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Hospice Palliative Care Action Plan Update  
Webinar June 02, 2015  
Questions and Answers

The following questions and answers were discussed at the June 2 webinar. Please note that some edits have been made from the verbatim to provide understanding and clarity for the reader.

**1) Are the new Coordinating Council positions a paid or volunteer position? Who might fill the positions?**

A: The Coordinating Council positions are volunteer positions. As the focus is on implementation, positions will be filled by those who have experienced the system as well as the leads for the various working groups established to implement the Central LHIN Hospice Palliative Care Action Plan. This will provide the best opportunity to meet the goals and timelines for implementation.

**2) Many of us are already educated in hospice palliative care. How will additional education increase access?**

A: The focus on education is expected to standardize the education and build knowledge and capacity within the health care system. There are many types of education initiatives targeted at physicians, nurses, allied health professionals and personal support workers and volunteers who may or may not be trained in hospice palliative care.

**3) Can you comment on your plans for south of Steeles?**

A: The Expression of Interest (EOI) is specific to York Region, *at a minimum*, as there is a time sensitive opportunity to establish a York Region infrastructure with the new residential hospice that will be opening on the Southlake grounds in 2017. Central LHIN has not yet determined the approach for south of Steeles.

**4) Can we nominate representatives to join the Working Group? This would address concerns in some areas about plans in different areas of the LHIN.**

Each Working Group will include the number of members that are needed to provide a system perspective to the implementation work. More information will be available as the Working Groups are established.

**5) When will nurses south of Steeles be implementing EDITH?**

A: The EDITH protocol has not been discussed to date at the various workgroups, however all implementation activities will be the focus of the Working Groups. It is suggested that this item is raised with the relevant Phase 2 Working Groups as they are established.

**6) How will you engage primary care physicians, knowing they play an important role in the palliative care of their patients?**

A: The LHIN recognizes the importance of the role of primary care physicians and their patients. A communications plan has been developed and engagement of primary care physicians is paramount in the plan.

**7) Will residents in long-term care homes be able to receive the same services as patients at home? Will the Community Care Access Centre send in services if the long-term care home does not have the required expertise? (i.e.: IVs, CADDPCA, etc...)**

A: The Action Plan recognizes the need to build capacity within long term care homes to support palliative patients in their home environment. Phase 2 of the implementation will address how to build that capacity.

**8) What is the process to be considered to participate as a member of the clinical council?**

A: The Council is currently being referred to as a Coordinating Council to coordinate/align the work of the various work groups and drive the implementation of the Action Plan. It is expected that each Working Group will include the requisite members to provide a system perspective to the implementation work. More information will be available as the Working Groups are established.

**9) You have said you are presently targeting York Region, what is your anticipated timeline for the same EOI in North York and other areas such as Simcoe? We have the same concerns in these areas.**

A: The EOI is specific to York Region *at a minimum* as there is a time sensitive opportunity to establish a York Region infrastructure with the new residential hospice that will be opening on the Southlake grounds in 2017. However, health service providers in other areas may participate with providers in York Region if they choose. Service delivery “hubs” will be established across the entire LHIN. The approach for South of Steeles has not yet been determined.

**10) Who is triaging the 1844HERE4ME number? And what information do they have access to? Are they aware of the physician on call numbers in each area?**

A: Sykes (Telehealth Advisory Services) is the lead organization for the single crisis line. Sykes already has an established infrastructure to identify on-call physicians. There are currently 34 nurses trained to work with the single crisis line. Sykes is also working very closely with Central CCAC to establish access to view the single plan that identifies the most responsible person to contact for different patient needs.

**11) Currently CCAC is providing services and care coordination. Is the plan for this new integrated hospice palliative care services to take over that role?**

A: Central CCAC is the organization responsible for implementing the Central Point of Access for the patient and bed registry. They are also legislated to provide nursing and other professional supports in the community.

**12) There is a highly successful single-provider model in Toronto Central. We believe this needs to be replicated in North York, because of similar demographic and density. How can we help you facilitate this?**

A: Central LHIN looks forward to further discussion on implementing the service delivery hubs as we move to Phase 2 of the implementation of the Action Plan.

**Suggestions:**

- 1. Encourage Planners to spend a day** with some of the community nurses, funded by CCAC, to get a better view, on the ground, of the day to day issues and how they are managed. .
- 2. Consider palliative teaching for Family Health Teams.**

**Additional Questions Received Post-Webinar**

**13) There is some confusion about the York Region EOI. Is the successful agency expected to staff the hospice as well as do all the visiting nursing and PSW in the region or is it restricted to the Southlake hospice staffing and then volunteer services within the region?**

A: The EOI is a particular opportunity to address palliative care in York Region with particular focus on PSW, volunteer and largely non-professional supports at this time. However, it can service more than one hub. The “hub” is not synonymous with the EOI.

Central LHIN’s network of professionals, including Hospice Palliative Care Clinical Nurse consultants, Nurse Practitioners and palliative physicians, would support the whole system and could be assigned to each of the five virtual “hubs”. The virtual team is expected to include primary care as the generalist level of care with the special services/pain and symptom management/specialists providing services at the next level of support.

We are envisioning five virtual “hubs” that could be overlaid on the Health Links regions. In terms of the particular basket identified in the slide deck, it is focused on the services within each hub, including

both professional and non-professional services. The “hub” working group would be the group charged with further developing this concept and implementing the model.

**14) The service area outlined for the EOI doesn’t match the areas outlined in the hub model. Has Central LHIN officially re-mapped the proposed HPC service hubs?**

A: The residential hospice at Southlake is intended to serve all of York Region and this is why the EOI will specify York Region at a minimum. The EOI is constructed in such a way as to request integrated services for all of York Region while maintaining local presence; it does not preclude the further development of service hubs as proposed in the Hospice Palliative Care Action Plan.