Leading the charge to improve End of Life Care

NSHPCA Challenge Panel

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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

Bereavement Care

Disease-modifying therapies

Palliative Care Approach

Diagnosis made of life-limiting illness

Illness trajectory

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

- **Complexity of patient need**
  - **Complex**
  - **Intermediate**
  - **Primary care**

- **Level and role of specialist palliative care**
  1. **Primary palliative care**
     - Provide learning and development opportunities for primary and secondary care providers
  2. **Consultation – liaison**
     - Provide consultation and advice to primary and secondary care providers
  3. **Shared care**
     - With primary and secondary providers
  4. **Direct care**
     - In the community and in designated beds

Palliative Care Australia
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

Engage peoples’ minds
AWARENESS
Adoption
Engage peoples’ hearts
IMPLEMENTATION
Develop and build on relationships
INSTITUTIONALIZATION

REFERENCES


http://www.ihi.org/IHI/Topics/Improvement/ImprovementMethods/HowToImprove/

http://www.biomedcentral.com/1472–6963/9/245
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?

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