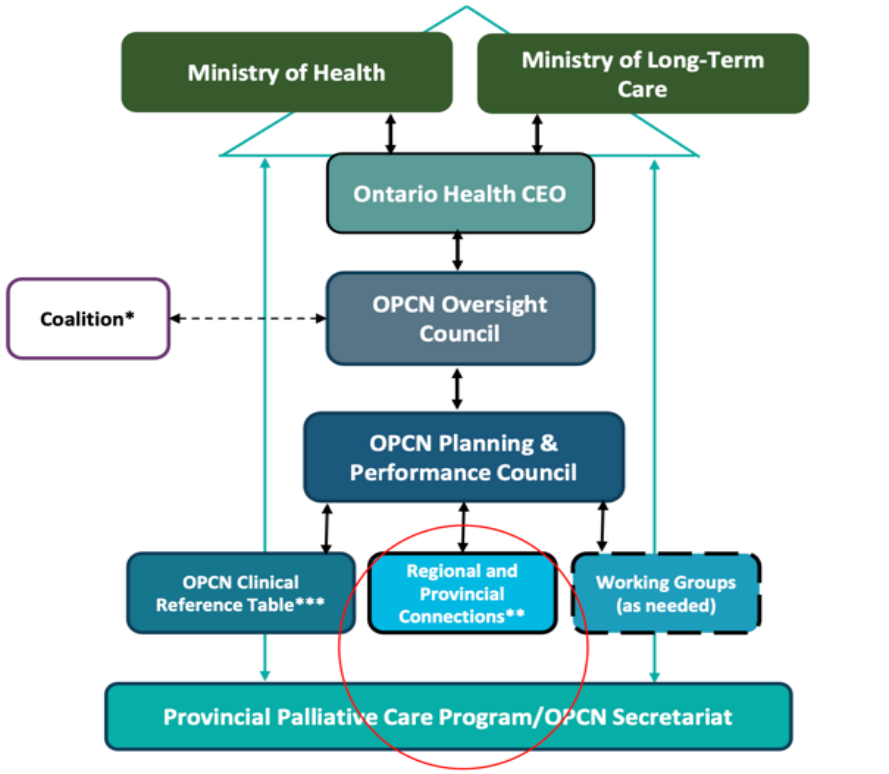
***Quality Hospice Palliative Care Coalition of Ontario (Coalition)** is comprised of provincial associations and academic centres e.g. HPCO, Ontario Caregiver Coalition, OLTCA, Palliative Pain and Symptom Management Consultants Network among others. The Coalition's primary mandate is to act as an advocate for quality hospice palliative care for all Ontarians.

** OPCN Convenes three tables:

1. Regional Palliative Care Clinical Co-Leads Table
2. Regional Palliative Care Directors and Leads Table
3. Regional Palliative Care Joint Leadership Table (comprised of both tables listed above.

*** yet to be formed.

Ontario Palliative Care Network



Accountability relationship
Indirect accountability relationship (informed/ consulted)

1

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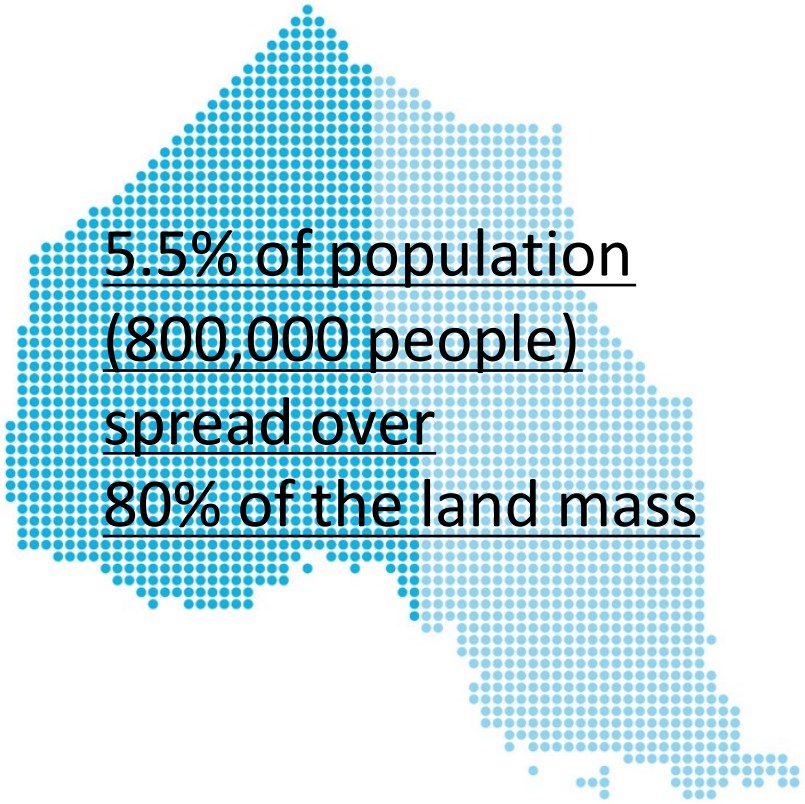
North East & North West Regions



5.5% of population
(800,000 people)
spread over
80% of the land mass

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Our Regional Leadership Team in the North

Brian Ktytor
Chief Regional Officer

Cynthia Stables
Nicole Eshkakogan
Vice Presidents, Health Equity and Priority Populations

Teams accountable for:
- Equity, Inclusion, Diversity and Anti-Racism
- Priority populations
- Indigenous Health
- Francophone

David Newman
Vice President, Performance, Accountability and Funding Allocation

Teams accountable for:
- Performance
- Contracts
- Funding Allocation
- Corporate Services
- Decision Support
- Capital

Paul Preston
Vice President, Clinical Programs

Teams accountable for:
- Clinical Quality
- Physician related issues
- **Regional Clinical Leads**

Jennifer MacKinnon
Vice President, Capacity, Access & Flow

Teams accountable for:
- Hospitals
- Access and Flow/ALC
- IPAC
- Bedded Capacity
- Emergency Management

Terry Tilleczek (NE)
Cori Watson (NW)
Vice President, System Strategy, Planning, Design & Implementation

Teams accountable for:
- OHTs
- ABP/Operations
- Integration
- System Strategy
- Project Management
- Palliative & Hospice Care
- Regional Programs – Cancer, Vascular, Critical Care, Renal Stroke, Diabetes, ED Rehab
- Homecare Modernization
- Mental Health and Addictions
- Community Support Services
- Long Term Care

Lisa Drinkwalter
Director, Communications, Issues Management & Engagement

Team accountable for:
- Communications
- Internal Newsletters
- Staff Forum
- Issues Management
- Stakeholder Engagement
- PFAC
- Media Relations
- FOI

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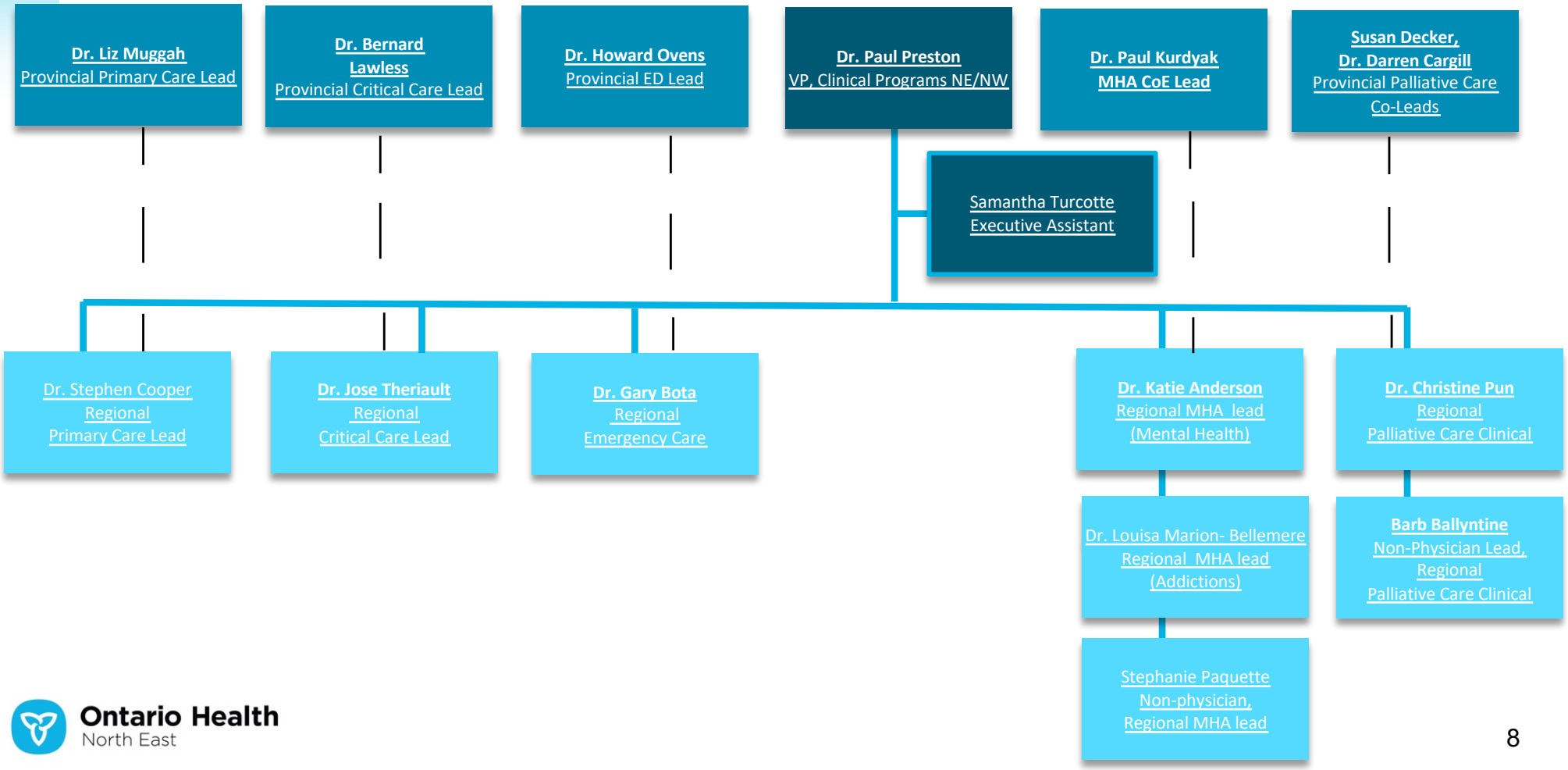
Clinical Programs North East Organizational Chart



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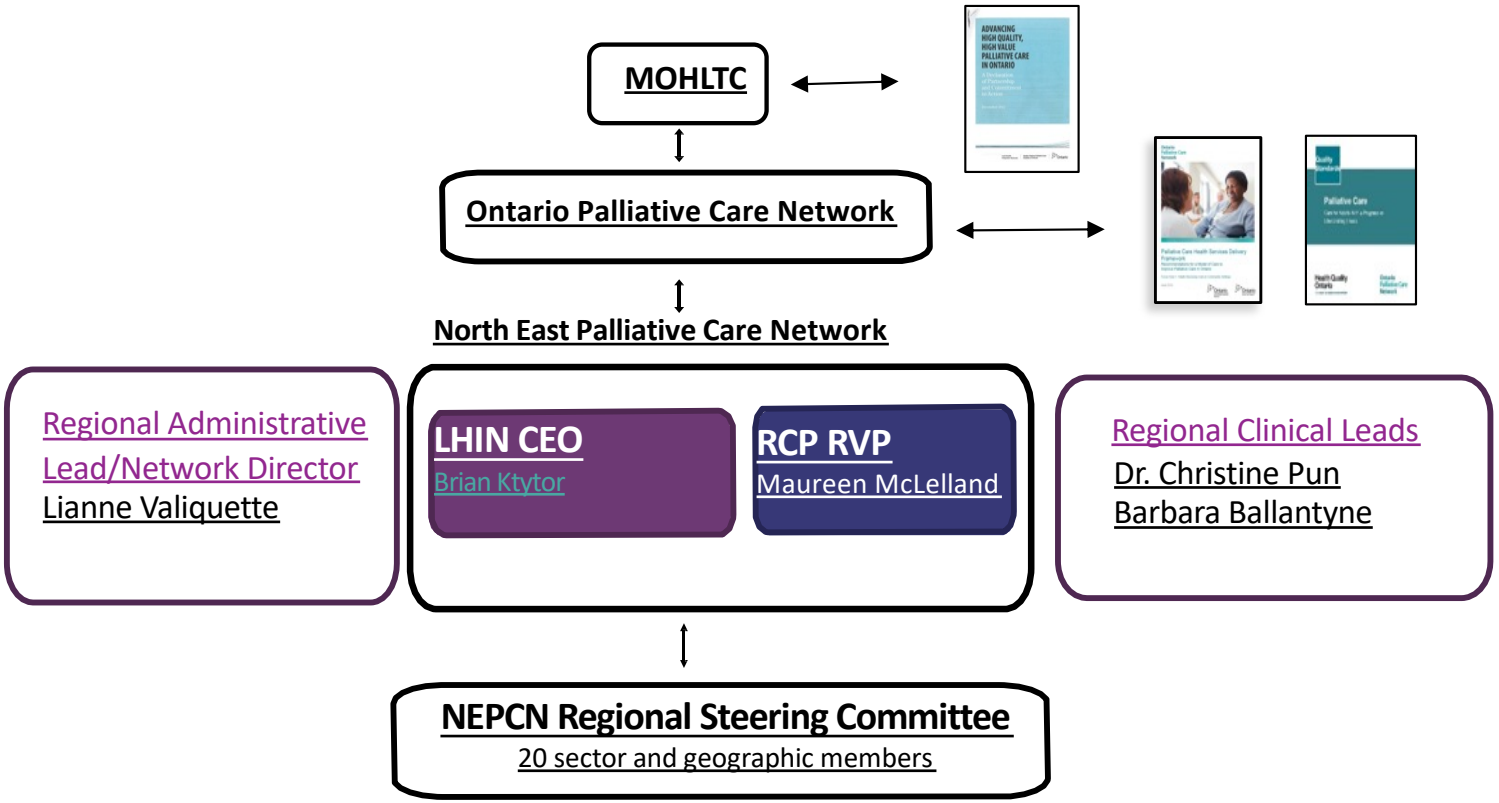
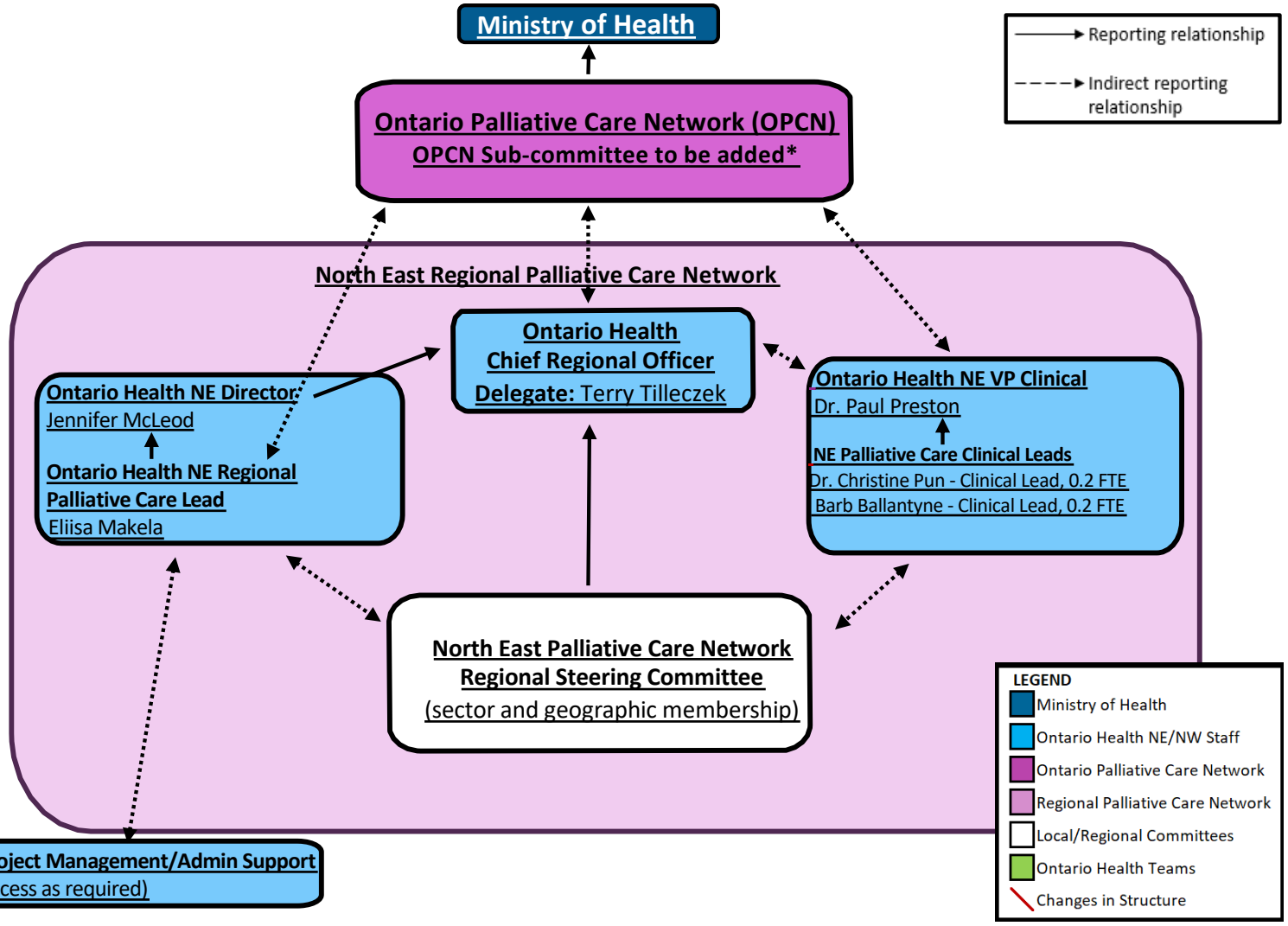
North East Palliative Governance Structure (2021)



North East Palliative Care Structure (2023)



Ontario North East

OH NE Regional Palliative Care Leadership Structure

- **Executive Leadership** – CRO, VP SSPDI NE, VP Clinical
  - Brian Ktytor, Terry Tilleczek, Dr. Paul Preston
- **Strategic Leadership** – Director SSPDI NE
  - Jennifer McLeod
- **Clinical Leadership** – Multi-disciplinary Clinical Co-Leads
  - Dr. Christine Pun (Physician Lead)
  - Barb Ballantyne (Regulated or Legislated Health Professionals Lead)
- **Sub-Region Planning, Coordination & Engagement** – Palliative Care Lead
  - Eliisa Makela
- NE RPC Leadership Meetings on a monthly basis

North East Profile

NORTH EAST

559,844

(population)

13%	21%	2.5%	5.5%	162	TBD	7
Identify as Indigenous	Identify as Francophone	Identify as visible minority	Immigrant population	Service Accountability Agreements	Home Care Service Provider Organization Contracts	Designated French-Language Service Areas

Projected population growth over next 10 years	Projected population over age 65 in 10 years	Number of approved Ontario Health Teams
-1%	30%	2

HEALTH SERVICE PROVIDERS

Community Mental Health & Addictions Providers	Community Support Service Providers	Community Health Centres	Public Hospitals	Aboriginal Health Access Centres	Long-Term Care Homes	Family Health Teams	Home Care Service Providers	Nurse Practitioner-Led Clinics	Ontario Health Managed Homecare	Designated Agencies for French Language Services
46	74	7	23	3	42	27	42	7	7	42
98 programs	100 programs		28 Acute Sites							55 Identified as working toward designation

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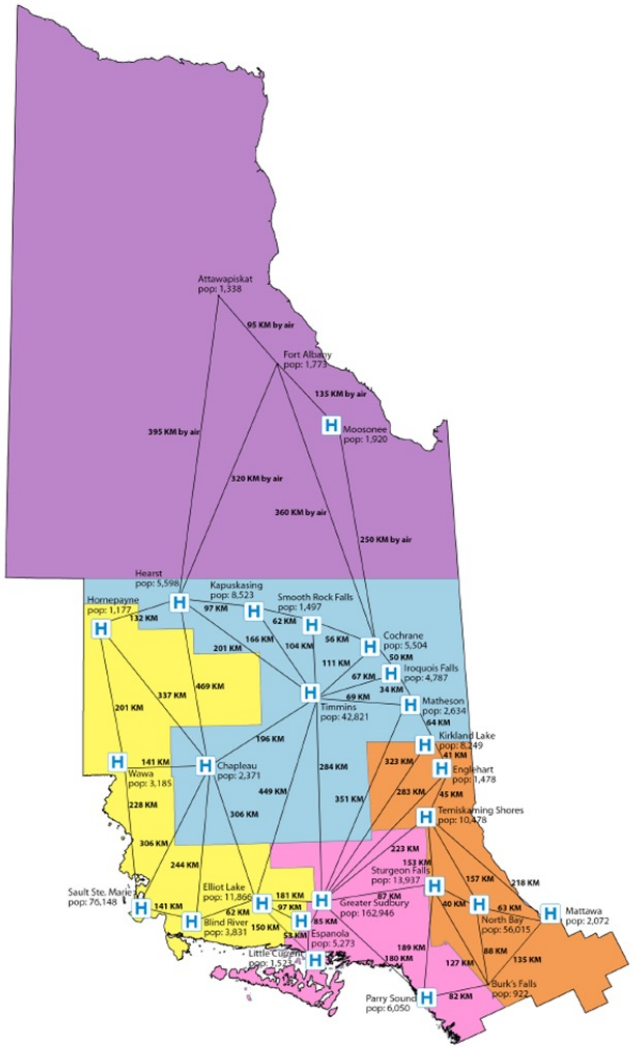
SOURCES:

- Population projections are produced by the Ontario Ministry of Finance – accessed via the Population Projections – by LHIN table, intelliHealth (May 2022)
- Demographics Statscan Census 2016
- Home Care – #SPOs and #contracts – HCCSS (~ Jan 2022)
- SAAs, HSPs, FLS, OHTs, etc – internal records

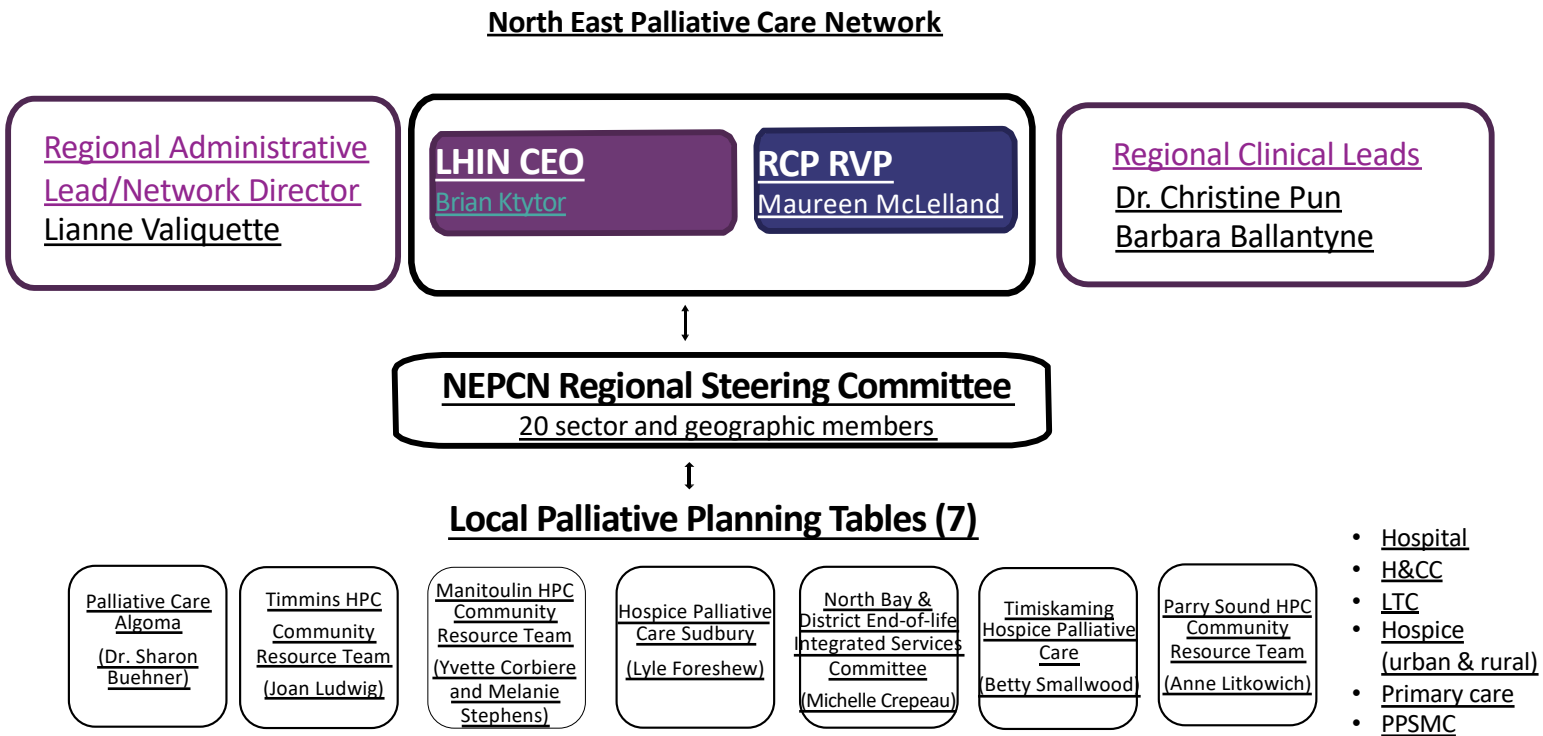


Hospice Bed Capacity in NE 2017/18

- Sudbury 14 EOL and 6 short stay
- Sault Ste Marie 10
- North Bay 10
- Timmins 4
- 1-bed rural hospice suites (2017/18):
  Blind River, Chapleau, Cochrane, Elliot Lake, Englehart*, Espanola, Hearst, Hornepayne, Iroquois Falls, Kapuskasing, Kirkland Lake*, Little Current, Matheson, Mattawa, Mindemoya, Parry Sound*, Smooth Rock Falls, Sturgeon Falls, Timiskaming Shores and Wawa

* Rural hospice beds self-funded through Hospital global budget

North East Palliative Care Structure (2021)



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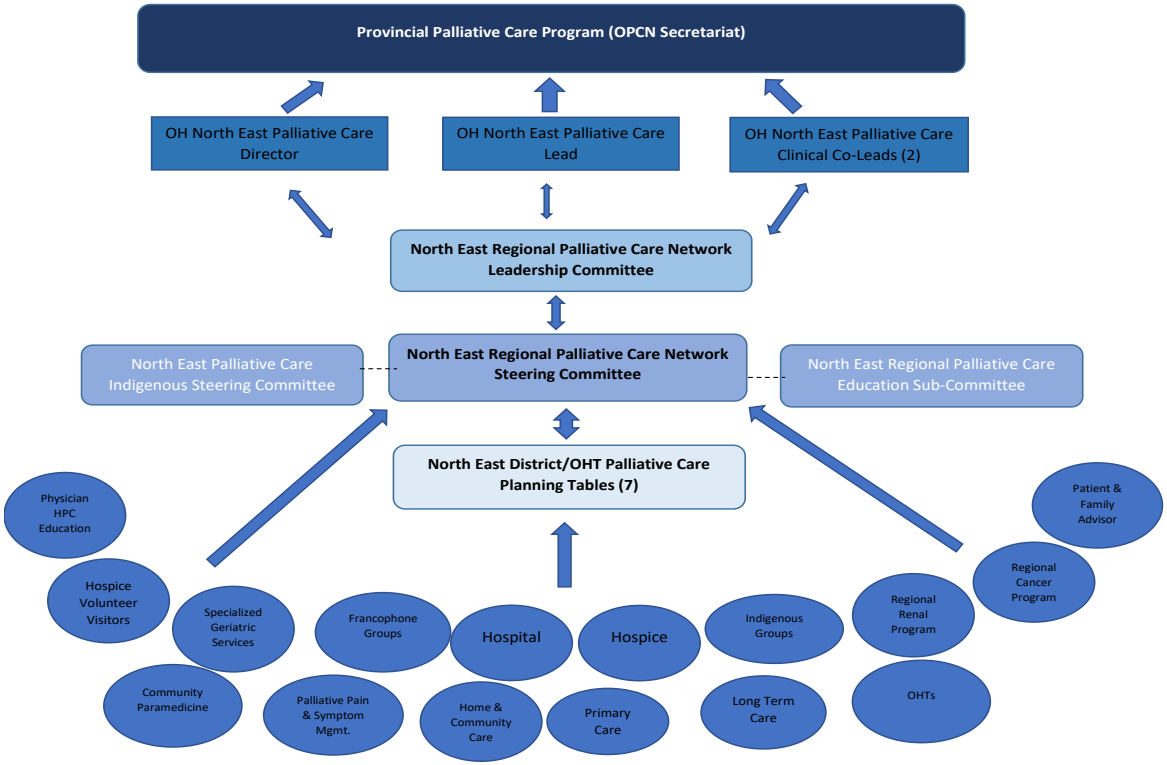
North East Palliative Care Structure (2023)



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Palliative Care Priorities

Ontario Health Strategic Priorities

Reduce health inequities

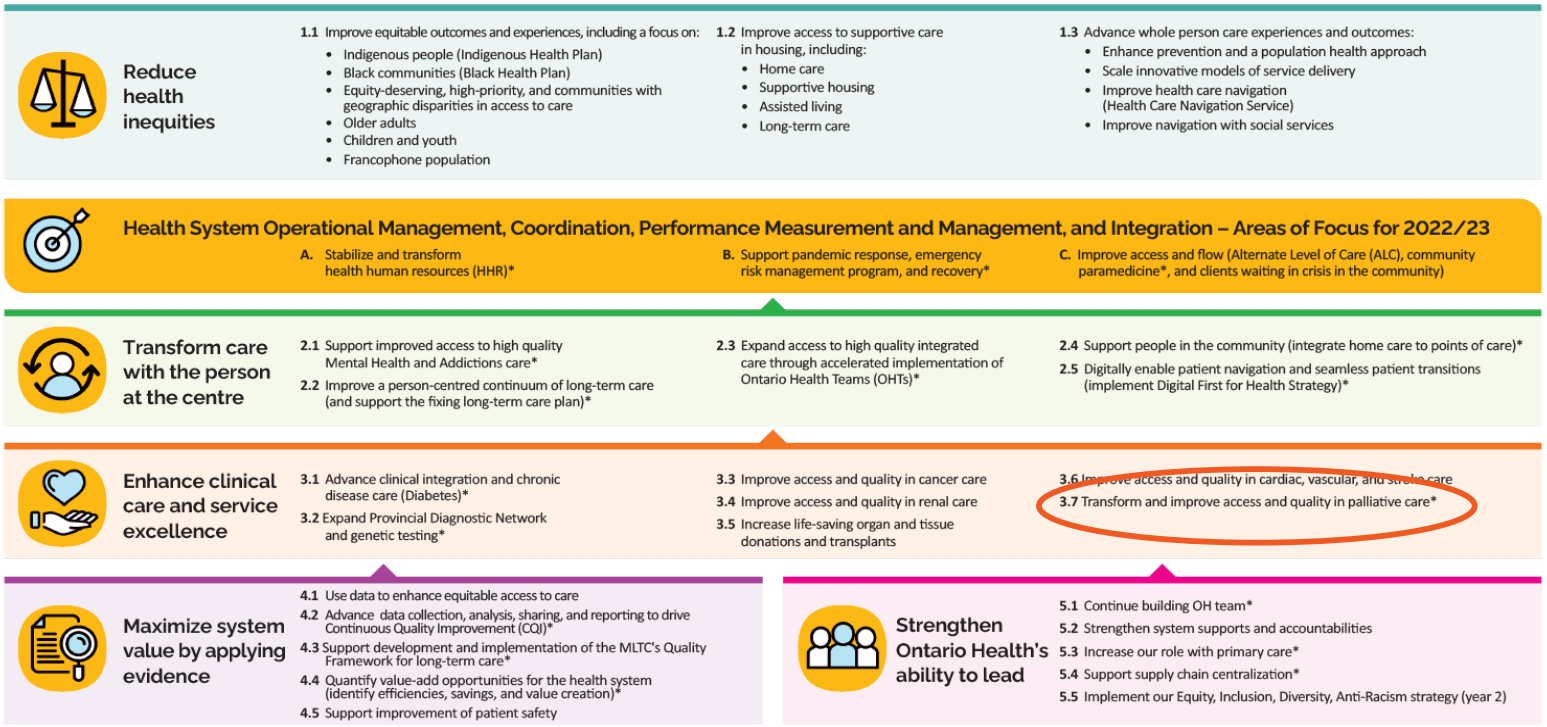
Transform care with the person at the centre

Enhance clinical care and service excellence

Maximize system value by applying evidence

Strengthen Ontario Health's ability to lead

OH 2022/23 Annual Business Plan Priorities



** MOH Mandate Letter or MLTC Strategic Priorities Letter*

Ontario Health
North East

Palliative Care is an ABP Priority

Enhance Clinical Care and Service Excellence

3.7 Transform and Improve Access and Quality in Palliative Care*

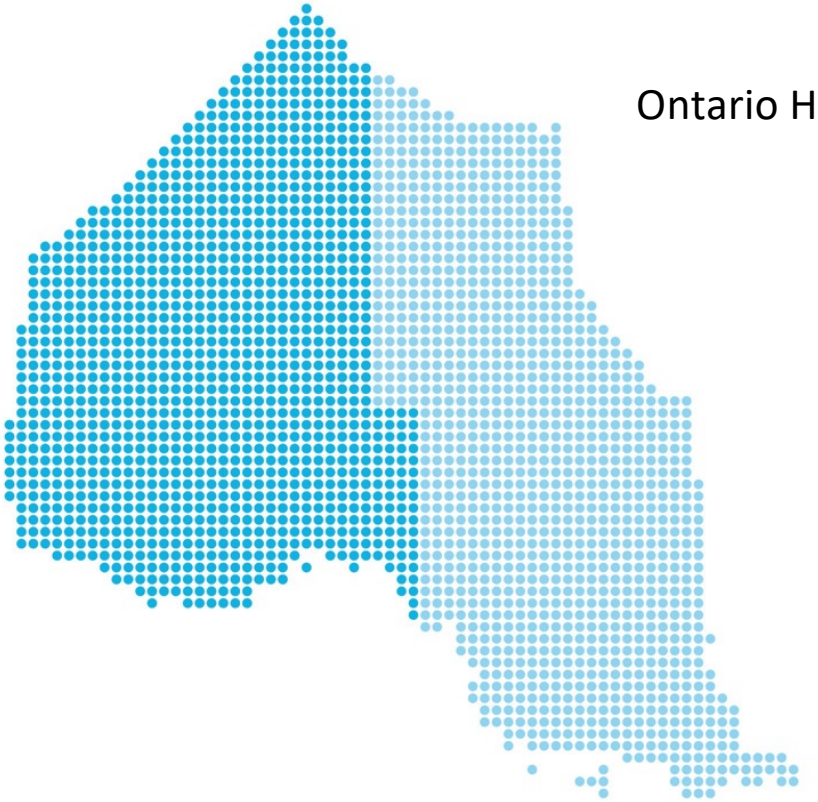
YEAR ONE: 2022/23	YEAR TWO: 2023/24	YEAR THREE: 2024/25
• Develop recommendations for palliative models of care for pediatrics in all care settings and adults in hospital, aligned to the Ontario Provincial Framework for Palliative Care, to enable patients to remain in their setting of choice, if possible, thus reducing unnecessary hospitalizations, and improving overall coordination and quality of palliative care in Ontario. • Support OHT implementation of models of palliative care for adults in the community (through the Palliative Care Health Services Delivery Framework) across the province. • Work to expand palliative approaches to care in long-term care (LTC) in a manner that is responsive to the diverse needs of LTC residents.	• Finalize and initiate implementation of recommendations for models of palliative care for pediatric care settings and adults in hospital and continue implementation of health services delivery framework to enable patients to remain in their setting of choice.	• Continue implementation of palliative care related models of care recommendations for children and adults in all care settings, including monitoring and evaluation.

** MOH Mandate Letter or MLTC Strategic Priorities Letter*

2022-2023 NE RPCN Workplan Regional Priorities

1. Implementing the Model of Care for Adults in the Community with ***a focus on home/community settings (focus on specific populations like CHF, COPD etc.)***
2. Implementing the Model of Care for Adults in the Community: ***Focused on the Long-Term Care home setting***
3. Health System Integration: Continue to promote the ***integration of palliative care into OHT service delivery planning*** and provide supportive resources and tool.

North East Region OHTs



Ontario Health Teams (OHTs) - **North East**

Approved:

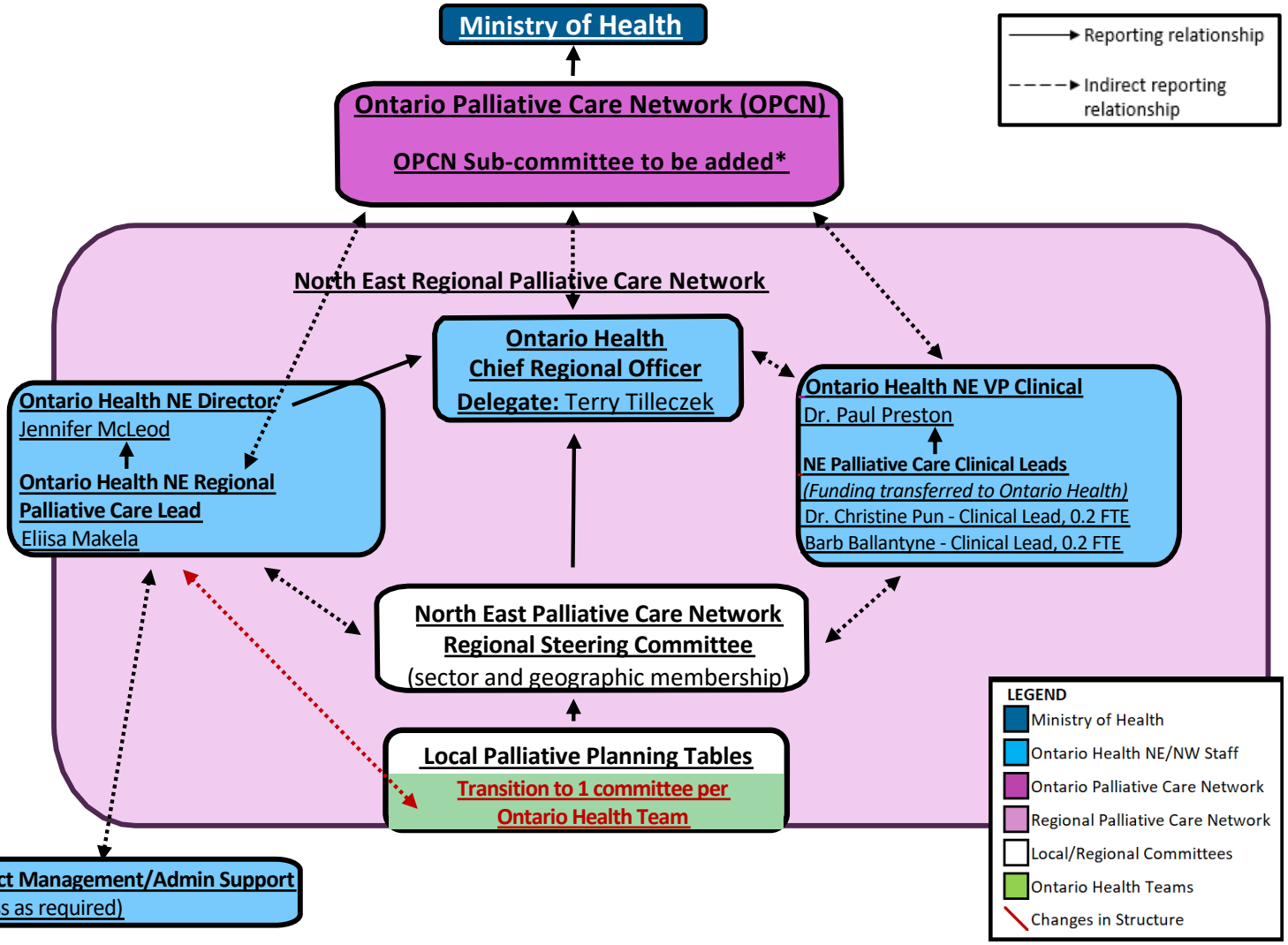
- Algoma OHT
- Maamwesing
- Nipissing Wellness

In Development:

- Cochrane District
- Equipe Sudbury Espanola Manitoulin Elliot Lake
- Timiskaming Area
- West Parry Sound

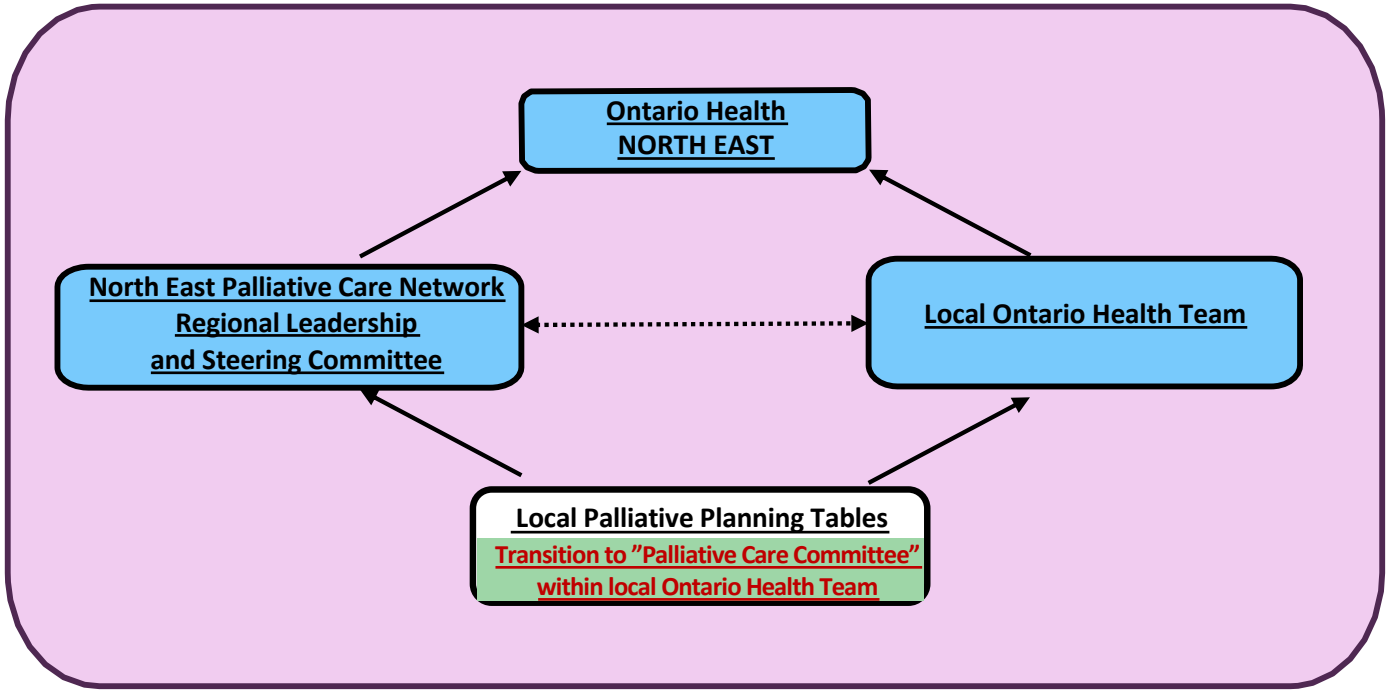
Ontario
North East

North East Palliative Care Structure (2023)

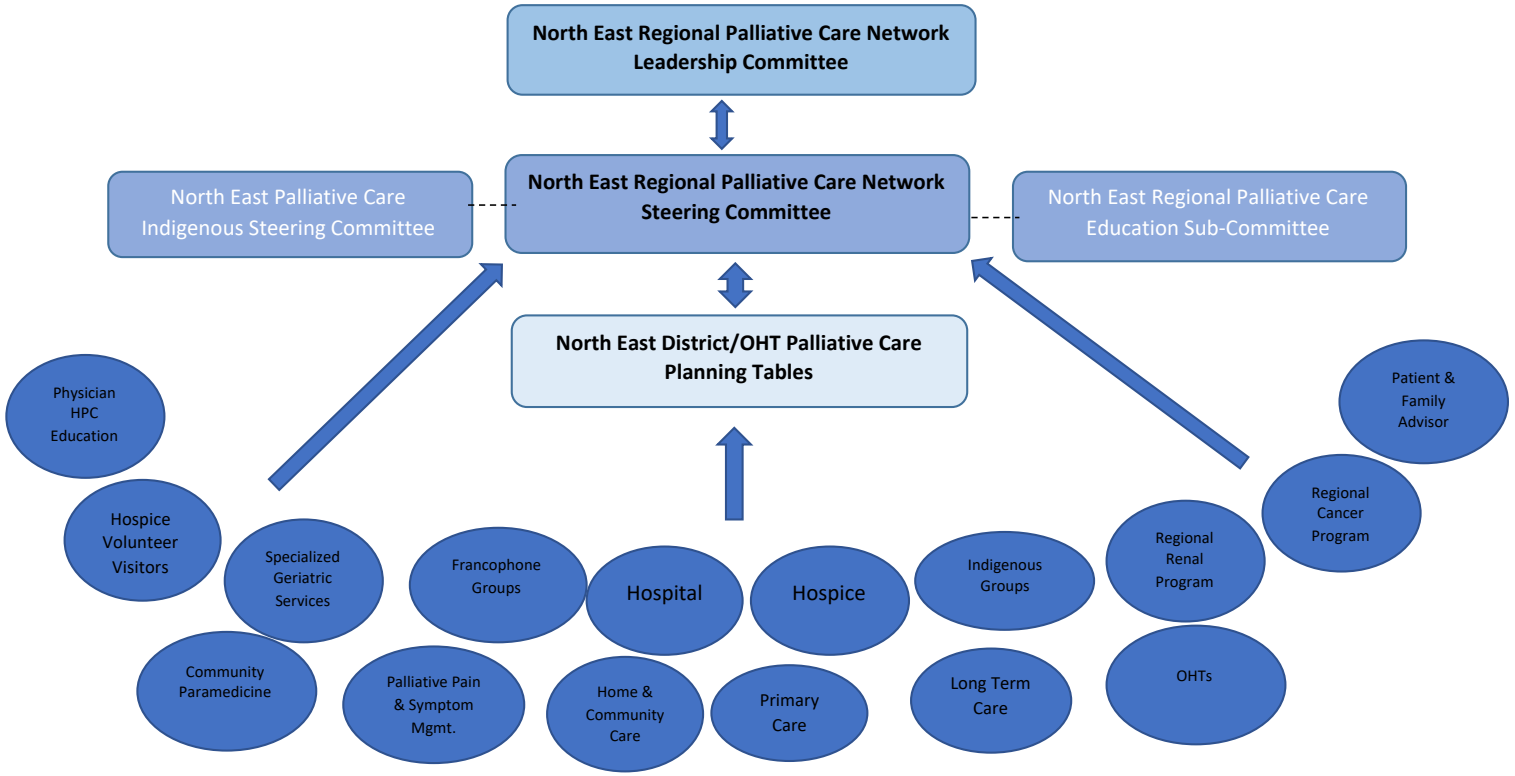


Ontario North East

OHT Palliative Care Integration



North East Palliative Care Structure (2023)



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2022-2023 NE RPCN Workplan – Projects
Long-term care (geriatrics)

1. Promote the ***early identification of residents*** in need of a palliative approach to care upon admission to the LTC.

2. Implement the "supportive strategy" for working with LTC facilities on ***Advance Care Planning.***

2022-2023 NE RPCN Workplan – Projects
Specific population(s) – non-oncological

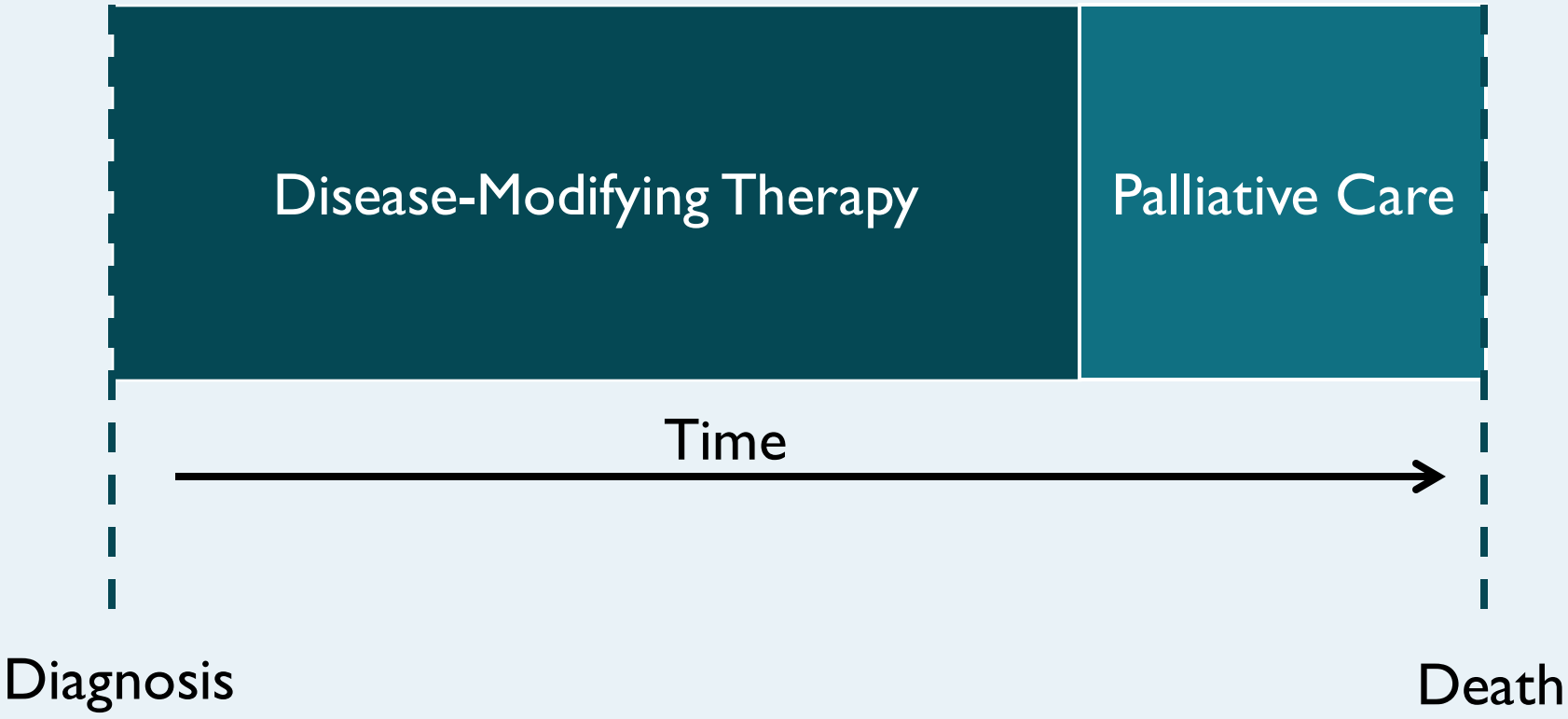
1. Promote the ***early identification of patients*** who would benefit from a palliative approach to care, with a particular focus on patients with a diagnosis of CHF and COPD.
2. Support Palliative Leads to develop an ***integrated approach to palliative care service delivery*** in their region that includes all palliative care health service providers including acute care.
3. Promote the implementation of ***Advance Care Planning*** for all patients with life-limiting illness who are receiving community based care.

Part II:

Early Identification & Initiation of Palliative Care

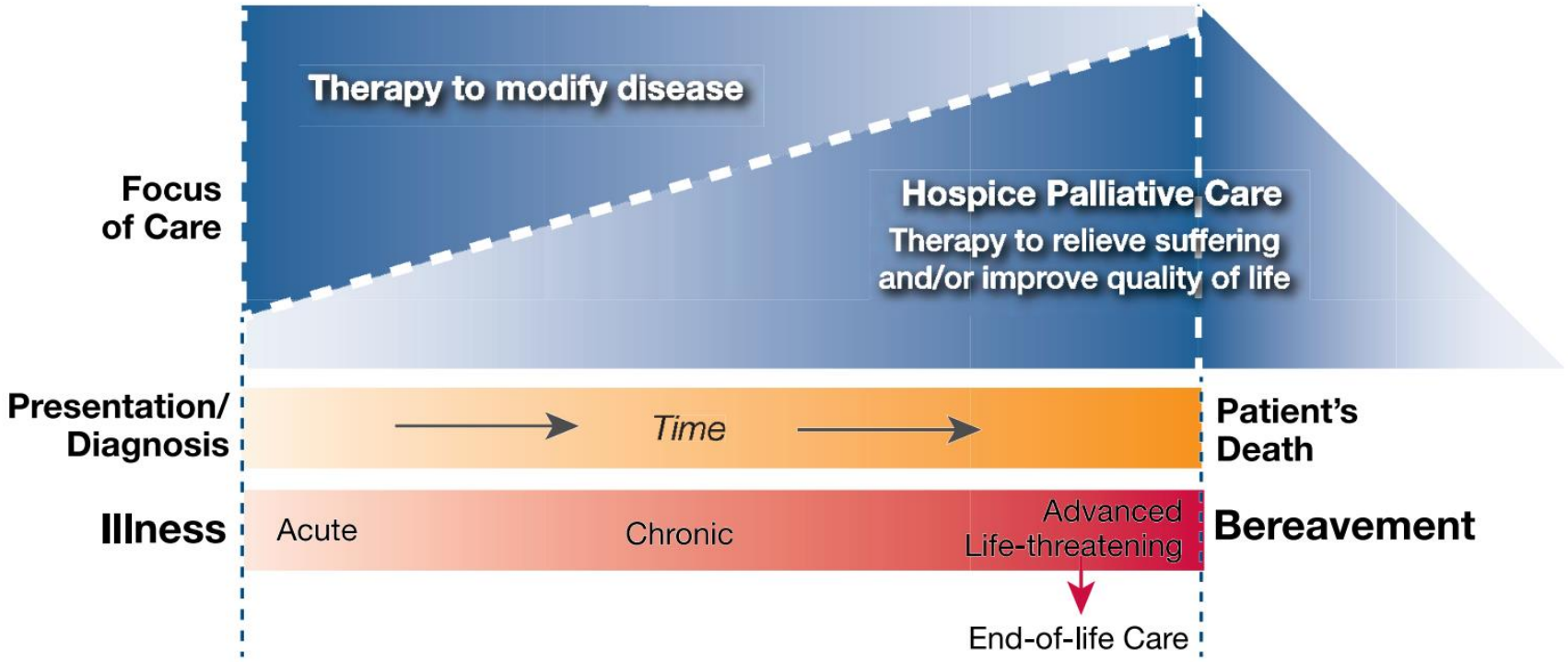
Evidence, strategies, and challenges in the North

Models of Palliative Care Involvement

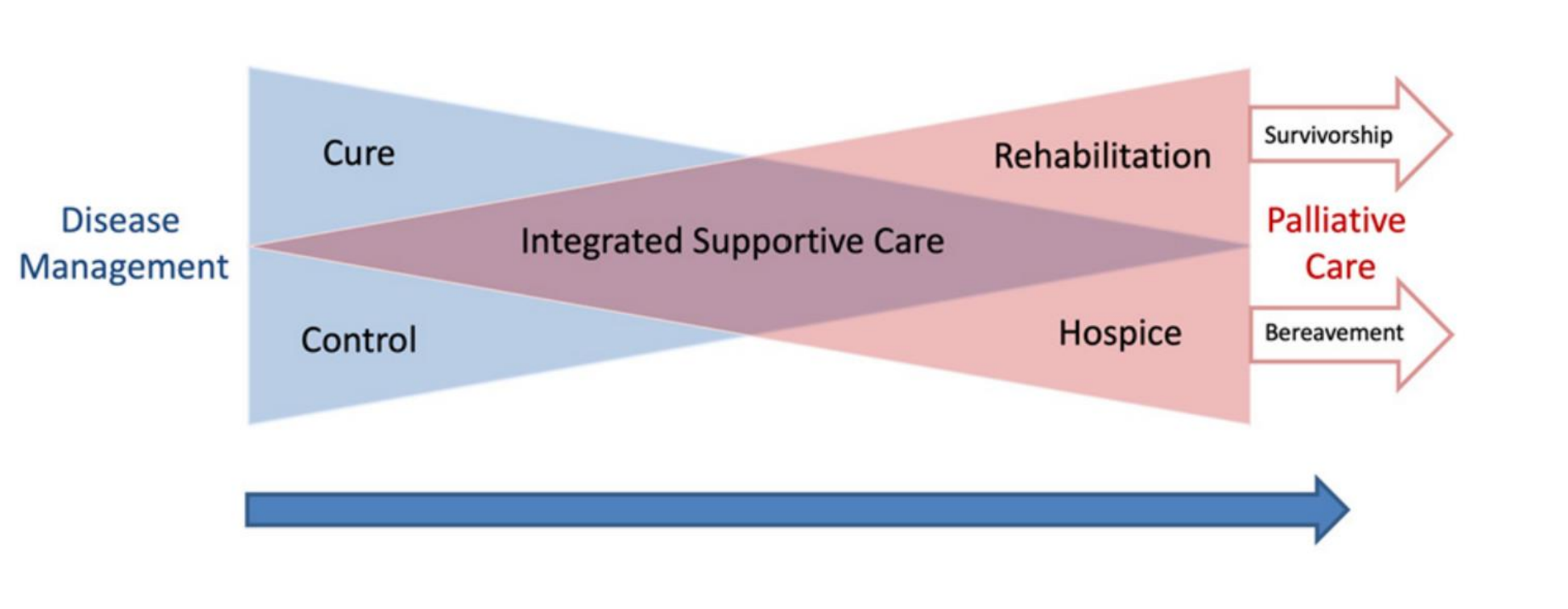


Models of Palliative Care Involvement

Figure #2: The Role of Hospice Palliative Care During Illness



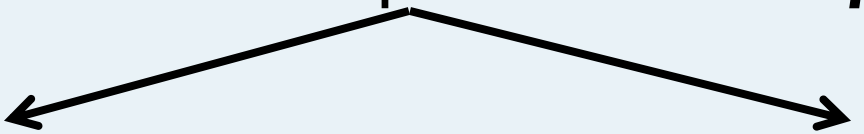
Models of Palliative Care Involvement



Aparicio 2019

Models of Palliative Care Involvement

Early involvement of palliative care ***approach***



Holistic

Symptom management
Social issues
Spiritual issues
Goals, fears, values, hopes
Caregiver support
Grief & loss

Multi-disciplinary

Primary care, Home care,
Social Work, Nursing,
Volunteers, Spiritual Care,
SLP, Respiratory therapy,
…
Etc. Etc. Etc.

Evidence for Early Involvement of PC

Early involvement of Palliative Care in **cancer** leads to:

- Improved QoL
- Improved mood
- Less aggressive interventions at end of life
- Improved health-care utilization
- ?Improved survival

Temel 2010, Zimmerman 2014

Evidence for Early Involvement of PC

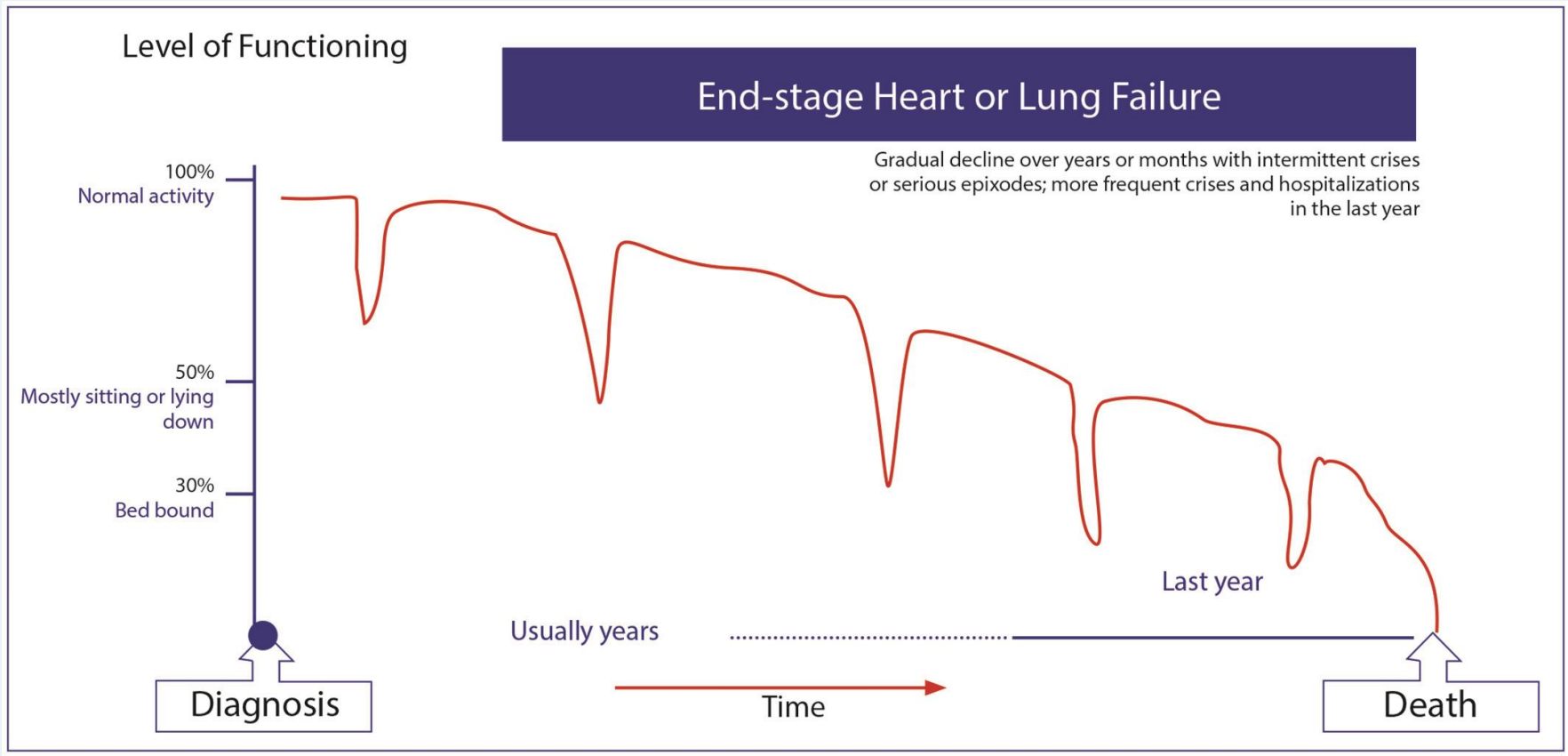
Early involvement of Palliative Care in **non-cancer illnesses** is more limited, but may lead to:

- Improved quality of life, mood (CHF)
- Documentation of care preferences, healthcare utilization (CHF)
- Decreased anxiety and depression (Renal failure)

Bekelman 2018, Diop 2017, Chan 2016

Challenges in non-cancer illness

1) Prognostication is more difficult



Pallium Canada. Adapted from Lunney 2002

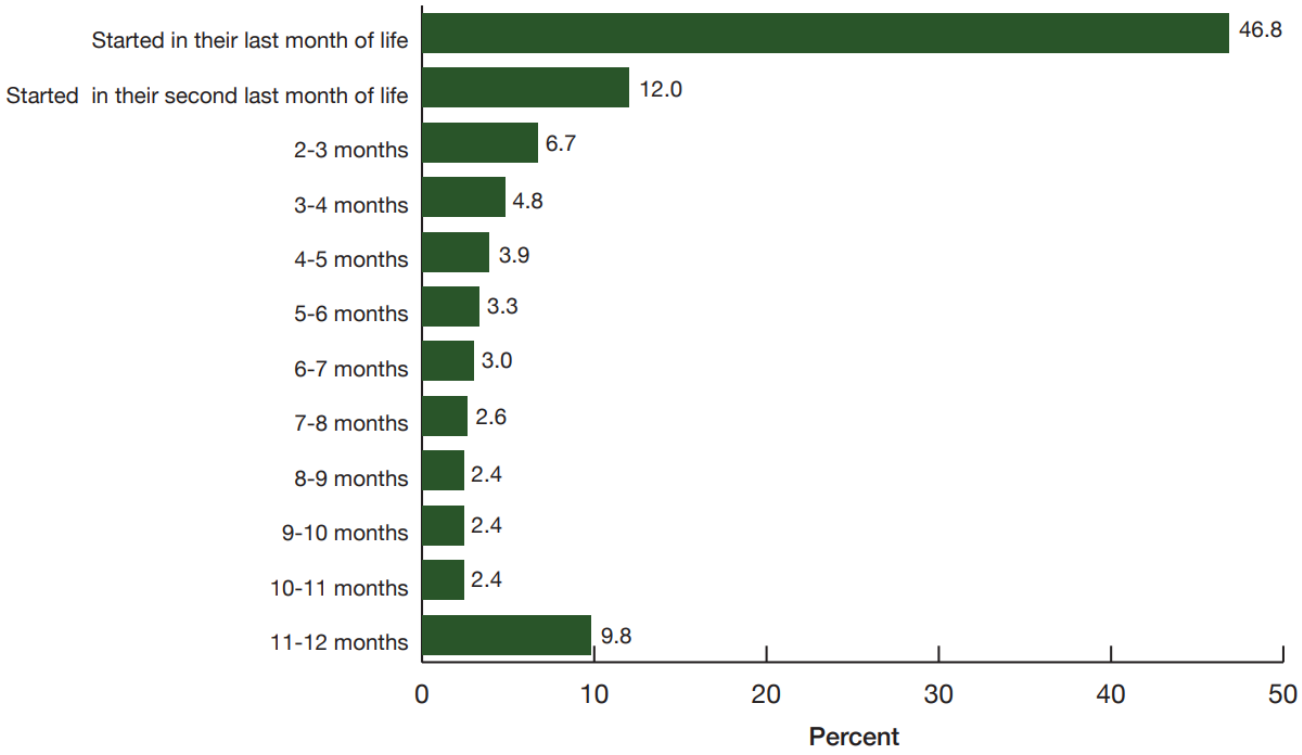
Where are we now?

Where are we now?

Health Quality Ontario
Let's make our health system healthier

Ontario Palliative Care Network

FIGURE 1 Percentage of people who began receiving palliative care in each of the 12 months before their deaths, among people who died in Ontario and received palliative care during their last year of life, 2017/18



Data sources: Registered Persons Database, Ontario Health Insurance Plan Claims History Database, Discharge Abstract Database, Home Care Database, National Ambulatory Care Reporting System, Ontario Mental Health Reporting System, National Rehabilitation Reporting System and Continuing Care Reporting System, provided by Cancer Care Ontario

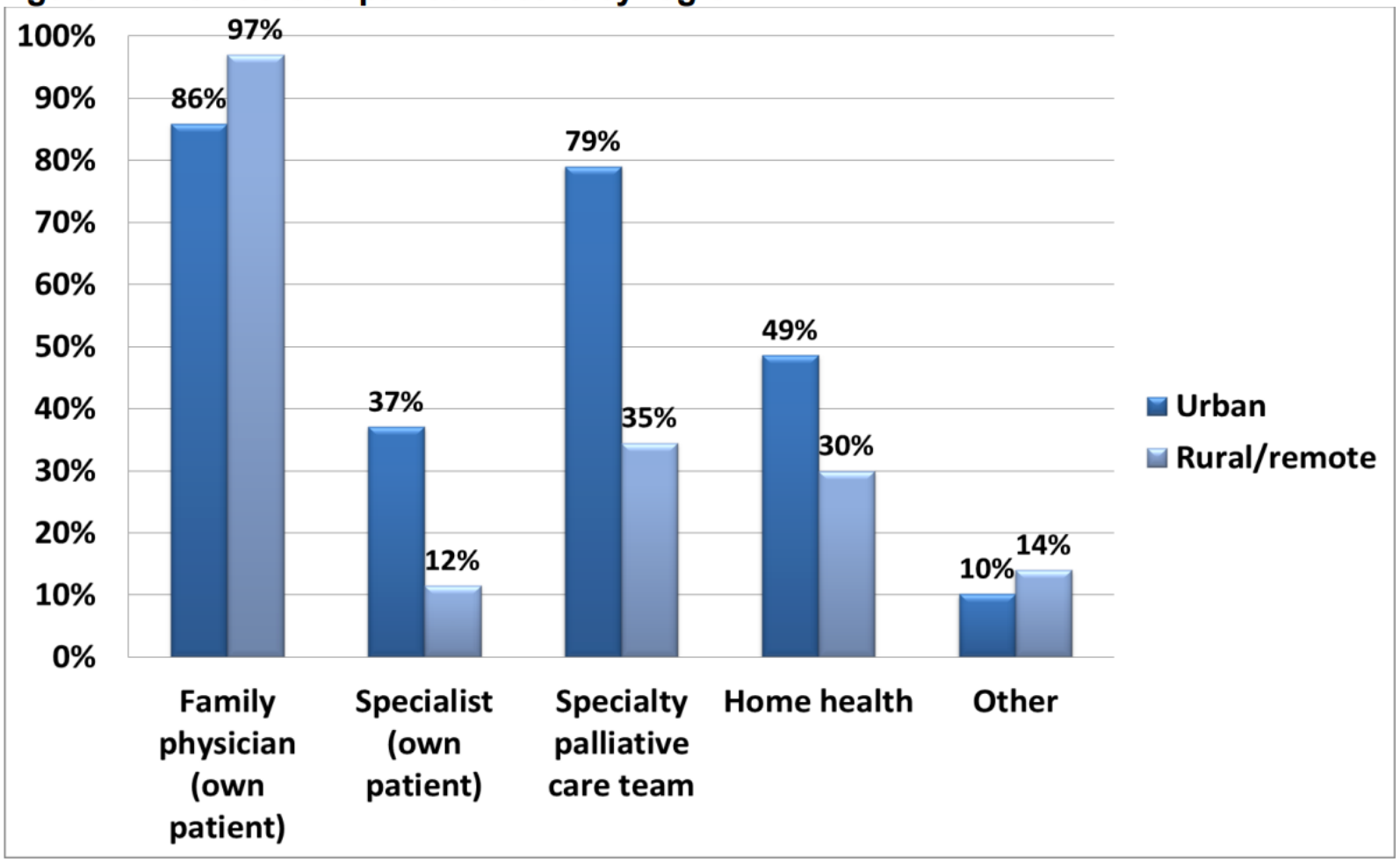
Health Quality Ontario, 2019

Where are we now?

CSPCP Canadian Society of Palliative Care Physicians

SCMSP Société canadienne des médecins de soins palliatifs

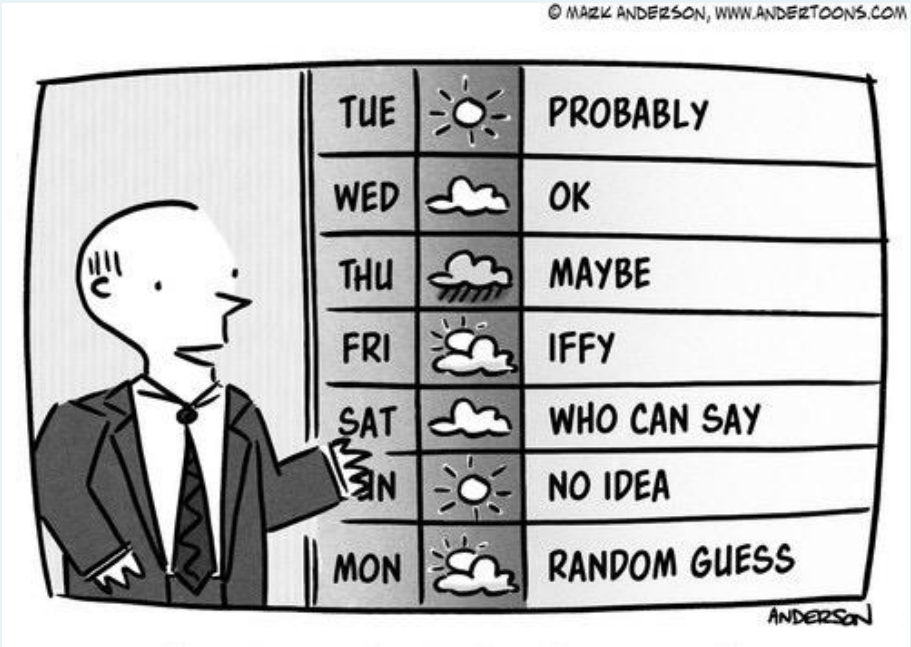
Figure 2: Providers of palliative care by region



Excludes those who abandoned the survey before this question. Totals of providers may exceed 100% as this question allowed for multiple responses.

Strategies for early identification

1) Improve prognostication
2) Move towards models that incorporate **need** rather than just prognosis



Strategies for early identification

1) Improve prognostication

- The 'surprise' question, in isolation, may be insufficient
- Ideally, use gestalt + data
- Consider newer data-based models:
  - HOMR (Inpatient)
  - RESPECT (Community)

Downar, Wegier, & Tanuseputro 2019, Downar et al (2017)

Strategies: Prognosis

HOMR

- **H**ospital **O**ne-Year **M**ortality **R**isk
- Automatically calculated based on admission data
- Identifies <1 year prognosis with good sensitivity & specificity

Walraven et al (2015)

Covariate	Total points
Sex	___
ED visits	___
Home O_2	___
Diagnostic Risk Score	___
Admission to ICU	___
Admissions by ambulance	___
Urgent readmission	___
Admitting service	___
Age × comorbidity	___
Living status/admission urgency × admissions by ambulance	___
Total HOMR score	___

Strategies: Prognosis

RESPECT Tool (Community-dwelling patients)

- **R**isk **E**valuation for **S**upport: **P**redictions for **E**lder-life in the **C**ommunity **T**ool
- Uses Ontario InterRAI "big data"
- Can be completed by a patient or provider
- Can be used for multiple conditions
- Early validation looks promising

https://www.projectbiglife.ca/respect-elder-life

Hsu et al 2021, Hsu et al 2016

Strategies for early identification

2) Move towards models that incorporate **need** rather than just prognosis

- Based on gestalt (symptom burden, caregiver burden, psychosocial distress, etc.)
- Based on tools:
  - RADPAC

Strate

RAD

• Rac

Chronic obstruc

1. The patient is
(Karnofsky sc
2. The patient ha
3. The presence
4. The patient ha
5. The patient m
6. There are obje
respiratory as

uent care

ng, use of

Figure 1 RADboud indicators for PAlliative Care Needs in Parkinson's Disease (RADPAC-PD)

With regard to the patient, is there any indication of the following?

Part 1: Indicators for Advance Care Planning*

1. signals or requests for advance care planning or end-of-life care discussions
2. loses hope or dreads the future
3. frequent falls (resulting in a hip fracture, for example)
4. dysphagia or a first aspiration pneumonia episode
5. cognitive deficits and/or neuropsychiatric problems
6. an (first) unplanned hospital admission

Part 2: Indicators to identify onset of a patient's palliative phase**

1. preferred goal of care moves towards maximization of comfort
2. a transition in care needs, for example recurrent hospital admissions, nursing home admission and an increase in help of activities of daily living
3. Parkinson's Disease drug treatment less effective or increasingly complex regime of drug treatments
4. several specific Parkinson's Disease symptoms / complications such as significant weight loss, recurrent infections, progressive dysphagia, neuropsychiatric problems and/or multiple falls

* at least two indicators should be present for initiating ACP
** at least one indicator should be present for the start of the actual palliative phase

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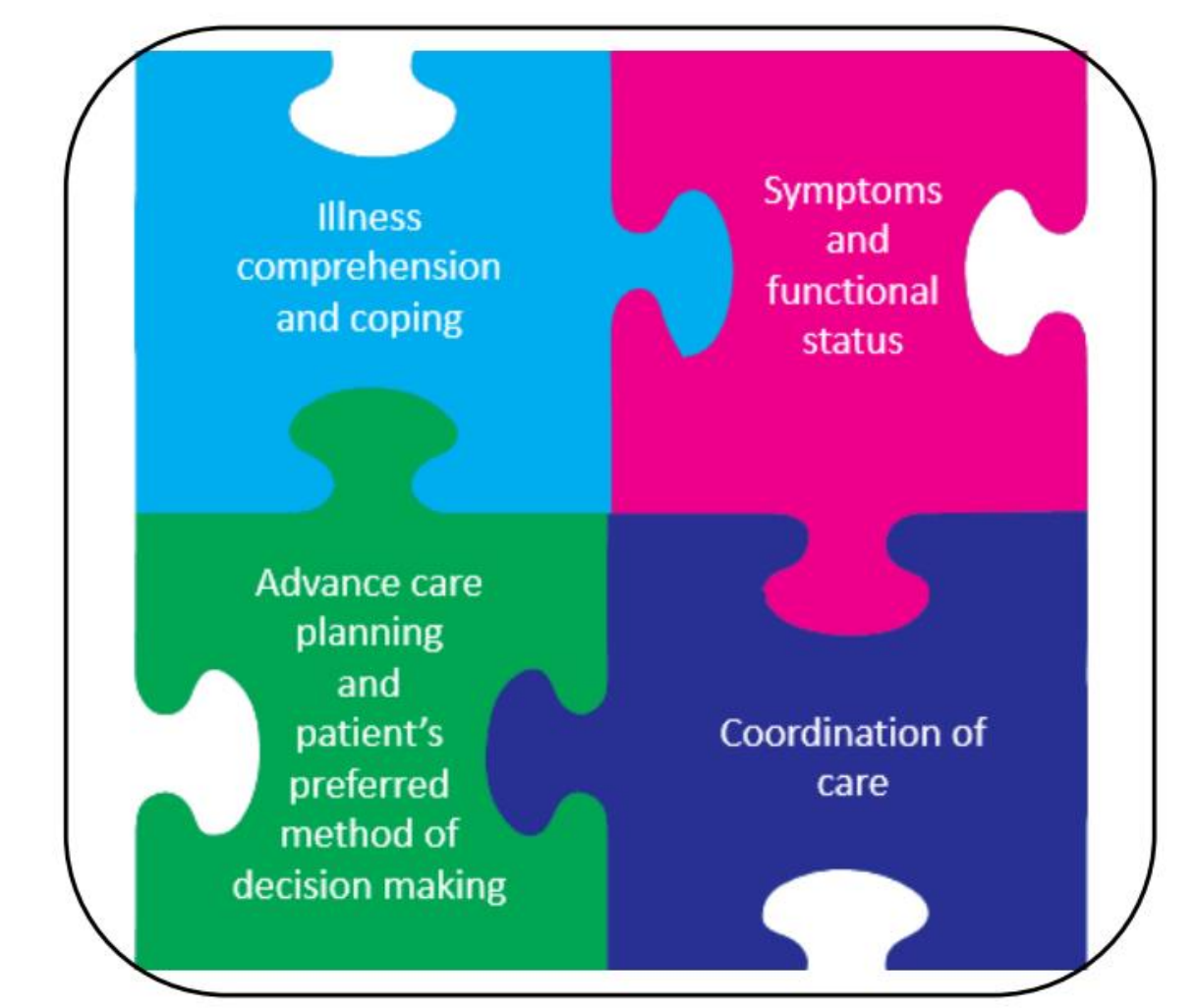
Strategies for early intervention



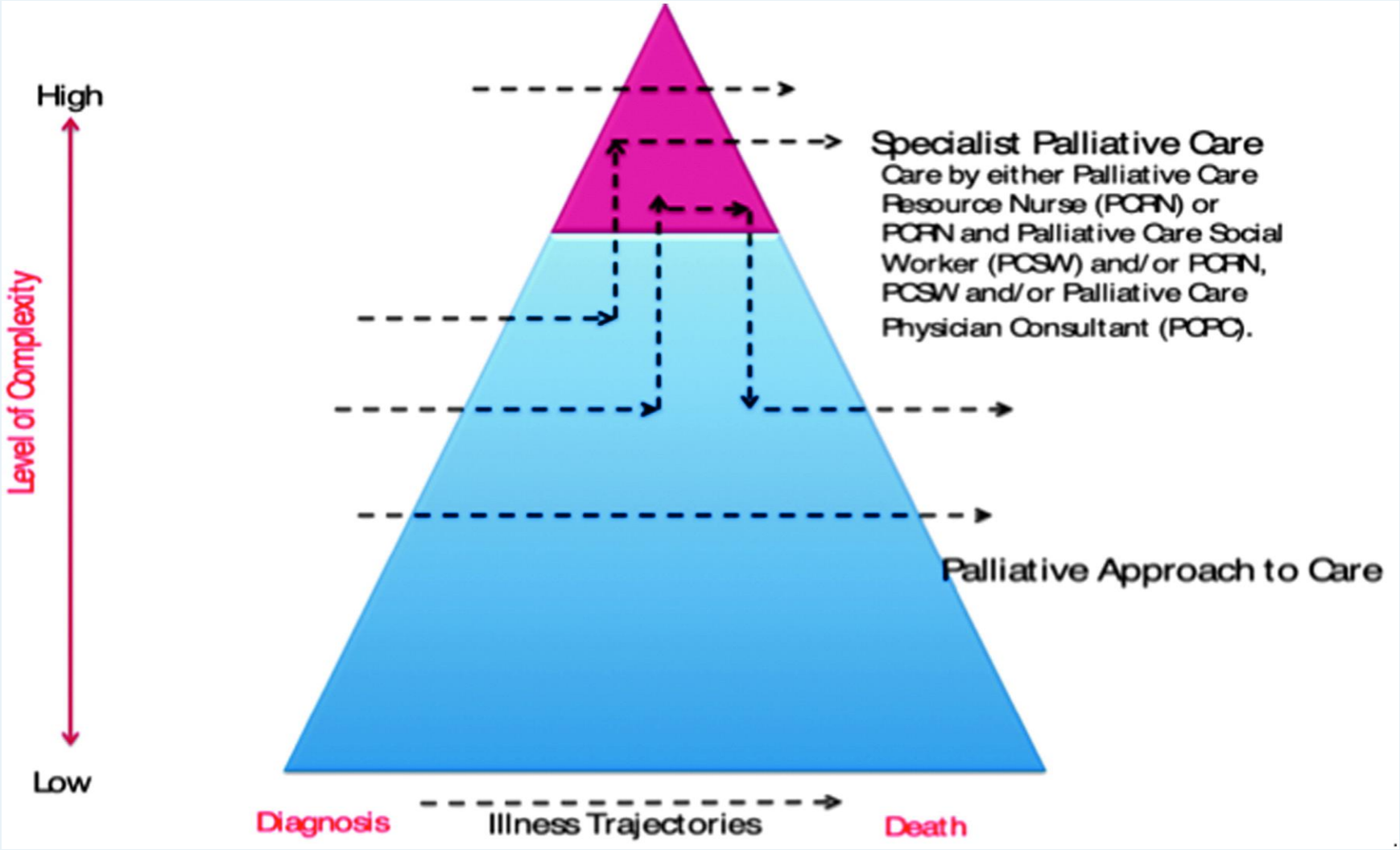
Cancer Care Alberta, 2021

Strategies for early intervention

Consider it as a process rather than a goal towards a specific outcome

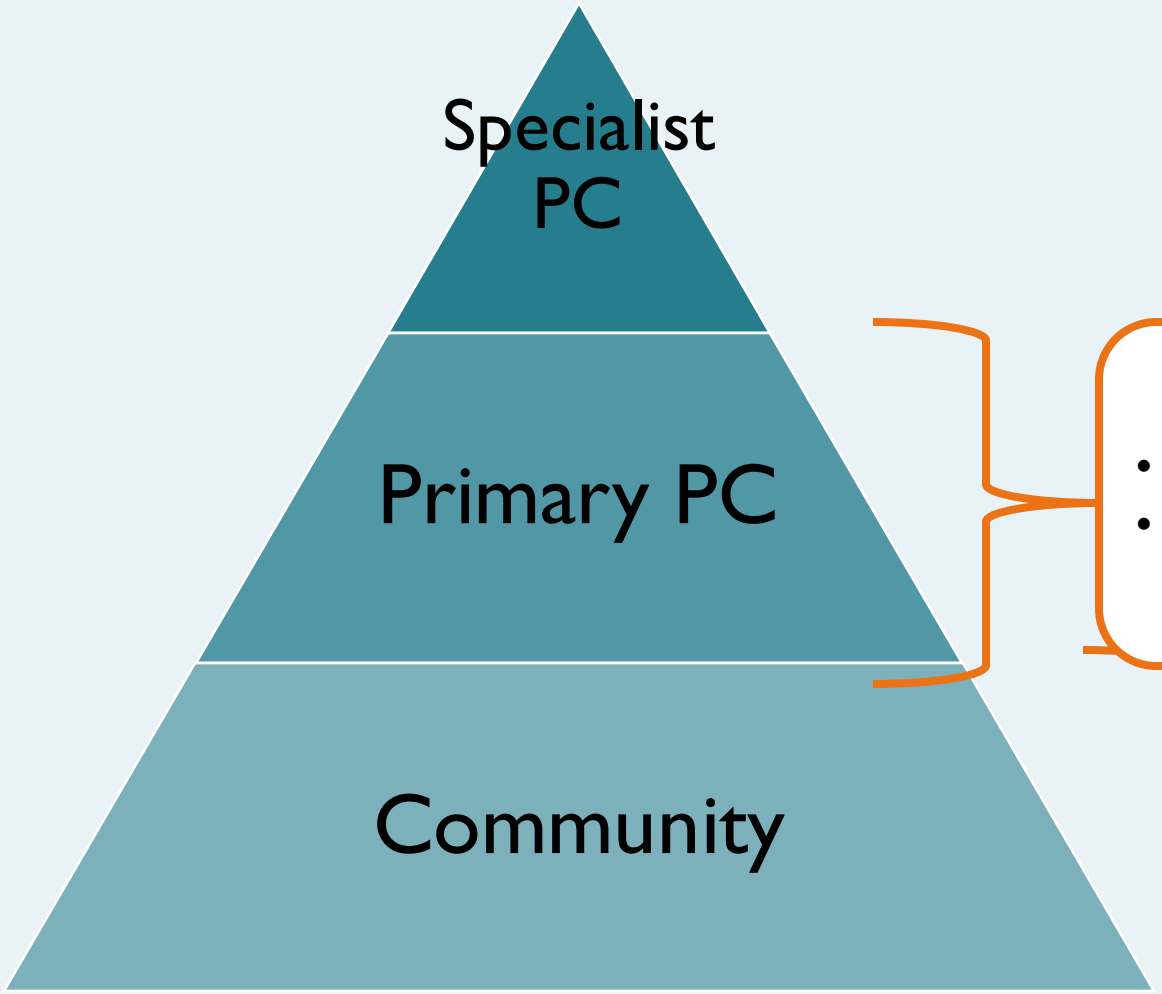
- i.e. A palliative care intervention doesn't need a prescription or a DNR

Strategies for early intervention



Henderson et al 2019 (Adapted from LEAP Core, Pallium Canada)

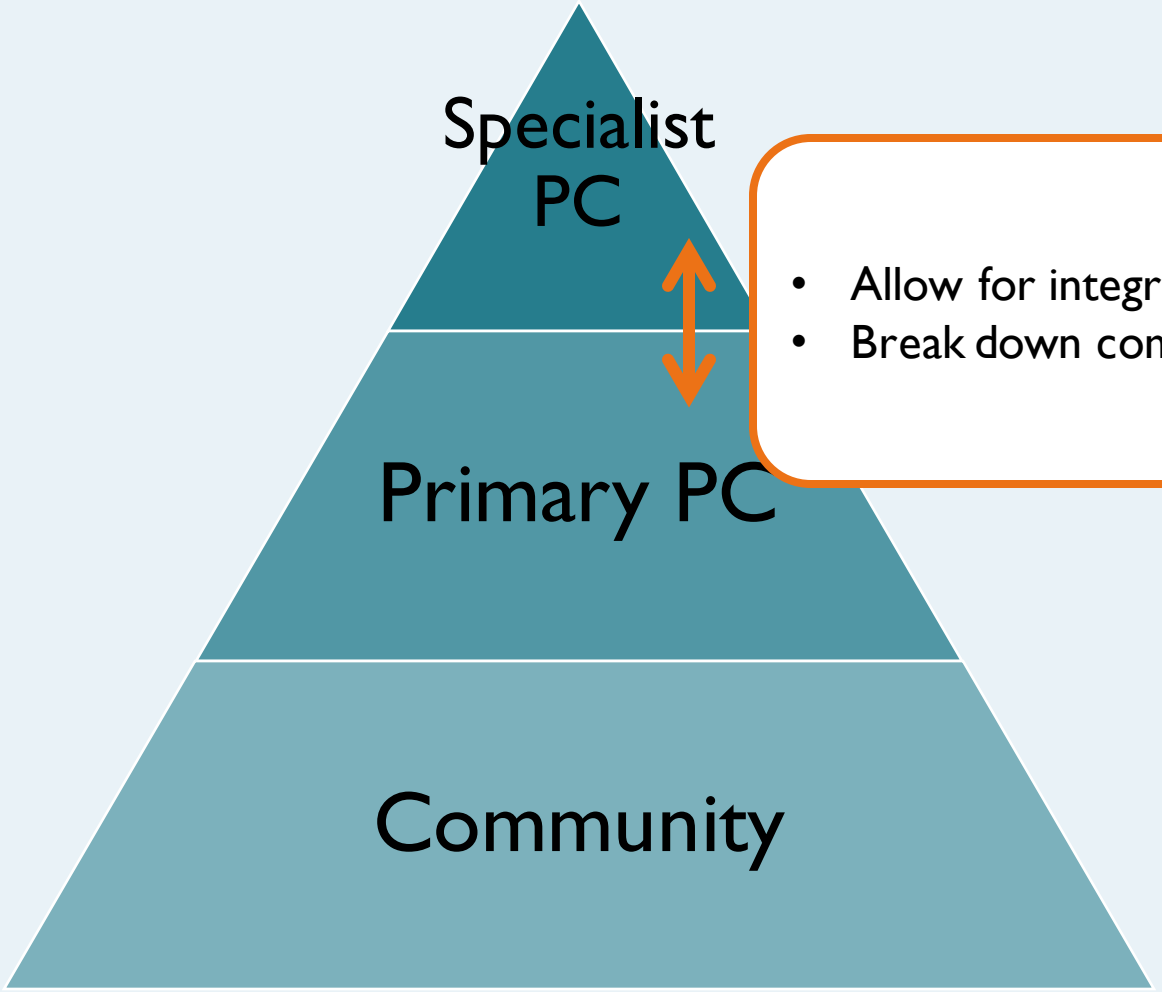
Strategies for early intervention



- Comfort and skills
- Integration into curriculum

- Education
- Comfort with topics
- Compassionate Communities

Strategies for early intervention



- Allow for integrated care
- Break down communication silos

Hawley 2017

Strategies for early intervention

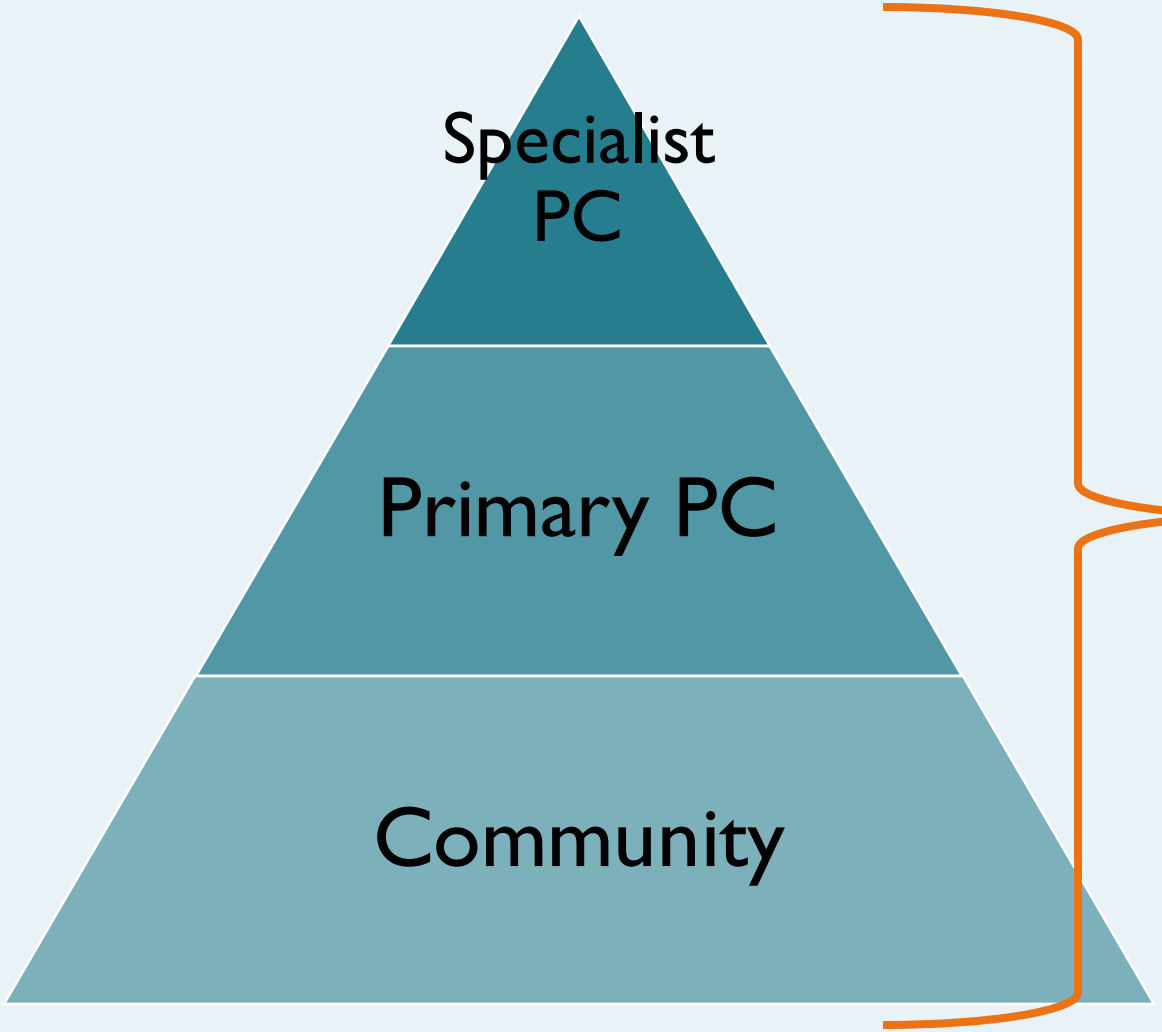
- Mitigate referral barriers
- Better research for early

"The patient characteristics used to ration scarce palliative care resources also perpetuate misperception of palliative care as being appropriate only at end of life when all efforts to cure or control have failed.

We give our patients and colleagues mixed messages:
•Refer early . . . but only when you are 100% sure your patient is dying;
•Refer early . . . but we don't have room for any but the sickest;"

Hawley 2017

Strategies for early intervention



Deliberate terminology when referring to palliative care

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Thank you!

Questions?
Comments?
Insights?