

REFINED Ontario Palliative Care Network Action Plan Priorities for FY 2021/2022

The immediate focus for the OPCN is to support COVID-19 planning and management efforts.

The OPCN will continue to progress on the priority areas below where possible, and leverage OPCN tools and resources to support the COVID-19 response.

Action Area A: Enhancing Patient and Caregiver Engagement in Hospice Palliative Care

A3. HPCO will continue to develop and update materials to support patients, caregivers, substitute decision makers, and providers to engage in Person-Centred Decision-Making in alignment with Ontario's legal landscape, and the Quality Standard for Palliative Care.

A4. Each RPCN will work with local partners (i.e. hospice palliative care providers, OHTs, and others) to help patients and their caregivers understand the services that are available to meet their needs.

Action Area B: Aligning the Planning for Hospice Palliative Care across the Province

B1. Each RPCN will develop, submit to EO, and regularly report on an annual work plan. The work plan will be aligned with the Action Plan to guide the regional implementation activities, ensure alignment with other regional and provincial work, and ensure engagement of the appropriate populations in planning and implementation.

B2. Each RPCN will engage with First Nations, Inuit, Métis, and urban Indigenous communities to jointly identify gaps in hospice palliative care and develop culturally safe recommendations to inform future annual work plans.

B3. The OPCN will engage and plan with First Nations, Inuit, Métis and urban Indigenous organizations to jointly identify gaps in hospice palliative care and make recommendations to inform future annual work plans and ensure alignment with the Action Plan.

B4. Each RPCN will engage with Francophones in an equitable manner to identify gaps in hospice palliative care and develop recommendations to inform future annual work plans. B6. Each RPCN will identify vulnerable populations within its catchment area (e.g. paediatric and homeless populations) and engage them and their families/caregivers to identify gaps in hospice palliative care to inform future annual work plans.

B8. The OPCN Secretariat will develop an annual provincial work plan aligned with the Action Plan, to guide the provincially focused activities

Action Area C: Enabling Early Identification of People Who Would Benefit from Hospice Palliative Care

*C2. To support system planning, DIAC will use administrative data sets to produce refined provincial and regional estimates of the number of people that would benefit from hospice palliative care; this will be updated annually.

*C4. Each RPCN will promote the uptake of the tools recommended in the OPCN's Tools to Support Earlier Identification for Palliative Care to encourage broad scale implementation across care settings. C7. DIAC and CAC will work with digital health delivery organizations to leverage digital health solutions to support earlier identification of people who would benefit from palliative care.

Action Area D: Establishing Palliative Models of Care to Increase Access and Enable Adoption of the Quality Standard

D3. The OPCN will plan for the development of new funding mechanisms to support palliative care delivery in Ontario, and will provide future recommendations to MOH and appropriate professional bodies.

D4. Each RPCN will work with local partners (i.e. hospice palliative care providers, OHTs, and others) to plan for and implement the Palliative Care Health Services Delivery Framework recommendations.

Action Area E. Identifying and Connecting Hospice Palliative Care Providers

E3. The OPCN Secretariat will work with the Ontario e-Consult Program and the Ontario Telemedicine Network to increase the use of the provincial eConsult platform and virtual visits to improve access to palliative care.

Action Area F: Building Provider Competencies in Hospice Palliative Care

F5. Each RPCN will develop and incorporate in their regional work plan, educational strategies that focus on building palliative care competencies among health care providers.

F6. The OPCN Secretariat will work with stakeholders to encourage uptake and implementation of the Ontario Palliative Care Competency Framework.

Action Area G: Measuring and Reporting on our Progress

G1. DIAC will develop provincial and regional measures and reports that will support planning and quality improvement and measure the impact of implementing the Action Plan. Progress at the provincial level will be reported to OPCN stakeholders.

G2. Each RPCN will incorporate the findings of these reports as they develop their annual work plans.

*G3. DIAC will provide recommendations to improve the quality of data describing utilization, appropriateness and quality of palliative care services in Ontario focusing on alternative level of care tracking.

*G4. Provincial distribution of the CaregiverVoice Survey will be evaluated across settings of care with the intent to obtain a representative sample of end-of-life experiences for patients and their caregivers.

