Ontario Finance Committee Pre-budget Submission

ADDRESSING HALLWAY MEDECINE: BUILDING SYSTEM-WIDE PALLIATIVE CARE CAPACITY

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On behalf of

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Hallway Medicine a Growing Concern

Overcrowding in many of Ontario's biggest hospitals has become commonplace, with hallway medicine being the new norm. The chronic nature of this issue is unsustainable for patients and for the people working in these settings. Canada's ageing demographic will continue to exert greater stress on the health care system.

Freeing up hospital beds that are occupied by patients who would be better served in other settings of care is part of the solution but overcrowding also exists in long-term care homes, and home care supports are not widely available.

In an analysis conducted by Health Quality Ontario, emergency department visits are on the rise, especially among those with serious conditions, with a 26% increase to 4.1 million from 3.3 million.[1]

The government's council tasked with improving health care and ending hallway medicine released its first interim report which stated that "the system does not have the appropriate mix of services, beds, or digital tools to be ready for the projected increase in complex care needs and capacity pressures in the short and long-term" and a need for "more effective coordination at both the system level, and at the point-of-care".

Ontario's implementation of the innovative Ontario Health Teams presents a unique opportunity to build and integrate palliative care capacity, decrease hallway medicine and shift the continuum of care to better support patients and families. A critical success factor for this long-term health reform that will bring together hospitals, home-care agencies, long-term care facilities and paramedic services to serve the health needs of a given population will be to ensure that capacity building efforts include ensuring primary- or generalist-level health care professionals have the knowledge and skills to meet the palliative care needs of a growing cohort of aging patients to minimize unnecessary visits to the hospital.

Investment in Pallium's Innovative Approach to Building System Capacity

The Federal investment in Pallium Canada has generated a significant return on investment. Results from a two-year evaluation study have demonstrated that Pallium's work has changed how palliative care is provided, positively influenced cultures within teams and settings of care, and supported transitions in care for patients and their families.

We also have data that shows how Pallium has helped significantly lower emergency room visits and hospital bed days and supported many patients' desire to remain at home. Not only is Pallium Canada ensuring that health care professionals acquire the skills and knowledge they need to provide better palliative care, we are also ensuring this knowledge is being put into action. Pallium is changing the continuum of care.

Recognizing that community helps to create a wrap-around effect to better support the patient and family dealing with a diagnosis pertaining to a life-limiting and/or life-threatening illness, Pallium Canada is also building capacity in communities by supporting the creation of

[1] https://www.hqontario.ca/System-Performance/Yearly-Reports/Measuring-Up-2018/hospital-overcrowding

compassionate communities and providing resources to engage faith-based communities and support positive culture change in workplaces.

Pallium Canada Profile

Pallium is a national, evidence-based non-profit organization focused on building professional and community capacity to help improve the quality and accessibility of palliative care in Canada.

Pallium builds primary- or generalist-level capacity by ensuring health care professionals have a core set of competencies to provide timelier and better palliative care to patients and families.

Pallium transforms practice by equipping health care professionals with the knowledge, resources and quality improvement tools to improve the care they deliver and influence the settings in which they work. This is achieved through its interprofessional *Learning Essential Approaches to Palliative Care (LEAP)* courseware and clinical decision-making aids, which are accredited by leading Canadian professional organizations. Since 2014, over 28,000 healthcare professionals working in different settings have been trained on LEAP.

Pallium has leveraged federal seed grants, initiated with the visionary support of then Finance Minister Jim Flaherty, to develop courseware and teaching aids, including resources and knowledge, that can be harnessed for large-scale deployment. It has, for example, developed self-sustaining, cost-recovery models to reach professionals in practice, i.e., doctors, nurses, paramedics and other health care providers. It has also trained and certified over 900 LEAP educators across Canada; a major resource that can be mobilized in different ways, including deploying quality improvement initiatives in Ontario.

Research undertaken by Pallium and its partners demonstrates the impact of its work. A recent study of over 7,000 health care professionals who participated in LEAP courses over 2 years shows significant improvements in their knowledge, attitudes and comfort related to the provision of palliative care. Tens of thousands of examples were provided of how learners have implemented the knowledge they acquired, directly benefiting patients, families and the healthcare system.

In Nova Scotia and PEI, training of paramedics resulted in significantly reducing patient transfers from home to emergency departments and hospital transfers by 20% and 32%, respectively – and redirected that care back into the community. This training resulted in increased patient satisfaction, greater comfort for first responders, more efficient use of EMS resources, and in Nova Scotia, an estimated net cost savings of $2.5 Million.

Beyond training and professional development, Pallium is a systems improvement and change agent and has begun working with provinces to embed the palliative care approach – an evidence-based best practice – to increase workforce readiness, act as a catalyst for quality improvement, and help mobilize the community as a key partner in palliative care, bridging the divide between the health care sector and the community.

Pallium Canada's Funding Requests

1 Building Province-Wide Palliative Care Capacity

The demand for high-quality palliative care will increase with the ageing population, the growing number of patients with life-limiting chronic conditions and complex care needs, and advances in healthcare promising life-prolonging possibilities.

Ensuring that all those in need have timely access to high-quality palliative care is challenging. It is estimated that 90% of Canadians in the final stages of life could benefit from palliative care. However, the health system is currently unable to provide palliative care to 70% of those in need. Many jurisdictions across Canada continue to report sub-optimal access to palliative care.[2]

Jurisdictions with high levels of access to palliative care are characterized by a strong primary-level palliative care base, supported by robust secondary- and tertiary-level palliative care services (specialist-level palliative care).[3]

Given the right conditions, including acquiring fundamental palliative care skills and support provided by palliative care teams, health care professionals such as family physicians, nurses and specialists working in many different specialty areas can provide high quality primary-level palliative care.[4,5,6,7]

It is therefore imperative that health care professionals working in these different settings and caring for patients with many different life-threatening and life-limiting illnesses are equipped with essential, basic palliative care skills, also referred to as the palliative care approach.

Pallium transforms practice by equipping health care professionals with the knowledge, resources, and quality improvement tools to improve the care they deliver and influence the settings in which they work. Pallium's work supports integration of a common set of palliative care competencies and skills, ensuring consistent palliative care delivery across systems and settings.

Pallium Canada takes a system-wide approach to maximize impact and effect meaningful change. Firstly, the approach recognizes that patients with palliative care needs are cared for by people from many different professions, settings and specialty areas. Secondly, it affirms that

[2] The Way Forward National Framework: Roadmap for an Integrated Palliative Approach to Care. A national consensus document. Canadian Hospice Palliative Care Association 2015. Available at http://www.hpcintegration.ca/

[3] Murray SA, Firth A, Schneider N, et al . Promoting palliative care in the community: production of the primary palliative care toolkit by the European Association of Palliative Care Taskforce in primary palliative care. Palliat Med . 2015 Feb;29(2):101-11

[4] Michiels E, Deschepper R, Van Der Kelen G, Bernheim JL, Mortier F, Vander Stichele R, et al. The role of general practitioners in continuity of care at the end of life: a qualitative study of terminally ill patients and their next of kin. Palliat Med. 2007;21(5):409–15.

[5] Neergaard MA, Vedsted P, Olesen F, Sokolowski I, Jensen AB, Søndergaard J. Associations between home death and GP involvement in palliative cancer care. British Journal of General Practice 2009;59:671-677. DOI:10.3399/bjgp09X454133

[6] Almaawiy U, Pond GR, Sussman J, Brazil K, Seow H. Are family physician visits and continuity of care associated with acute care use at end-of-life? A population-based cohort study of homecare cancer patients. Palliat Med. 2014 Feb;28(2):176–83

[7] Seow H, Brazil K, Sussman J, Pereira J, Marshall D, Austin PC, et al. Impact of community based, specialist palliative care teams on hospitalisations and emergency department visits late in life and hospital deaths: a pooled analysis. BMJ. 2014 Jun 6;348:g3496

palliative care is everyone's business and is not the sole responsibility of a small group of palliative care specialist physicians or nurses. A strong primary- or generalist-palliative care base is required to initiate and provide a palliative care approach in order to meet the growing demand for palliative and end-of-life care and the needs of patients.

Studies have shown that currently many primary care providers feel ill-prepared to provide this care and that training and education is required to increase the knowledge and comfort of these care providers[8]. These primary- or generalist-care providers would be able to access support through consultation or shared care models by "palliative care specialist teams", who are occasionally needed to take over care if patient needs are highly complex.

It is also important to build basic palliative care approach competencies among physicians, nurses and other health care professionals working in other settings (including acute care) and specialty areas (e.g. oncology, internal medicine, nephrology, cardiology, pulmonology, emergency medicine, long term care, critical care) since they will often be managing the patients' care and may initiate palliative care and manage transitions of care. Health care workforce readiness to provide palliative care is therefore required across many different settings of care and specialty areas.

Further investment is required to significantly scale the training and development of health care professionals on the palliative care approach in order to reach a critical level that results in systemic change, increasing access to palliative care and improving the quality of care provided to patients and their families.

2 Funding for Sustainable Capacity Building in Ontario's Paramedic Services

Building capacity to provide palliative care among Ontario's paramedics represents a key opportunity to improve access to palliative care at home for the people of Ontario and to reduce hallway medicine by minimizing unnecessary transfers to hospital.

Only 15% to 30% of Canadians, (the majority living in Ontario) having access to palliative care services and when patients and families experience a sudden change in care or gaps in access, they turn to 911 to get the support they need.[9] The traditional emergency medical service response is to transport these patients to emergency departments. This puts palliative patients in a care setting where they don't want to be (the vast majority would rather be at home) and increases burden on already overcrowded hospitals.[10]

Between 2015 and 2016, Pallium partnered with the provinces of Nova Scotia and PEI and other federal partners to design and implement an innovative program to build the needed capacity for paramedics to provide palliative care at home, which included providing LEAP training to all 1,400+ paramedics in NS and PEI. This province-wide initiative increased comfort in providing palliative care among paramedic first-responders, improved satisfaction of patients and families, and reduced unnecessary transfers to hospital by 20% and 32% in NS and PEI

[8] The Way Forward National Framework: Roadmap for an Integrated Palliative Approach to Care. A national consensus document. Canadian Hospice Palliative Care Association 2015. Available at http://www.hpcintegration.ca/

[9] The Way Forward National Framework: A Roadmap for an integrated palliative care approach to care. Canadian Hospice Palliative Care Association. March 2015. Last accessed 29 December 2017

[10] Canadian Hospice Palliative Care Association. What Canadians Say: The Way Forward Survey Report. December 2013

respectively.[11,12] For Nova Scotia, this system change resulted in a savings of over $2.5M in its first year.[13]

The success of this project has led to a scale-up of this innovative system change across the country and Pallium has partnered with provinces and paramedic services from coast to coast to build paramedic capacity in palliative care. In 2019, over 2,000 paramedics were trained across the country in LEAP paramedic, including all 1,000 paramedics in New Brunswick, and Pallium has partnered with British Columbia to develop a customized LEAP Paramedic that will be available to all 4,000 of their paramedics.

During the same period, less than 600 of the over 8,000 paramedics in Ontario have received the same training. A lack of dedicated, reliable funding has prevented or delayed paramedic services across the province from implementing this proven solution. The result is that the majority of paramedics continue to respond to 911 calls for palliative patients without the necessary knowledge and skills to provide the appropriate care. Through our current partnerships with Ontario paramedic services, we are having some early success, but the current reality is that only small pockets of Ontario's population have access to paramedic palliative care services that help people to die at home as per their wishes.[14]

Further investment is required to provide all paramedic services across Ontario with the funding necessary to fully scale-up training on the palliative care approach and implement policy and procedural changes so that all 8,000+ paramedics can comfortably provide palliative care at home.

Training of the current paramedic workforce is critical and urgently needed. However, turnover of the paramedic workforce is as high as 25% annually, which presents unique sustainability challenges for any training and quality improvement initiative.[15] Other provinces have successfully implemented LEAP into their college training programs for some health care professions as a key strategy to ensure long-term sustainable growth of palliative care capacity. In Ontario, funding and policy change is also needed to catalyze the adoption of standardized LEAP education into Ontario paramedic college programs.

Conclusion

The Ontario Conservative government is wisely investing in much needed health care infrastructure (i.e. buildings and bed) in order to address the growing needs of an aging province.

The palliative care challenges facing Ontario are monumental. We at Pallium recognize that our leadership on this issue can be a major part of the solution for this government as we help build health care capacity, transform practice, integrate consistent palliative care delivery across systems and settings, and help support transitions in care for patients and families.

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[11] Carter AJE, Arab M, Harrison M et al. Paramedics Providing Palliative Care at Home: Patient and Family Satisfaction with a Novel Model. PEC 2018; 22(1):101-150.

[12] Carter AJE, Arab M, Harrison M et al. Paramedics Providing Palliative Care at Home: Paramedic Comfort and Confidence Providing Palliative Care. PEC 2018; 22(1):101-15

[13] Paramedics Providing Palliative Care at Home, CFHI and CPAC, September 2017

[14] https://www.pallium.ca/story/empowering-paramedics-to-provide-patient-centred-palliative-care/

[15] AAA / Avesta 2018 Ambulance Industry Employee Turnover Study

This will help to ensure health care providers throughout Ontario acquire the essential skills in palliative care so that those in need – whether at home, in hospital, in long-term care, or in hospice – are not left out of receiving quality care while waiting for more buildings and beds.

The federal government's investment in Pallium has already paid tremendous dividends. Pallium is now well positioned to leverage its successes and current infrastructure to provide leadership in palliative care practice through its collaborative pan-Canadian and Ontario-wide network and partnerships.

This allows us to mobilize positive systemic change across Ontario and focus attention on:

- Building professional capacity and transforming practice and settings of care;
- Reducing visits to the emergency room and use of ICU beds;
- Catalyzing the creation of compassionate communities and working with community partners to support the transitions of care into the community;
- Building capacity in rural and remote areas;
- Ensuring Indigenous communities receive the palliative care they need that is culturally safe, and;
- Addressing the needs of official language minority communities.