

**Planning for Action in Nova Scotia:
Integrated Palliative Care
NSHPCA Conference
May 10, 2014**

Vision & Goal for Palliative Care in NS

Vision:

All Nova Scotians have access to integrated, culturally competent, quality Palliative Care services in a setting of their choice.

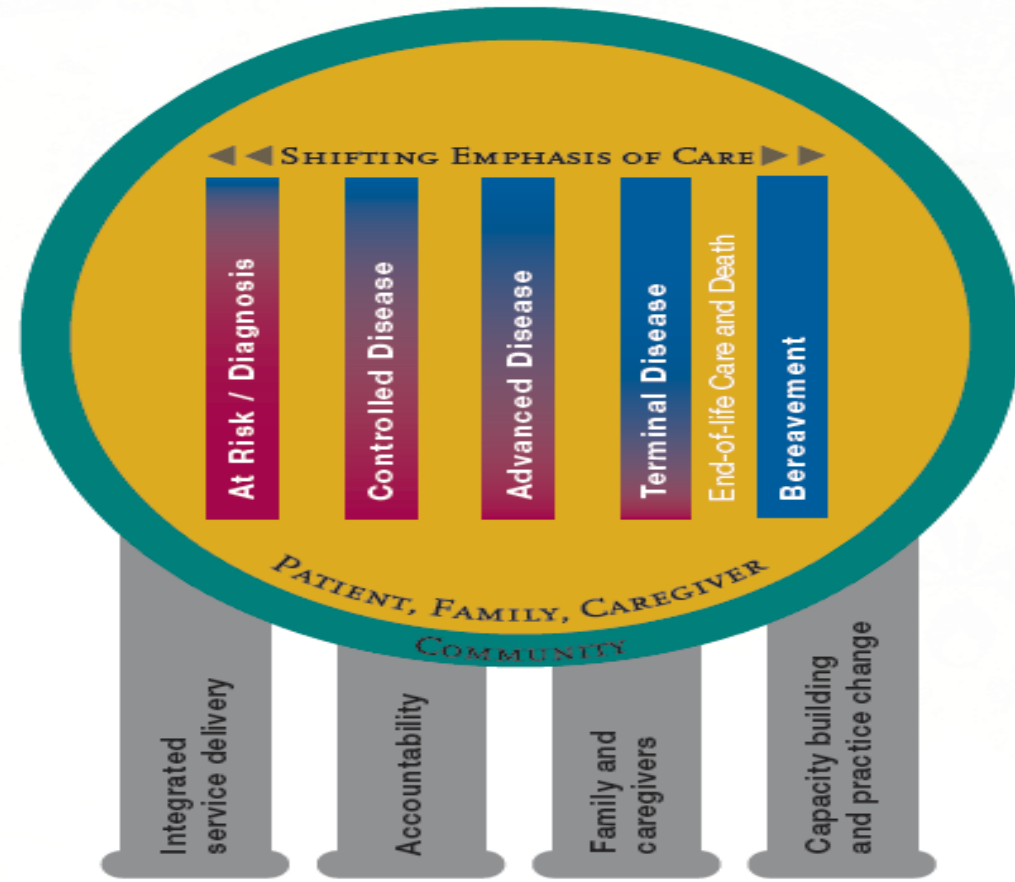
Goal:




To ensure Nova Scotians can access a range of services, and utilize available resources in the most cost effective manner.

The Integrated Palliative Care Plan

- Integrated palliative care approach means discussing and reviewing the goals of care early and often
- Approach is rooted in primary health care where the relationship between patient and provider is established
- Integrated approach recognizes that palliative care is synonymous with hospice palliative care

The Framework of Palliative Care for NS



-  CHRONIC DISEASE MANAGEMENT
-  PALLIATIVE APPROACH
-  FOUR PILLARS ANCHOR FRAMEWORK

Pillars of the Integrated Palliative Plan

Four pillars anchor the plan for palliative care:

Integrated service delivery: services will cross the continuum of care

Accountability: shared accountability between DHW and DHA's

Family and caregivers: person centered care means having appropriate supports

Capacity building and practice change: enhance capacity in all settings, consider international and national trends in providing care

Recommended actions under the pillars:

1. Integrated service delivery

Actions: develop partnerships and linkages among care providers, build inter-professional teams, build capacity for supporting home deaths across the province

2. Accountability:

Actions: establish a provincial palliative care advisory committee to ensure ongoing support of the integrated plan, establish a governance structure to provide leadership for implementation of the palliative plan

Recommended actions (cont'd)

3. Family and caregivers:

Actions: establish a consistent process to ensure patients/family members are involved in the care planning, develop a caregiver assessment tool to assess the needs and capacity of each caregiver

4. Capacity building and practice change:

Actions: develop materials for public education,