



The Evolving Palliative Care System in Canada

‘Its Everybody’s Business’

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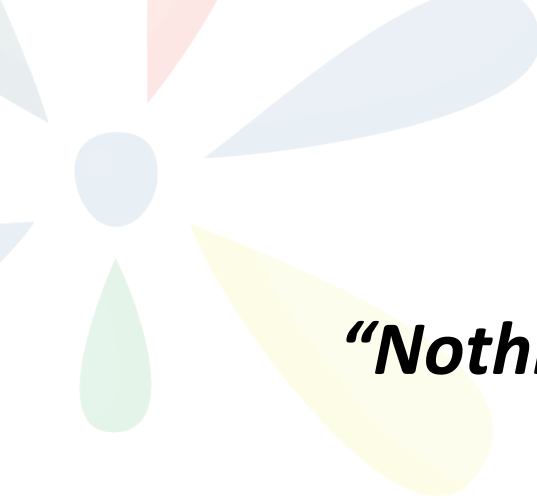
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***“Nothing impacts us and our families
more intimately
than the death of a loved one”***

Re-Shaping End-of-Life Care



The prevalence of human mortality is stable



We know who dies, when and where...



Public Health

Combines the *science, art, and skills* to organize and direct society's efforts to:

- protect
- maintain, and
- improve the health and wellness of the whole population, and to
- maximize quality of life when health cannot be restored



What is Palliative Care and End-of-Life Care?

Palliative Care

- Begins when death would not be “unexpected” in the next year
- Focus is on quality of life, symptom control
- Person centered and holistic
- Interdisciplinary in approach

End-of-Life Care

- Death is inevitable
- Trajectory is short (< 6 months)
- Focus is on supporting patient and family choices
- Addresses anticipatory grief
- Supports patient and family toward a “good death”





Dying ‘in the past’

- Normal and routine
- Built on community relationships
- Whole person care- ie. whole “citizen “ care, not just service-based
- End of life care is more than medical care
- Death and loss are inevitable and universal
- ***End of life care is everybody’s business***



Current Canadian 'stats'

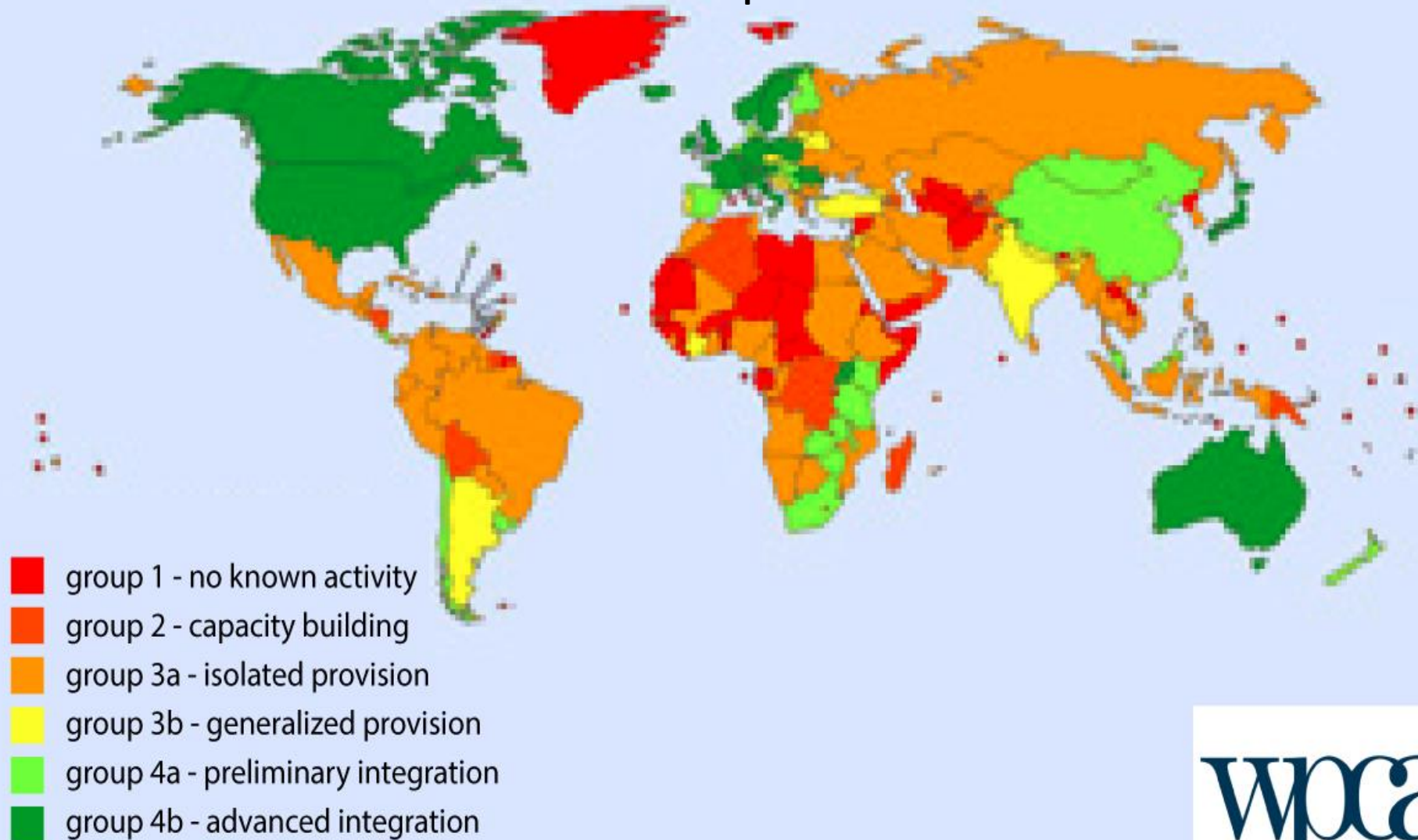
- Approximately **70%** of deaths occur in hospital
 - 40% of terminally ill cancer patients visit the emergency department within the last 2 weeks of life
 - 41% of long term care home residents have at least one hospital admission in their last 6 months of life

At least **25%** of the total cost of palliative care is borne by families



MAPPING LEVELS OF PALLIATIVE CARE DEVELOPMENT: A GLOBAL UPDATE 2011

Palliative care development all levels



wpca

Canada is not equipped

- **Canada's Ranking has slipped - 2015 Quality of Death Index Ranking palliative care across the world**
- Currently, only 16 to 30% of Canadians have access to or receive good quality hospice palliative and end-of-life services
- This small percentage becomes more alarming when considering that by 2026, the number of Canadians dying each year will increase by 40 per cent to 330,000 people

Canadians need and deserve better access to high quality compassionate palliative and end-of-life care

Report by The Economist Intelligence Unit – Oct. 2015
Canadian Hospice Palliative Care Assoc. (CHPCA) 2012



Canadian Reality

- By 2036, seniors will account for **23-25%** of the total population
- **32 %** of Canadians suffer from a chronic illness
- **74%** of seniors have one or more chronic conditions
- **24%** of seniors have three or more chronic conditions
- Chronic diseases account for **70%** of all deaths



What Do Canadians Want?

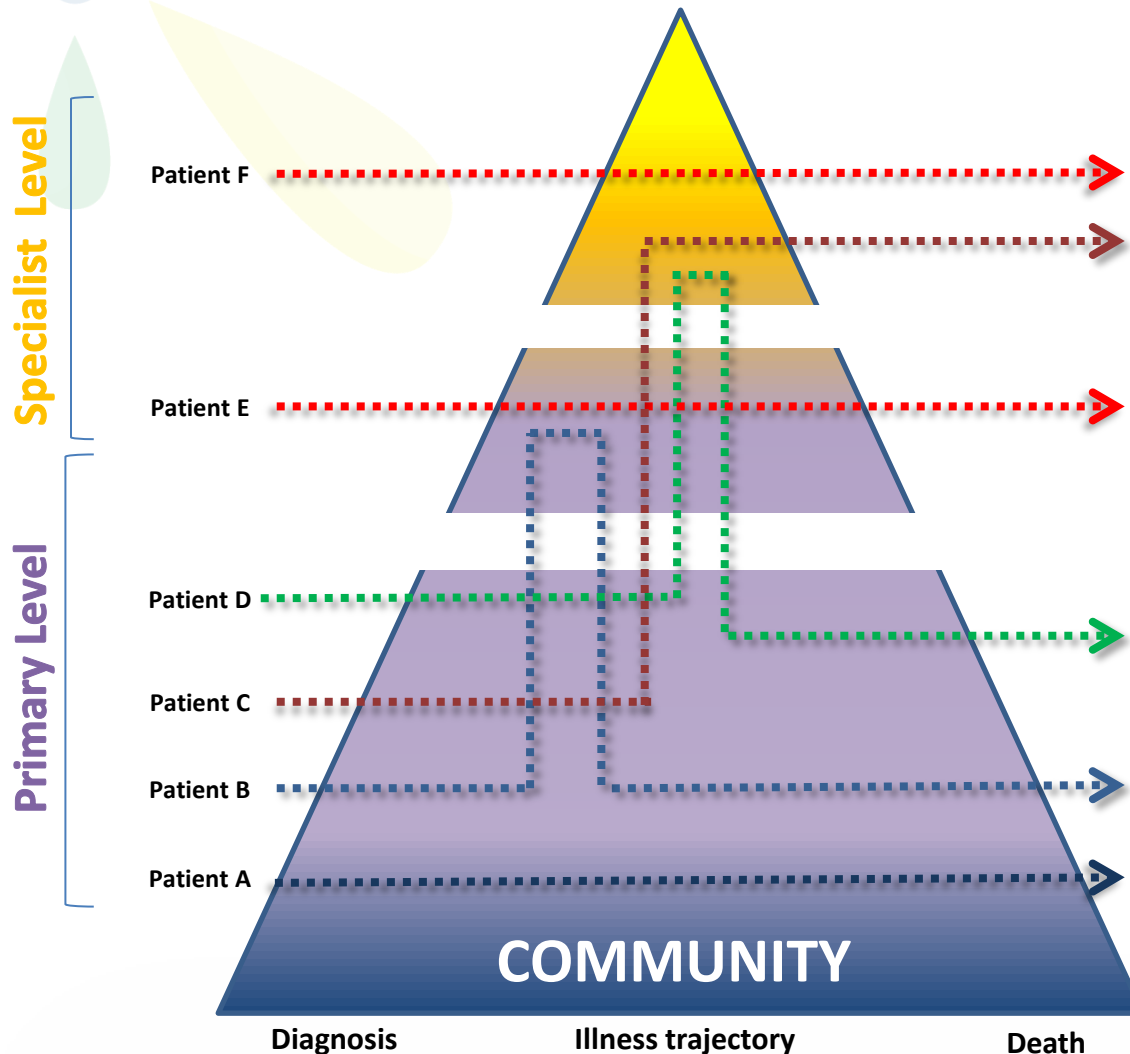
93% believe palliative care services should be available in the **SETTING OF THEIR CHOICE**

75% indicated a preference to **die in their home**

52% expect the bulk of their end-of-life care to occur in their home



Who provides palliative care?



- A small number of patients with complex needs require transfer of care to specialist palliative care services
- May occasionally require assistance of specialist palliative team
 - consultation or shared care support
- Most patients require only primary-level Palliative Care (Palliative Care Approach)
 - Family medicine clinic
 - Oncology team
 - Internal med clinics
 - Cardiology clinics
 - COPD clinics



WHO Palliative Care Model- Provider distribution at different levels of care

Tertiary care level

(national or regional hospital)

Specialist palliative care team: physician, nurse, part-time social worker and pharmacist. All physicians and nurses dealing with cancer patients provide basic palliative care, supervised by the specialist team.

Secondary care level

(district hospital)

Specialist palliative care team: physician, nurse who supervises primary health-care clinics, part-time social worker and pharmacist.

Primary care level

Nurses trained in basic palliative care who are supervised by the district level and who train and supervise community volunteers and family caregivers.

Community level

Community leaders, traditional healers and family caregivers, who are trained to provide basic home-based care, and who are supervised by primary care level nurses.



WHO Public Health Palliative Care Model

Framework for palliative care implementation:

1. Appropriate policies
2. Adequate drug availability
3. Education of health care workers and the public
4. Implementation of palliative care services at all levels throughout society



Public health palliative care....

- Develops the wider community context within which palliative care services make their contribution
- “Beyond mere services”
- Involves the well, and wellness (beyond illness)
- Palliative care is *“everybody’s business”*





...normalizes this aspect of living....

- Every other area of health care has a public health agenda
- When death, dying, loss and bereavement are normalized, so too shall Advanced Care Planning
- Engagement of the 95% of the time that people are not with their healthcare provider





....builds social capital

- A community that interacts with itself frequently has a high level of trust, social support and morale
- Is interested in its own health and welfare
- Fosters interest in matters that affect their family friends, co workers, neighbours
- Schools, workplaces, church organizations and other social groups create policies and practices that respond to death, dying, loss and care
- Requires upfront leadership and facilitation





Compassionate Communities

Offer access to many social aspects of care not provided by the health care system but central to the well-being of patients' with advanced illness and their family / friend caregivers. ie

- Respite for caregivers
- Companionship for people with dementia who are often socially isolated
- Bereavement support for caregivers





Impact on patient and system outcome:

- Improves the person and provider experience
- Enhances the quality of life prior to death
- Makes it possible for more people to die in dignity
in home-like settings
- Creates compassionate caring communities
- Results in cost savings

Provides sustainable solutions to problems of access, equity, and quality of palliative care.





Accountability

- Measurement Capacity exists
- Benchmarking a standard quality exercise
- Target can be set , action taken
- Global Good Death Index



Auditor Generals Top Recommendations

1. Promote the adoption of a common process that enables physicians to more easily identify patients who might benefit from palliative care e.g. “Surprise Question”
2. Enable timely access to patients’ advance care plans
3. Promote the provision of palliative care by family physicians
4. MD education re palliative approach & EOL conversations
5. **Public awareness** campaign on accessing palliative care and community support services



Draft of Ontario Provincial Clinical Standards

System & Accountability

- PCS 1 Regional Programs

The Public

- PCS 2 Public Health Strategy

Clinicians

- PCS 3 Professional Development & Education
- PCS 4 Physician Workforce

Tools to Improve Direct Care

- PCS 5 eHealth & Technology
- PCS 6 Advance Care Planning & End-of-Life Treatment Plans
- PCS 7 Gold Standards Framework & Registries

Direct Care Teams & Settings

- PCS 8 Pediatric Palliative Care Strategy
- PCS 9 Aboriginal Palliative Care Strategy
- PCS 10 Building Capacity at the Primary Care Level
- PCS 11 Hospice Palliative Care Teams
- PCS 12 Residential Hospices & Palliative Care Units



QELCCC Blue Print for Action 2010-2020

- **Availability and Access:** Ensure all Canadians have access to high quality palliative and end-of-life care.
- **Professional Education:** Have an adequate number of trained professionals, volunteers and carers to provide end-of-life care for all Canadians.
- **Family and Caregiver Support:** Support families and caregivers so they will be able to provide care and maintain their health.
- **Public Education and Awareness:** Inform Canadians about their care choices. Encourage Canadians to discuss and plan for end-of-life.



International and National examples

- Hospice friendly hospitals (HfH)
- Frailty index- evidence based, longstanding
- Compassionate Watch ie. neighbourhood Watch
- Death education elementary schools/hospice partnerships
- Spiritual companions
- Integration of formal and informal care networks
- LTC pubs/beer coasters
- Carers' day
- Airport posters
- Death café- in Thunder Bay- “Die-alogues”
- ***National ACP Day – April 16, 2016!***







Pallium Canada

A community of clinicians, carers, educators, academics, administrators, volunteers and citizen leaders working together throughout Canada to build palliative and end-of-life capacity as an integral part of a sustainable health system and caring communities.

Together we can make a Difference!



Building Communities of Care

Since 2001, Pallium Canada has been the sole national organization supporting continuing interprofessional palliative care education.



**Hospice Palliative Care Ontario Presentation,
2014**



**20th International Congress on Palliative Care
Montreal, Canada**



**LEAP Aboriginal Working Group
Manitoulin Island, Ontario**





Our VISION

**‘Every Canadian who requires palliative care
will receive it early, effectively and
compassionately’**





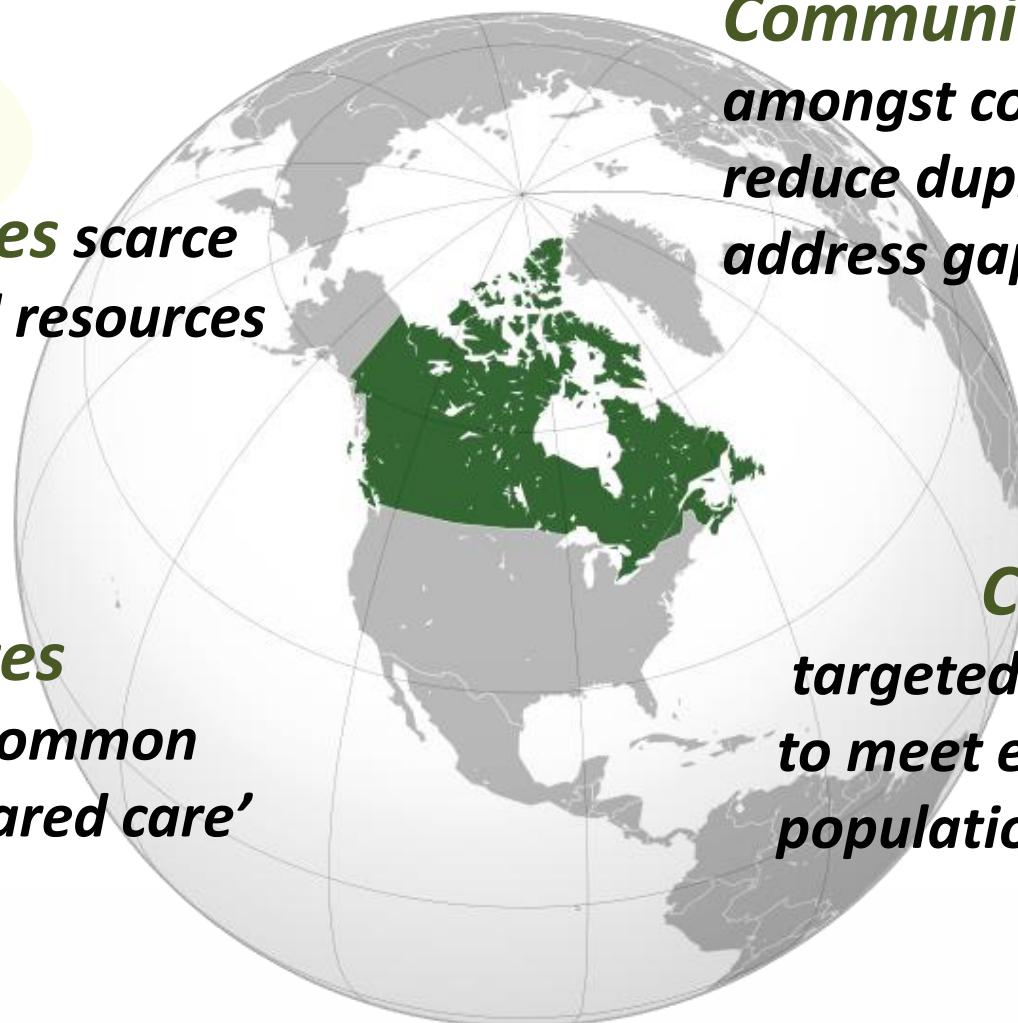
Pallium...

Coordinates scarce educational resources

Communicates amongst colleagues to reduce duplication and address gaps

Collaborates to develop common tools for 'shared care'

Catalyzes targeted change to meet emerging population need



Learning Essential Approaches to Palliative Care 'LEAP' Courses for Different Settings

Active

LEAP Core
(home/community)

Introduction to LEAP Mini

LEAP Oncology

LEAP Long Term Care

LEAP Paramedics

LEAP Undergraduate



*'Its
Everybody's
Business'*

In Development

LEAP Nephro

LEAP Emergency Dept.

LEAP Surgery

LEAP Heart

LEAP Non-Cancer

LEAP for Carers

LEAP Inner City



E-Learning Resources Accessed in 2015

Pallium Canada Portal

Over 7500 Enrolled

- 3444 Nurses
- 1257 Physicians
- 1260 Paramedics
- 138 Social Workers
- 53 Pharmacists
- 641 Others
- 400+ LEAP Facilitators

Doodles, Snippets and Communication Videos

Over 157,000 views



Clinical Decision Support Tools

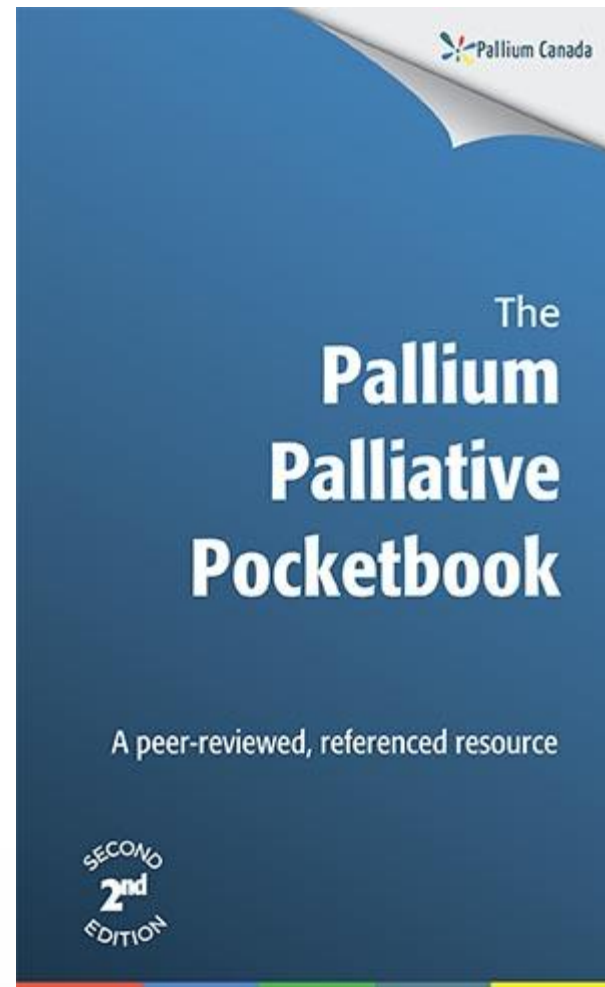
Pallium Palliative Pocketbook

In 2014, the Canadian Medical Association Journal conducted a review of the Pallium Palliative Pocketbook and declared that *“there isn’t a clinical question in palliative medicine that this book can’t answer.”*

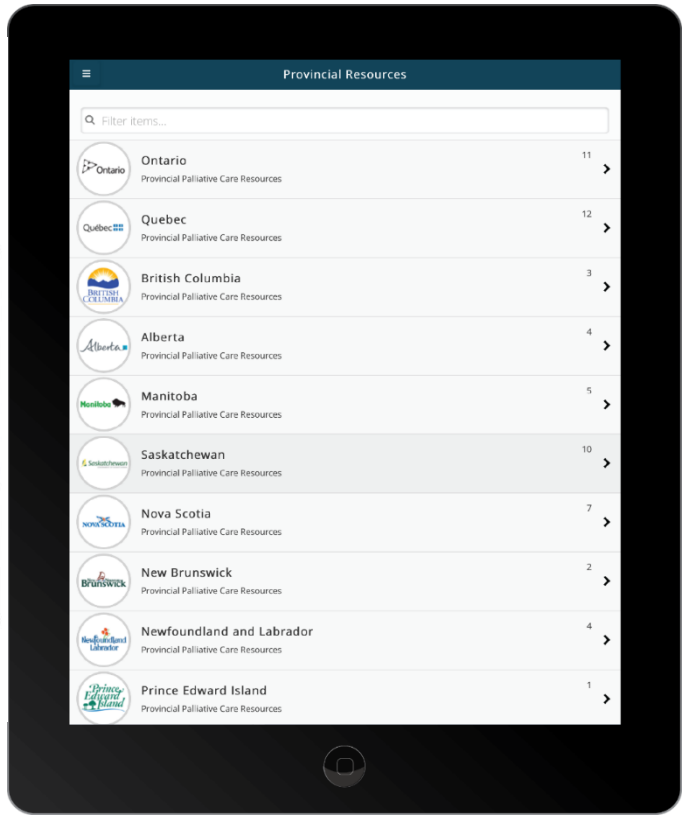
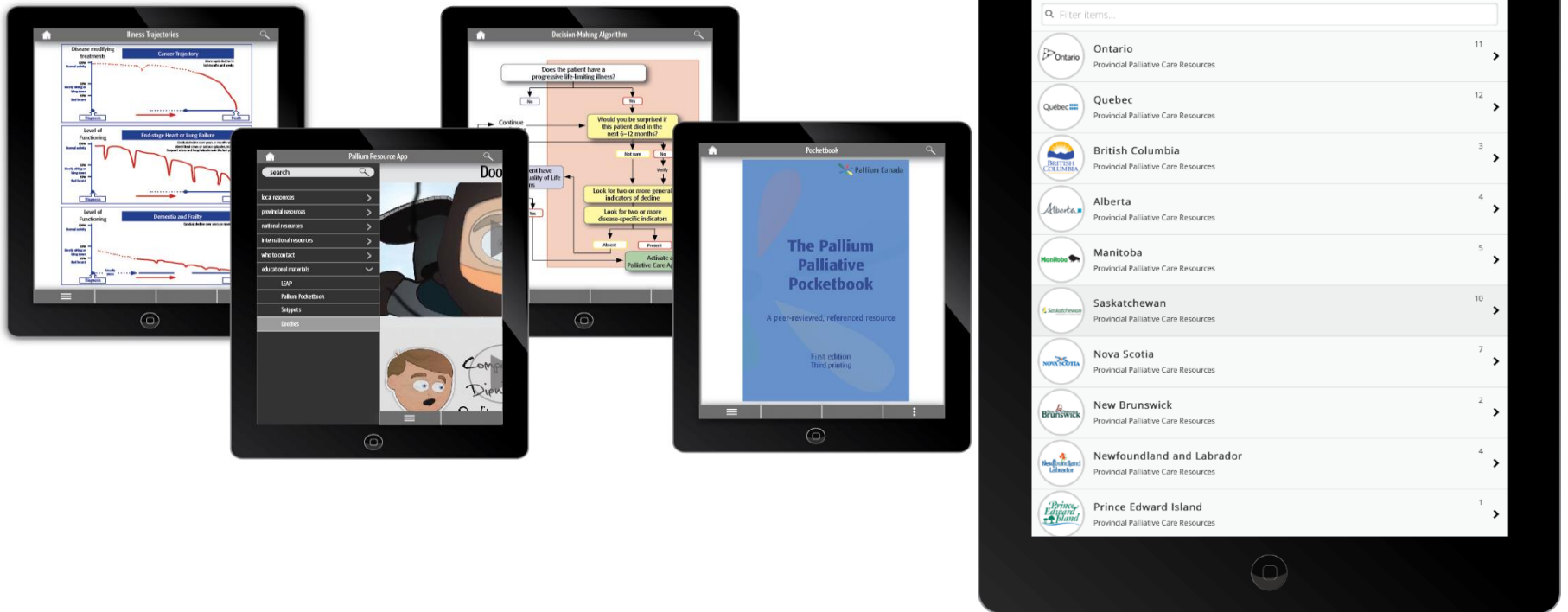
(May, 2015)

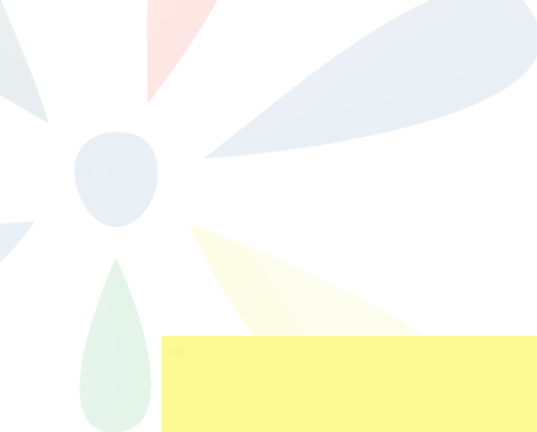
Over **25,000** sold

Available in Paper, E-book,
English & French



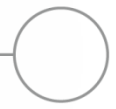
Pallium Canada Resource App





No! No!
Don't talk about it

*Go*Animate
Go Make Your Own



Our GOAL

Compassionate Communities



Together, empower Canadian communities to care for persons requiring palliative care and to support their families

- ✓ **Compassionate Schools Program**
- ✓ **Compassionate Companies Program**
- ✓ **Workshops for carers**





We believe that by working together and combining our strengths and expertise, we will catalyze public, private, corporate, health and social sector awareness and engagement toward improved care and support for Canadians dealing with life threatening illness, and their families and carers who grapple with complexities of care.





What does success look like...?

- A greater sense of ‘normalization’ around Death, dying, loss and bereavement
- Advanced care plans “done” well before they are needed
- Compassionate communities projects everywhere
- Culture shift drives policy change ie funding!
- *“A healthcare provider is a poor excuse for a friend”*





Join with Pallium Canada to
**Mobilize YOUR Compassionate
Community**

**Palliative Care is Public Health:
Principles to Practice**

International Public Health and Palliative Care Conference

September 17 - 20th, 2017

Ottawa, Canada

*Of special interest to those committed to community engagement,
social transformation and a Compassionate Canada*



Dame Cicely Saunders

"You matter because you
are you, and
you matter to the end
of your life.

We will do all we can not
only

to help you die peacefully,
but also to live until you
die."



Nurse, physician and writer
Founder of the hospice
movement (1918 - 2005)





On behalf of Pallium Canada

Thank You

Visit us at pallium.ca

