



INTEGRATED PALLIATIVE APPROACH TO CARE¹ IN HOME AND COMMUNITY SETTINGS

KEY MESSAGES

<p>Outcomes</p> <p>Canadians are better supported to remain at home or in community to the end of their life, regardless of where they live.</p> <p>Health providers, volunteers, and the community at large have expanded capacity to deliver quality community care/support to people living with advanced illness and their caregivers. A palliative approach to care is EVERYONE’S business.</p> <p><i>Deaf/deaf, Deaf-Blind, and/or hard of hearing patients or family members are to be provided with an interpreter by F/P/T health care providers and be responsible for the costs at all times.</i></p> <p>Target Population</p> <p>All Canadians with palliative care needs and their families, with special focus on improving services to underserved populations (e.g. children and youth, indigenous peoples², rural and remote populations, and people who are homeless, living with a disability, or incarcerated).</p> <p>Approach</p> <p>Work with all of the key partners to expand upon and implement the vision described in the national consensus document <i>The Way Forward National Framework: Roadmap for an Integrated Palliative Approach to Care</i>³</p>		<p>WHO IS RESPONSIBLE?</p>
<p>An effective integrated palliative approach to care across all settings requires:</p>	<p>Governments can achieve this by expanding the work of The Way Forward with key partners, funding and working with existing organizations to deliver the following palliative care programs and resources:</p>	<p>F/P/T with community</p>
<p>Individuals’ health care wishes up to and at the end of life are shared, understood, respected, and acted upon.</p>	<p>Implement targeted education and awareness campaigns to increase Canadians’ understanding of palliative care, appropriate resources, their options for care during illness and at the end-of-life, and the importance of appropriate advance care planning (ACP) and conversations with health care providers.</p>	<p>F/P/T, with QELCCC member organizations, esp. CHPCA/ACP Task group and CVH</p>

¹ **An integrated palliative approach to care focuses on meeting a person’s and family’s full range of needs – physical, psychosocial and spiritual – at all stages of a life-limiting illness, not just at the end of life.** It reinforces the person’s autonomy and right to be actively involved in his or her own care – and strives to give individuals and families a greater sense of control. It sees palliative care as less of a discrete service offered to dying persons when treatment is no longer effective and more of an approach to care that can enhance their quality of life throughout the course of their illness or the process of aging. The approach is well described in the “The Way Forward” document cited in footnote #3.

² **First Nations, Inuit, Métis**

³ **The Way Forward National Framework: Roadmap for an Integrated Palliative Approach to Care** national consensus document that was funded by Health Canada (Jan 2015).

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<p>Caregivers who are better supported, informed and empowered</p>	<p>Extend federal/provincial/territorial compassionate care benefit programs (CCB) to include a 2-week period for bereavement.</p> <p>Identify unmet needs of caregivers, including unique needs of: immigrants and refugees, rural, remote and Indigenous communities, children and adolescents and young adults, LGBTQ2S⁴ communities, and others. Develop culturally appropriate tools, resources and programs to address overall well-being, including mental health. Ensure that the materials take literacy levels and language requirements into account.</p> <p>Expand and improve access to information, tools, education and supports, including online supports, available to all caregivers to assist in the delivery of quality care and reduce feelings of isolation.</p> <p>Implement a targeted education and awareness campaign about the availability of resources for caregivers and health care providers.</p> <p>Set an expectation for healthcare providers to assess caregiver quality of life as a part of routine practice and to make caregivers aware of tools and resources to support them.</p>	<p>Everyone multi-tiered</p>
<p>Knowledgeable health care providers supported by team-based care.</p> <p>Care delivered by health care providers and volunteers with core competencies in palliative care, supported by specialty palliative care providers if and when needed.</p>	<p>Establish and/or set national benchmarks for palliative care education for <u>all</u> health care providers at all stages of their professional education. Establish and/or set palliative care competencies for <u>all</u> health care providers and set a consistent minimum standard.</p> <ul style="list-style-type: none"> • <u>All</u> health care providers including allied health care providers are trained in the basic principles and practices of palliative care; • Additional skills training is provided and required for those who frequently care for people with advanced conditions, including children; • Expert training is provided and required for palliative care specialists and educators <p>Provide support and training for palliative care volunteers across all settings.</p> <p>Support the establishment of just-in-time learning to increase access to palliative care.</p>	<p>F, in collaboration with the professional, educational and regulatory groups who have already done much of the groundwork (e.g., CASN, CSPCP, CHPCA, Pallium Canada)</p>

⁴ **LGBTQ2S** - Lesbian, Gay, Bisexual, Transgender, Queer, 2-Spirited

<p>Integrated care teams (i.e. home care – primary care – specialists - community paramedics, others).</p>	<p>Build capacity in primary care teams to provide quality palliative care including home visits. Adequately resource speciality palliative care teams to provide education, support through consultation, shared care when required or total care for complicated cases. Provide access to medications, equipment and supplies required.</p>	<p>P/T</p>
<p>Indigenous communities resourced and supported.</p>	<p>Support indigenous communities to receive palliative care where and how they wish to receive it, while providing the required resources. Identify and remove the jurisdictional/bureaucratic barriers to care (federal, provincial, regional, band), including adoption of Jordan’s principle.</p>	<p>F with indigenous community leadership</p>
<p>Flexible service delivery approaches that optimize resources.</p>	<p>Accelerating the identification, scale, and spread of effective community-based palliative care practices, programs, resources, tools, and policies, which enhance living and improve comfort during the dying process and bereavement. Build capacity for digital health to provide cost-effective solutions to providing palliative care and caregiver supports across our geographically vast country. There is a need for universal access including communication choices, interpreting services and other appropriate supports to palliative care by marginalized communities. Examples:</p> <ul style="list-style-type: none"> • Expand home palliative care services for adults and children with palliative care needs; • Expand community palliative care consultation services to support primary care providers in providing the palliative approach to care to patients and families, and to provide expert services for complex cases; • Expand outpatient palliative care services; • Expand delivery of the palliative approach across all care settings, through training of primary healthcare providers; • Increase the number of hospice beds in Canada. 	<p>P/T with QELCCC members organizations and health services providers in each province and territory</p>
<p>Standard data collection and accountable funding models</p>	<p>Develop national performance indicators and reporting systems to measure the integrated palliative approach to care that includes community-based care and patient and caregiver experience. Make accreditation of home- and community-based healthcare services contingent on palliative care service provision to nationally accepted standards.</p>	<p>F/P/T CIHI, Infoway</p>



QUALITY END-OF-LIFE CARE COALITION OF CANADA

- ALS Society of Canada (ALS Canada)
- Alzheimer Society of Canada
- Canadian Association for Spiritual Care (CASC)
- Canadian Association of Occupational Therapists (CAOT)
- Canadian Association of Social Workers (CASW)
- Canadian Association of the Deaf (CAD)
- Canadian Breast Cancer Network (CBCN)
- Canadian Cancer Action Network (CCAN)
- Canadian Cancer Society (CCS)
- Canadian Frailty Network (CFN)
- Canadian Home Care Association (CHCA)
- Canadian Hospice Palliative Care Association (CHPCA)
- Canadian Lung Association
- Canadian Network of Palliative Care for Children (CNPCC)
- Canadian Nurses Association (CNA)
- Canadian Partnership Against Cancer (CPAC)
- Canadian Society of Palliative Care Physicians (CSPCP)
- Canadian Society of Respiratory Therapists (CSRT)
- Canadian Virtual Hospice (CVH)
- Carers Canada
- College of Family Physicians of Canada (CFPC)
- Health Care CAN
- Heart and Stroke Foundation of Canada (Heart & Stroke)
- Huntington Society of Canada
- Mental Health Commission of Canada (MHCC)
- National Initiative for Care of the Elderly (NICE)
- Ovarian Cancer Canada
- Pallium Canada
- Realize
- Saint Elizabeth Health Care