South West Hospice Palliative Care Network Update

**May, 2015**

**Prepared By: Lisa Gardner, South West LHIN Hospice Palliative Care Network Lead**

**HPC Collaborative Activities**

The HPC HPC Collaboratives reviewed the Draft Provincial Clinical Standards linking recommendations in the Clinical Standards to the local work of the Collaboratives. Several areas of focus were identified including pediatric palliative care in the London Middlesex area. A review of current pediatric palliative resources will be provided at the London Middlesex May Collaborative and shared with the other 4 Collaboratives.

**Advanced Care Planning Challenge**

The challenge was extended until April 30th. Several Collaborative, Leadership members and LHIN staff have had the conversation about their own wishes. The final number of participants will be included in the June report.

**HPC Regional Activities**

**South Western Academic Health Network (SWAHN) –Palliative Care Working Group**

The Palliative Care Working Group had their first meeting in April and terms of reference were established. The group is comprised of a cross-section of individuals with varying skill sets and perspectives from the academic (i.e., college and university), healthcare (hospital and non-hospital) and community sectors from across LHIN 1and 2.

The purpose of the The Palliative Care Working Group is to:

1. Ensure that Working Group activities are aligned with the goals of SWAHN (*i.e., to transform health in Southwestern Ontario through integrated excellence in research, education and clinical practice*);
2. Liaise with and report to the Education Committee concerning matters related to the focus and advancement of the following Working Group activities as guided by the *Declaration of Partnership & Commitment to Action* released in 2011:
   1. The development of an inventory of education curricula for all health and human service professionals across the continuum of education in Southwestern Ontario;
   2. A gap analysis of the curriculum based on the inventory (e.g., the current state);
   3. A strategy to improve consistency within the core curriculum through the development of a model for streamlined education (e.g., the ideal future state)
   4. The development of a survey of palliative care research.
3. Develop short and long term goals in collaboration with the Education Committee which will be specific, measurable, and achievable in one to two years (short term) and three to five years (long term)
4. Identify appropriate performance measures to monitor progress and performance.

**Health Links**

Mary Lynn Priestap led an Experience Based Design project partnering Health Links with Hospice Palliative Care. The focus of this project was to interview individuals (8 in total) with complex disease processes who were identified as palliative individuals to learn about their experiences. Through this model of hearing the individual’s story, opportunities to improve care including communication and coordinated access have been identified. The results of the Experience Based Design project will be shared at the Collaborative tables in June so the Collaboratives can identify key messages and care improvement opportunities as a result of this work.

The HPC Network Lead will continue to work with the Health Links Team to identify how Health Links can support early identification strategies of palliative care individuals.

**Prepared by Lisa Gardner, SWLHIN Hospice Palliative Care Network Lead**