

OVERVIEW OF GREATER TORONTO AREA HOSPICE PALLIATIVE CARE NETWORKS

Presenters:

- Central: Dr. Jane Wangui
- Central east: Kirsten Schmidt-Chamberlain
- Mississauga /Halton
- Toronto Central: Siu Mee Cheng

Education Day

Date: October 7, 2010

Location: Toronto

HOSPICE PALLIATIVE CARE NETWORKS

- Hospice Palliative Care community of providers existed prior to the Ministry of Health and Long Term Care's End of Life Strategy (2006).
- Starting in 2007-08, Networks became aligned to LHINs and received funding and support from MOHLTC.

NETWORKS COMMON VISION & MISSION

VISION

- A full range of compassionate, integrated, high quality hospice palliative care services will be available to and will meet the needs of patients and their families across all care settings.

NETWORKS COMMON VISION & MISSION

MISSION

- The Hospice Palliative Care Networks will provide leadership and the structure to facilitate the development of a comprehensive, integrated and coordinated system of hospice palliative care

SHARED NETWORK GOALS

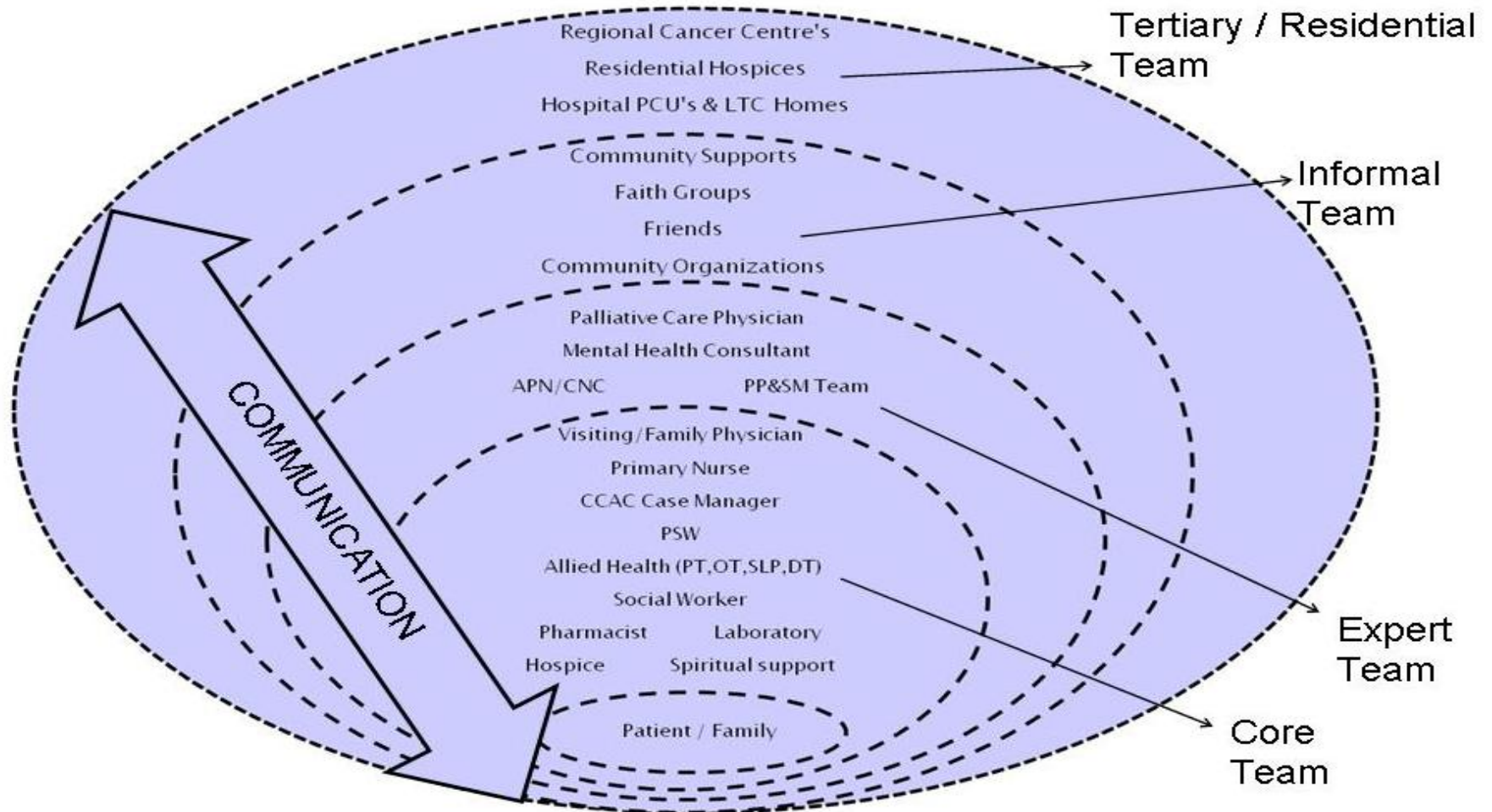
1. Promote **quality** in hospice palliative care services.
2. Advance **accountability**.
3. Provide **leadership and structure**.
4. Advise on and influence **policy** in hospice palliative care.
5. Raise **public awareness** of hospice palliative care services and the regional system.
6. Promote innovations

REGIONAL HOSPICE PALLIATIVE CARE SERVICES TO ADDRESS FOLLOWING PATIENT ISSUES

Physical	Psychological	Social	Spiritual	Medical and Nursing Care	Practical	End of Life Care / Death	Loss / Grief
<ul style="list-style-type: none"> •Pain and other symptoms * •Level of consciousness, cognition •Function, safety, aids: • Motor (e.g., mobility, •swallowing, excretion) • Senses (e.g., hearing, sight, •smell, taste, touch) • Physiologic (e.g., breathing, circulation) • Sexual •Fluids, nutrition •Wounds •Habits (e.g., alcohol, smoking) 	<ul style="list-style-type: none"> •Personality, strengths, behaviour, •motivation •Depression, anxiety •Emotions (e.g., anger, distress, •hopelessness, loneliness) •Fears (e.g., abandonment, burden, •death) •Control, dignity, independence •Conflict, guilt, stress, coping •responses •Self-image, self-esteem 	<ul style="list-style-type: none"> •Cultural values, beliefs, practices •Relationships, roles with family, •friends, community •Isolation, abandonment, reconciliation •Safe, comforting environment •Privacy, intimacy •Routines, rituals, recreation, vocation •Financial resources, expenses •Legal (e.g., powers of attorney for •business, for healthcare, advance •directives, last will/ testament, •beneficiaries) •Family caregiver protection •Guardianship, custody issues 	<ul style="list-style-type: none"> •Meaning, value •Existential, transcendental •Values, beliefs, practices, affiliations •Spiritual advisors, rites, rituals •Symbols, icons 	<ul style="list-style-type: none"> •Primary diagnosis, prognosis, •evidence •Secondary diagnoses (e.g., •dementia, psychiatric •diagnoses, substance use, •trauma) •Co-morbidities (e.g., delirium, •seizures, organ failure) •Adverse events (e.g., side •effects, toxicity) •Allergies 	<ul style="list-style-type: none"> •Activities of daily living (e.g., •personal care, household •activities, see detailed listing •on page 91) •Dependents, pets •Telephone access, •transportation 	<ul style="list-style-type: none"> •Life closure (e.g., completing •business, closing relationships, •saying goodbye) •Gift giving (e.g., things, money, •organs, thoughts) •Legacy creation •Preparation for expected death •Anticipation and management of •physiological changes in the last •hours of life •Rites, rituals •Pronouncement, certification •Perideath care of family, •handling of the body •Funerals, memorial services, •celebrations 	<ul style="list-style-type: none"> •Loss •Grief (e.g., acute, •chronic, anticipatory) •Bereavement planning •Mourning



Central Hospice Palliative Care Network



CENTRAL HOSPICE PALLIATIVE CARE NETWORK

MARCH 2010

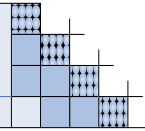
<u>HOSPITALS</u> North York General Hospital - community outreach and acute in-patient services - 6 short-term palliative care beds York Central Hospital (Complex Continuing Care) Has palliative care unit Southlake Regional Health Centre - 8 beds in the Palliative Care Unit -Has outpatient Palliative Care Clinic Markham Stouffville Hospital	<u>RESIDENTIAL HOSPICES</u> Hill House (2 residential beds, 4 respite beds) Southlake Regional (10-bed residential hospice under development)	<u>LONG-TERM CARE HOMES</u>	<u>PALLIATIVE PAIN & SYMPTOM MANAGEMENT CONSULTATION PROGRAM</u>	<u>HOME AND COMMUNITY SUPPORTS</u> Central CCAC Regional Cancer Care Centre (Southlake) Family Health Teams & Family Physicians Community Supports (i.e. Transportation, Meals on Wheels, Nursing, Caregiver support) Doorways to Care (connects individuals services such as Transportation, Meals on Wheels, Caregiver Support and connects them to community agencies including but not limited to Baycrest Geriatric Health Care, among others)
--	--	-----------------------------	--	---

CENTRAL EAST PALLIATIVE CARE NETWORK 2010

<p><u>Hospitals</u></p> <ul style="list-style-type: none"> • <u>LAKERIDGE HEALTH OSHAWA</u> - 19 acute care beds on the oncology unit and has an Outpatient Palliative Care Clinic • <u>SCARBOROUGH HOSPITAL GENERAL CAMPUS</u> -16 beds on Tower 6 and an additional 4 palliative care beds on the oncology unit on Tower 7 and has an Outpatient Palliative Care Clinic • <u>PETERBOROUGH REGIONAL HEALTH SERVICES</u> - 20 beds on the palliative care unit and has an Outpatient Palliative Care Clinic • <u>ROSS MEMORIAL HOSPITAL</u> - 6 beds on the palliative care unit and has an Outpatient Palliative Care Clinic • <u>NORTHUMBERLAND HILLS HOSPITAL</u> - 6 beds on a palliative care unit. 	<p><u>Residential Hospices</u></p> <ul style="list-style-type: none"> • None – only LHIN without residential hospice beds. 	<p><u>Long-Term Care Homes</u></p>	<p><u>PALLIATIVE PAIN & SYMPTOM MANAGEMENT CONSULTATION PROGRAM</u></p>	<p><u>Home and community Supports</u></p> <ul style="list-style-type: none"> • CECCAC • Durham Regional Cancer Centre • VOLUNTEER VISITING HOSPICE (VON Scarborough, Durham Hospice, Hospice Northumberland, Campbellford Palliative Care, Hospice Peterborough, Hospice Kawartha Lakes, SIRCH) • FAMILY HEALTH TEAMS AND FAMILY PHYSICIANS • COMMUNITY SUPPORT SERVICES (e.g. transportation, respite, meals-on-wheels)
---	--	---	--	--

MH CCAC PALLIATIVE CARE SETTINGS MARCH 2010

<u>HOSPITALS</u>	<u>RESIDENTIAL HOSPICES</u>	<u>LONG-TERM CARE HOMES</u>	<u>HOME AND COMMUNITY SUPPORTS</u>	<u>IN HOME SUPPORT</u>	<u>REGIONAL CAPACITY BUILDING RESOURCES</u>
<p>CREDIT VALLEY HOSPITAL (8 Palliative Care Beds (future expansion of 15), and has an Outpatient Palliative Care Clinic)</p> <p>HALTON HEALTHCARE SERVICES</p> <p>Georgetown (4 beds used in Complex Continuing Care)</p> <p>Milton District Hospital (2 beds used in Complex Continuing Care)</p> <p>Oakville Trafalgar Memorial Hospital(8 beds used in Complex Continuing Care)</p> <p>TRILLIUM HEALTH CENTRE</p> <p>Mississauga Site (8 Palliative Care beds)</p> <p>West Toronto Site (uses beds in Complex Continuing Care)</p>	<p>DARLING HOME FOR KIDS (2 residential beds, 4 respite beds)</p> <p>DOROTHY LEY HOSPICE (10 Palliative Care Beds)</p> <p>IAN ANDERSON HOUSE (6 Palliative Care beds for people with cancer)</p>	<p>PALLIATIVE CARE CONSULTATION PROGRAM</p> <p>NP STAT</p>	<p>ACCLAIM HEALTH VOLUNTEER VISITING HOSPICE</p> <p>DOROTHY LEY HOSPICE</p> <p>HEART HOUSE HOSPICE</p> <p>BEREAVED FAMILIES OF ONTARIO - HALTON/PEEL</p> <p>FUNERAL HOMES</p>	<p>MISSISSAUGA HALTON CCAC (Dedicated palliative care case managers)</p> <p>TORONTO GRACE (visiting physicians)</p> <p>FAMILY HEALTH TEAMS AND FAMILY PHYSICIANS</p> <p>COMMUNITY SUPPORT SERVICES (e.g. transportation, respite, meals-on-wheels)</p> <p>Future - APNs</p>	<p>MEDICAL DIRECTOR</p> <p>PALLIATIVE CARE TEAMS AND THE PALLIATIVE CARE CONSULTATION PROGRAM</p> <p>CREDIT VALLEY HOSPITAL</p> <p>ONTARIO CANCER SYMPTOM MANAGEMENT COLLABORATIVE</p> <p>QPC-LTC Alliance</p>



The vision of palliative care is to be accessible, coordinated, comprehensive, and patient-centred. It will avoid unnecessary use of acute care and will proactively facilitate moving palliative ALC patients from hospital to the community.

CARE LEVEL 1 Primary Palliative Care Team

Physician (Family MD, Palliative Care MD, Specialist MD)
Nurse (Community nurse, Advanced Practice Nurse)
Palliative Care Coordinator – (care coordinator / identified lead)
Pharmacist

PATIENT & FAMILY
are the centre of our focus and will move through the three levels of care as needed

Primary Support Team

Personal Support Worker, Spiritual Care, Volunteers, Social Worker, Physical Therapist Occupational Therapist, Dietician, Grief & Bereavement Counselor, Respiratory Therapist

CARE LEVEL 2 Palliative Care Resource Team

Palliative Care Physician (Secondary or tertiary level)
Palliative Care Nurse (Advanced Practice Nurse / Palliative Care Consultants)
Psycho-social – Spiritual care provider
Pharmacist

CARE LEVEL 3 Tertiary Palliative Care Team

Palliative Care Physician (tertiary level)
Physician (Medical/ Radiation/ Surgical Oncologists, other Medical Specialists, Anesthetists)
Advanced Practice Nurse in palliative Care/Oncology/Medical Specialty
Psycho-social care provider with expertise in advanced illness
Pharmacist

Care Coordinator

Primary Palliative Care Services

can be provided in any setting including Long Term Care and Retirement Homes, own home, Residential Hospice, Complex Continuing Care, Correctional Centre, Outpatient Clinic and Community Hospice.

Palliative Care Services

- o Hospice: Volunteer Visiting & Adult Day Programs
- o Outpatient Clinics providing Palliative Care:
 - Nephrology Cardiology
 - Respirology Transplant
 - Liver Oncology
 - Neurology
- o Grief & Bereavement Services
- o Palliative Care Clinic
- o Residential Hospice
- o Pain and Symptom Management Services
- o Respite Services
- o Spiritual Care
- o Psych-social Services
- o Community Hospice Services

Tertiary Level Services

such as:

- o Radiation Therapy
- o Chemotherapy
- o Interventional Radiology
- o Acute Palliative Care Unit
- o Anesthesiology
- o Surgery

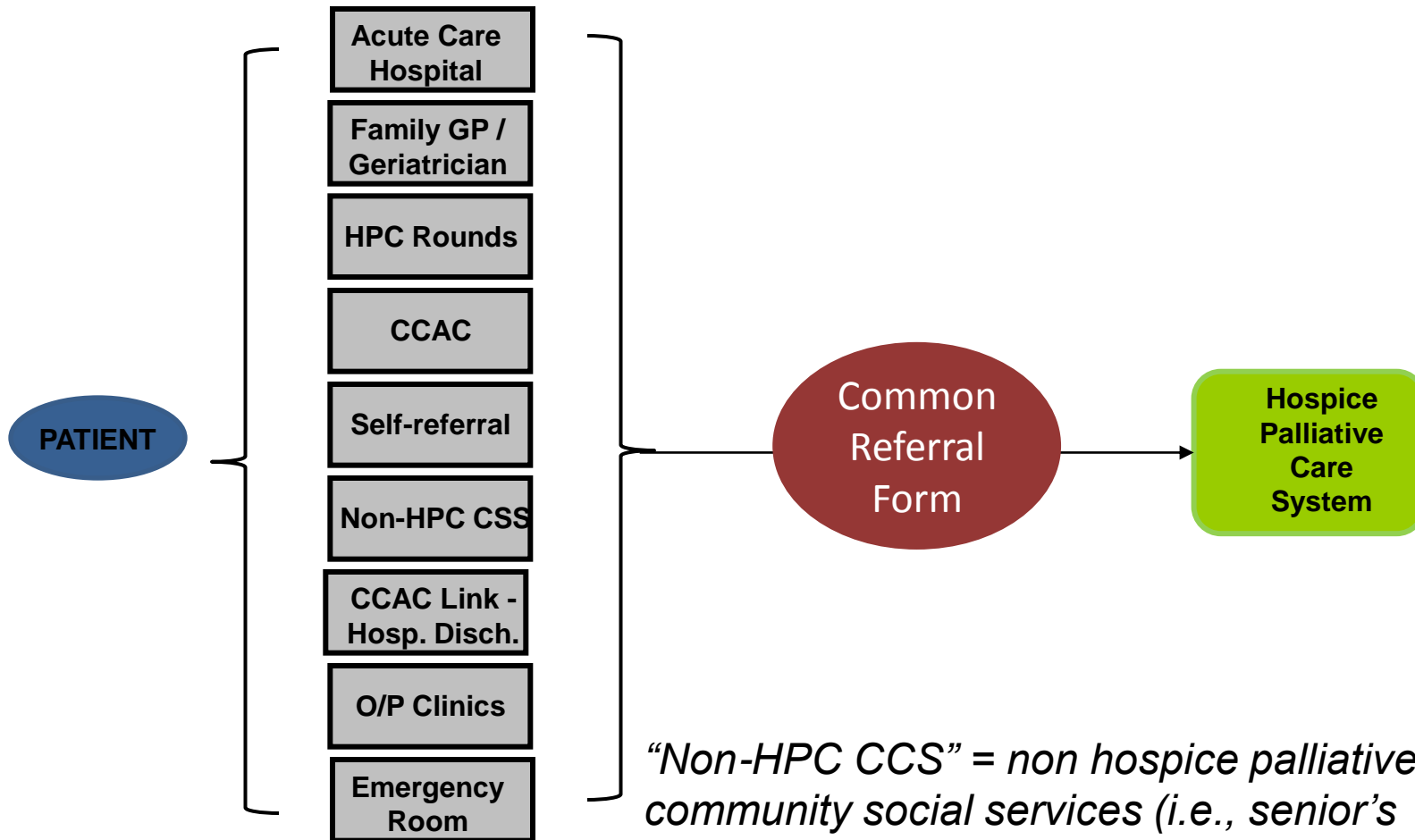
MH LHIN Palliative Care Patient Flow Chart
Please see Appendix A

Direct Care will be provided based on the Square of Care, Ferris F. D. et al, "A model to Guide Hospice Palliative Care",..

Roles and Responsibilities of Team Members and Levels of Care. Please see Appendix B

Final- September 4, 2009

ENTRY INTO HOSPICE PALLIATIVE CARE SYSTEM IN GREATER TORONTO AREA



“Non-HPC CCS” = non hospice palliative care community social services (i.e., senior’s services, community centres, etc.,)

Community/Home, Residential Hospice & LTCH

Residential Hospices
(3 RHs = 30 beds)

Visiting Physician Programs
(3 Programs: St. Joe's, TO
Grace & Temmy Latner Ctr)

CCAC
(Community Nursing,
PSWs & SWs)

Community Hospices
(7 Community Hospices)

Hospital

Acute Care In Patient Floors,
Clinics
And
ALC Beds

In Patient Palliative Care Consult Programs

Hospital

Palliative Care Units (193 Beds)

TORONTO CENTRAL HOSPICE

PALLIATIVE CARE PROVIDERS 2010

<p><u>HOSPITAL PROGRAMS(193 BEDS)</u></p> <ol style="list-style-type: none"> 1) Baycrest Centre for Geriatric Care 2) Bridgepoint Health 3) Hospital for Sick Children 4) Mount Sinai Hospital 5) Princess Margaret Hospital, University Health Network 6) Providence Health Centre 7) Toronto Rehab Ins. 8) Toronto Grace 9) St Joseph's HC 10) St Michael's Hospital 11) Sunnybrook Health Sciences Centre 12) Toronto East General Hospital 	<p><u>RESIDENTIAL HOSPICES MEMBERS</u></p> <p><u>(30 BEDS)</u></p> <ol style="list-style-type: none"> 1) Casey House Hospice 2) Dorothy Ley 3) Perram House <p><u>Future:</u></p> <ul style="list-style-type: none"> *Kensington Health Centre (10 bed) *Philip Aziz Centre (Pediatrics) 	<p><u>COMMUNITY PROGRAMS</u></p> <p><u>Volunteer Hospices</u></p> <ol style="list-style-type: none"> 1) Alliance Hospice 2) Hazel Burns 3) Jewish Hospice 4) Philip Aziz Centre 5) Hospice Toronto 6) Circle of Care 7) 2-Spirited Nations <p><u>Visiting Physician Programs</u></p> <ol style="list-style-type: none"> 1) Temmy Latner Centre 2) Toronto Grace 3) St. Joseph's <p><u>Community Nursing, SW, PSWs, other</u></p> <ol style="list-style-type: none"> 1) Toronto Central CCAC 	<p><u>Regional Capacity Building Resource Partners</u></p> <ol style="list-style-type: none"> 1) Palliative Pain & Mgmt Consult Services 2)HAO – Interdisciplinary Palliative Care Education Services (member) 3)University of Toronto: Palliative Care Education for Family Physician
---	---	---	--

TORONTO

CENTRAL PALLIATIVE CARE NETWORK

SERVICE PROVIDERS	
Contact Information	
Overview of the Organization	Description of the programs and services of the organization.
List of Hospice Palliative Care Services Offered.	The hospice palliative care services that are provided by the organization based on the following category of services: physical illness & disease management services, psychological care & case management services, social services, practical services, spiritual services, end-of-life management services, grief & bereavement services, services for caregivers, and other.
Hours of Operation for Patient / Client Admission	The hours of operation a patient / client may request to access services.
Admission Guidelines	The criteria a patient / client should meet in order to access services within the organization.
Type of Illnesses admitted	The type of illnesses, diagnoses and / or diseases the service provider organization will accept for admission.
Accepted Prognosis	The patient prognosis (estimation of life expectancy for the patient / client) that the organization will allow for admission.
Potential Service Limiting Criteria (Please note: Criteria may vary from patient to patient, please contact the organization directly for specific inquiries)	Factors that may limit access to services.
Service Fees	Fees required to access services provided by the organization.
Number of Hospice Palliative Care purpose beds	Beds that are designated or are allocated for hospice palliative care use
Respite Availability	Beds that are designated or used for respite purposes (generally 2 week-stay, but varies from organization to organization).
Hospital Outpatient Services / Community Day Programming	Patients / Clients travel to organization to access the program / service.
In-Patient Palliative Care Consultations	Patients admitted to hospital acute care may be seen by an inter-professional team that can perform a palliative care assessment
Median Wait time (days) / Length of the Wait List (Please note: This information was collected at one point in time, and wait times fluctuate for organizations at any given time. This is not a guarantee of a minimum or maximum wait, and should be noted with caution).	Median number of days a patient / client may wait before they start receiving services.
Priority for Accessing Services	Factors that may inform the priority in accessing services by the patient / client.
Back Up List Description	Clients may request to be put on a list which identifies them as possibly requiring services in the future but not at time of request.
Available Human Resources	Type of health human resources available by the organization as part of their hospice palliative care services.
After Hours Patient / Client Support	Identifies if the organization provides direct hospice palliative care support after admission hours.
Number of Volunteers	Number of individuals who volunteer time to the organization.
Catchment (Service Area)	The geographic areas serviced by the organization.

Access the Asset Map at: www.tpcn.ca or contact: support@tpcn.ca

Network Contact	Details
Cheng, Siu Mee	Executive Director, Toronto Central Palliative Care Network Email: support@tpcn.ca Ph: 416-910-9943 www.tpcn.ca
TBD	Director, Mississauga / Halton Palliative Care Network Email: Ph: www.mhpcn.ca
Schmidt-Chamberlain, Kirsten	Director, Central East Palliative Care Network Email: kirsten.schmidt@ce.ccac-ont.ca Ph: 905 430 3308 x 5513 http://www.ce.ccac-ont.ca
Wangui, Jane	Coordinator, Central Palliative Care Network Email: hpcn.admin@central.ccac-ont.ca Ph: 905-954-5494