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,