

# Leading the charge to improve End of Life Care

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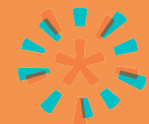
NSHPCA Challenge Panel

Dr Doris Barwich

Executive Director BC Center for Palliative

Care

[www.ihsts.ca](http://www.ihsts.ca)



Institute for Health System  
Transformation & Sustainability

# BC END OF LIFE CARE ACTION PLAN

Redesign Health Services to Deliver Timely, Coordinated End of Life Care

Provide individuals, caregivers and health care providers with Palliative care information, education, tools and resources

Strengthen Health System Accountability & Efficiency

# END OF LIFE (EOL) & PALLIATIVE CARE

**End of life** is the final stage of the journey of life and often marked by disability or disease that is progressively worse until death

**End of life care** is associated with advanced life-limiting illness and focuses on comfort, quality of life, respect for personal health care treatment decisions, support for the family, psychological and spiritual concerns

# **PALLIATIVE CARE IS..**

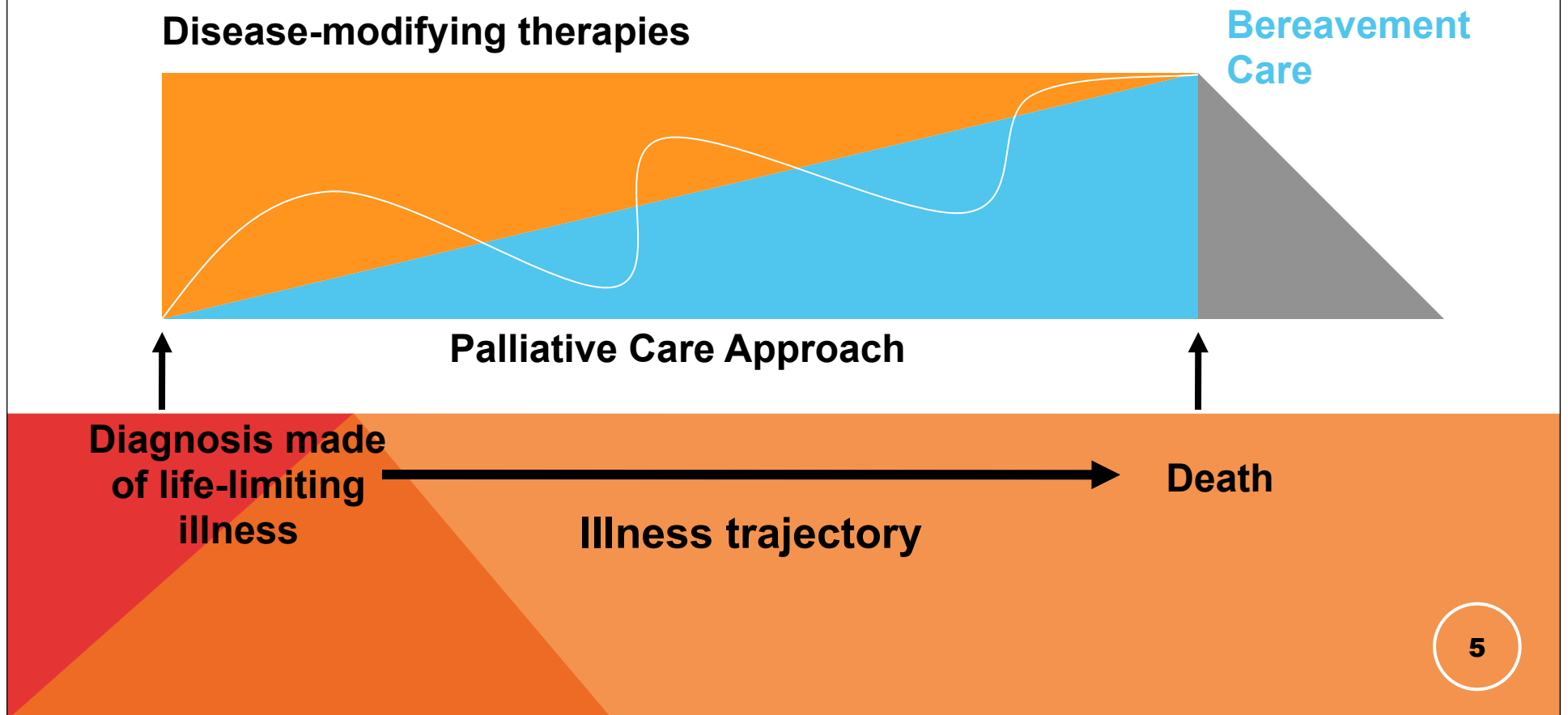
**Specialised medical care for people with serious illness with the goal of improving the quality of life for both the patient and the family**

- It is appropriate at any age and any stage of a serious illness and can complement disease-modifying treatments

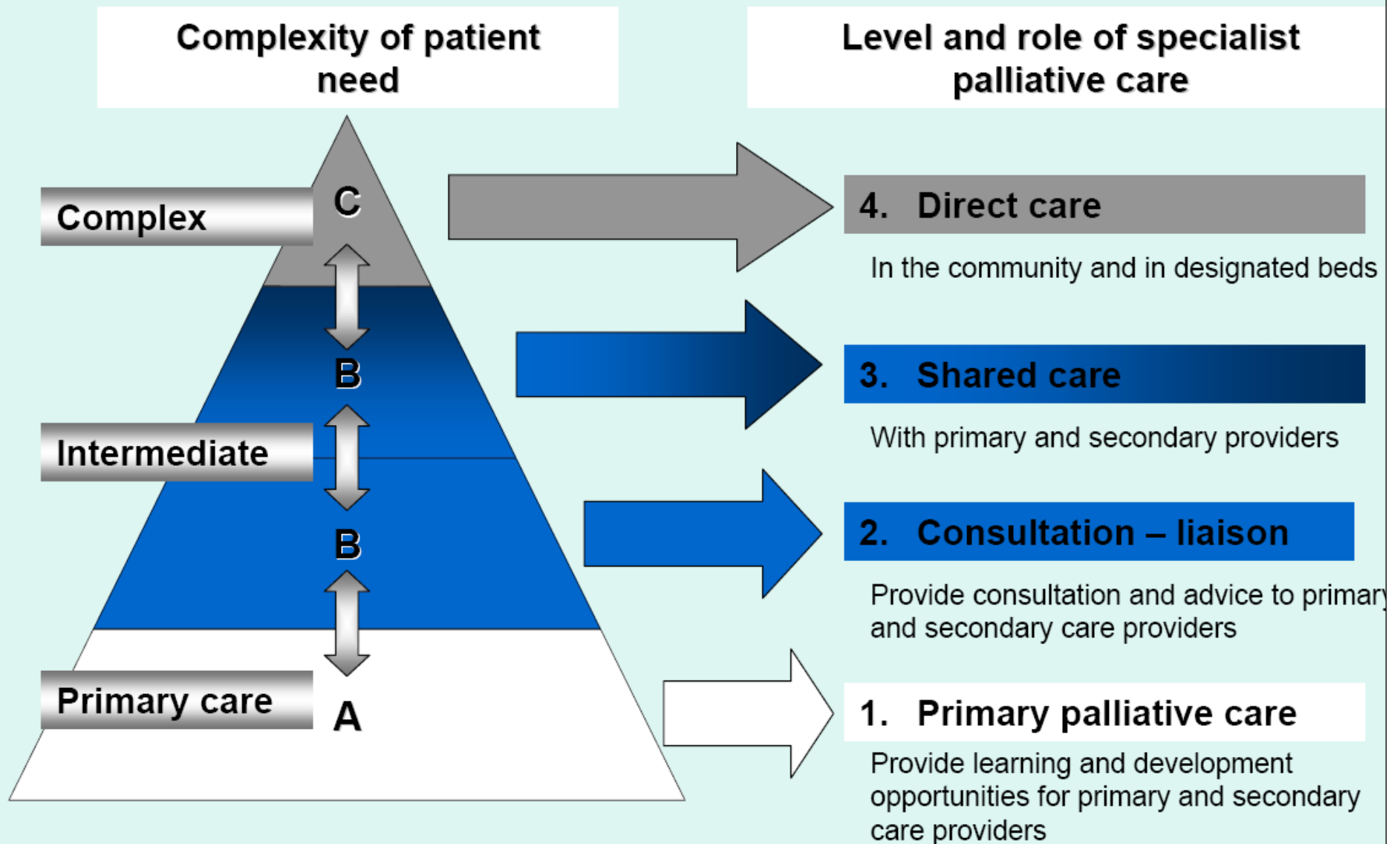
**An approach to care that addresses physical, psychosocial, and spiritual needs of patient and family in the context of life limiting illness**

Does not hasten or prolong death; Team approach

# THE PALLIATIVE CARE



# Specialist palliative care service delivery based on a population based approach with four delineated levels of care



# CHARACTERISTICS OF INNOVATIONS WITH SUCCESSFUL SPREAD

**Simple**

**Clinically useful**

**Evidence-based**

**Address a deficiency & have an impact on quality of  
care & patient satisfaction**

**Potential to impact cost**

**Ability to create “PULL”**

# PULL

Occurs when a change proposition presents an “irresistible emotional and logical argument that fits with the values, beliefs, and life experiences of the clinicians and managers it is targeted at”

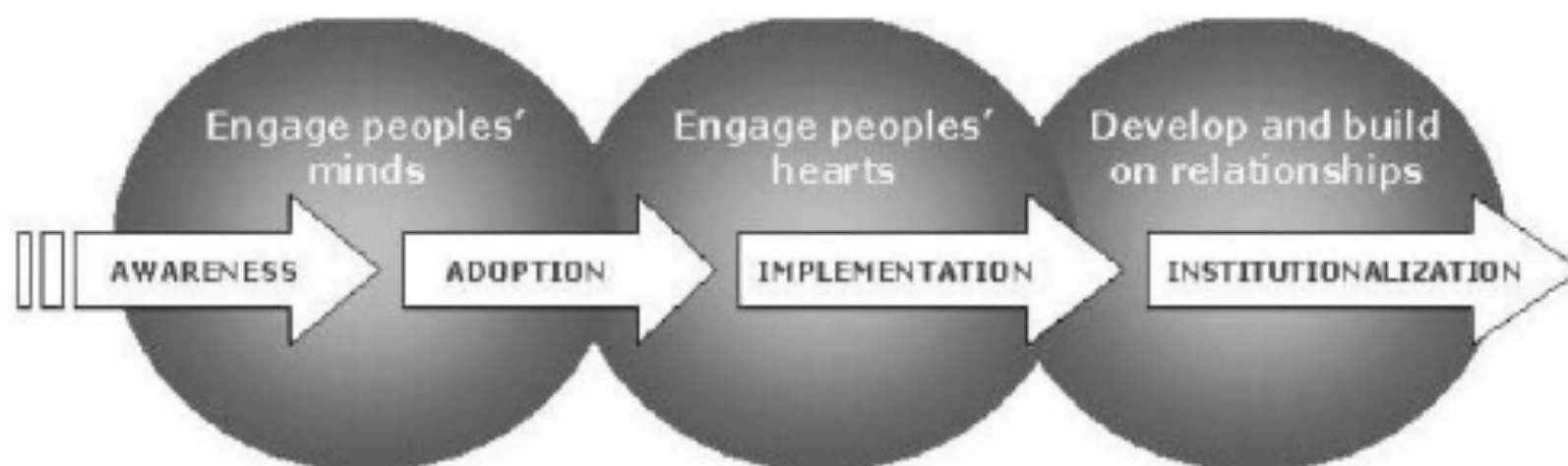
True desire on the part of leaders & staff to implement the change because it resonates with core values

Change arises as a result of “collective action by inspired and mobilized people”

**Penna et al. Rapid spread of complex change**  
**<http://www.biomedcentral.com/1472-6963/9/245>**



# FACILITATING RAPID SPREAD



Modified from Goodman RM, Steckler A, Kegler MC. Mobilizing organizations for health enhancement. In: Glanz K, Lewis FM, Rimer BK, eds. Health behavior and health education: theory, research, and practice. San Francisco: Jossey-Bass, 1997:287-312.

## REFERENCES

**Massoud MR, Nielsen GA, Nolan K, Schall MW, Sevin C. A Framework for Spread: From Local Improvements to System-Wide Change. IHI Innovation Series white paper. Cambridge, MA: Institute for Healthcare Improvement; 2006. (Available on [www.IHI.org](http://www.IHI.org))**

**<http://www.ihl.org/IHI/Topics/Improvement/ImprovementMethods/HowToImprove/>**

**[http://www.biomedcentral.com/  
1472-6963/9/245](http://www.biomedcentral.com/1472-6963/9/245)**

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## QUESTION?

What can you do in Nova Scotia to support change that will

- Improve outcomes
- Improve patient and provider satisfaction
- Reduce costs to the health care system ?
- (Triple Aim)



# QUESTIONS?

**Dr Doris Barwich**  
**[dbarwich@ihsts.ca](mailto:dbarwich@ihsts.ca)**

