



CANADIAN HOME CARE ASSOCIATION
2018 Home Care Summits®

goBEYOND

CHARLOTTETOWN, PEI
OCTOBER 1-2

ONSITE PROGRAM

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TOGETHER WE CAN DELIVER
BETTER PATIENT EXPERIENCES
BETTER OUTCOMES



We are uniquely able to provide comprehensive care plans provided by the **right professionals**, at the **right place**, at the **right time**.



CBI HEALTH GROUP

goBEYOND

WELCOME

The 2018 Home Care Summits® will challenge delegates to “go beyond” and collaborate to create solutions to common challenges facing all home care providers.

Integration: Achieving integrated, seamless community-based services through linkages with primary care networks, home care and multiple related community services.

Caregiver Support: Recognizing, valuing and supporting the vital role of family caregiver.

Palliative and End-of-Life Care: Implementing innovative operational practices to address specific service gaps and improve the quality, efficiency and accessibility of home-based palliative care.

Performance Management: Tracking and reporting performance indicators and supporting clinicians to use their expertise, patient experience and best available research in practice and care decisions.

On behalf of the Canadian Home Care Association Board of Directors, I welcome you to the 2018 PEI Home Care Summit and look forward to the stimulating discussions.

Alice Kennedy

Board Chair, Canadian Home Care Association

THANK YOU TO OUR SUMMIT PARTNERS



Canadian Foundation for **Healthcare Improvement**
Fondation canadienne pour **l'amélioration des services de santé**



MONDAY OCT 1



OPENING ADDRESS & KEYNOTE PRESENTATION **Live-streamed*

12:30 – 13:45

Location: Sir John A Ballroom

WELCOME AND OPENING ADDRESS

KATHLEEN CASEY, Deputy Speaker MLA for District 14: Charlottetown - Lewis Point

NADINE HENNINGSEN, Chief Executive Officer, Canadian Home Care Association

KEYNOTE PLENARY PRESENTATION

Going Beyond Integration: Venue Agnostic Quality Care

JOANNE CÔTÉ, Associate Director, Innovation, Integrated Health and Social Services University Network for West-Central Montréal (CIUSSS West-Central Montréal), Québec

ANTHONY MILONAS, Chief Operating Officer, CBI Health Group

In many health systems, integrated care is seen as a possible solution to the growing demand for improved patient experience and health outcomes of multi-morbid and long-term care patients. During the last decade different models and approaches to integrated care have been widely applied and documented. But can care processes and care protocols be applied across various care settings? If care is truly patient centred, it needs to be timely, accessible, safe, respectful of cultural aspects, effective and follow best practice and best quality. This plenary session will challenge the status quo and demonstrate two innovative models which have gone beyond integration concepts to access quality care without boundaries. The guest speakers will address key considerations for their unique models including: the importance of designing care around population needs, aligning wider health system functions and developing a change management strategy.

14:30 – 15:00 COFFEE BREAK



CONCURRENT PRESENTATIONS

14:00 – 15:00

MON-1 Building Accountability in Home Care: Lessons from interRAI Implementation

Location: Henry Room

AMY MANGONE, Manager Care Coordination-Home and Community Care, North East Local Health Integration Network
ANGELA MERREY, Program Lead, Home and Continuing Care, Canadian Institute for Health Information (CIHI)

For individuals living with chronic illness or disability, accessing multiple clinical and support services from various providers and in numerous settings is a common challenge. The interRAI suite of assessment tools are compatible assessment instruments that could be used across health care sectors. This session will explore the enablers and challenges of implementing the interRAI suite of tools in the home and community care setting. Examples of how the tools were introduced, applied, supported and used will be given. Participants will gain a greater understanding of the RAI-Home Care (HC) assessment, and how it can be used to determine client needs at the point of care, provide clinical outputs that inform and support care practices and enable population-based planning through data collection.



MON-2 Integrated Home Care and Primary Health Care: What Works? *Live-streamed

Location: Sir John A Ballroom

SHEILA ANDERSON, Executive Director, Primary Health Care, Integrated Urban Health, Regina Area, Saskatchewan Health Authority
PATRICIA COMFORT, Director, East Primary Health Care Network, Regina Area, Saskatchewan Health Authority
ALISON KERNOGHAN, Research/Knowledge Exchange Associate, Geriatric Health Systems Research Group, Faculty of Applied Health Sciences, University of Waterloo

Integrated home care and primary health care support individuals with chronic conditions and older adults living with a frailty by preventing hospital admissions and premature admissions into long-term facility-based care. Learn about a model of integrated primary health care that includes:

- › Recognition of the relationship between physical, mental, social and spiritual well-being.
- › A wide range of coordinated services including prevention, health promotion, home care, treatment and rehabilitation.
- › A team-based approach.
- › Linkages with agencies and organizations to address other factors influencing health (like housing, education, employment, income, social supports).
- › Inclusion of community members and service providers to plan and develop services.

MON-3 Spreading and Scaling Innovation: An INSPIRED Approach to Home-Based Care

Location: Johnson Room

CAROL ANDERSON, Executive Director, Continuing Care Edmonton Zone, Alberta Health Services
EVA MOL, Manager of Home Care Queens, Health PEI
CELINA MACLEOD, COPD Coordinator, Health PEI

The Canadian Foundation for Healthcare Improvement (CFHI) and Boehringer Ingelheim Canada Ltd. (BICL) helped 19 teams implement INSPIRED programs across 78 organizations to improve Chronic Obstructive Pulmonary Disease (COPD) care. This proactive program supports patients living with late-stage COPD, and their families, transition from the hospital into supported care in the community. Modelled on the INSPIRED COPD Outreach Program™ developed by Medical Director Dr. Graeme Rocker and his team of respiratory therapists and spiritual care practitioners at the Nova Scotia Health Authority in Halifax, INSPIRED delivers self-management support education, individualized action plans, home visits, and advance care planning where needed. This session profiles the work in Alberta and PEI in the INSPIRED COPD Scale Collaborative and how this is helping individuals receive the care and support they need in their homes and reduce hospital readmissions and emergency department visits.

A black and white photograph of two women, Carol Fancott and Angela Morin, smiling and embracing each other. Carol is on the left, wearing a dark jacket, and Angela is on the right, wearing a dark jacket and a bright blue patterned scarf. They are in an office setting with glass partitions in the background.

we're including patient partners

in the picture

Carol Fancott
CFHI Director, Patient
and Citizen Engagement
for Improvement

Angela Morin
CFHI Patient Partner

Let's make change **happen.**

CFHI works **shoulder-to-shoulder** with you to improve the health and care of all Canadians.

The Canadian Foundation for Healthcare Improvement is a not-for-profit organization funded by Health Canada.

cfhi-fcass.ca

A black and white photograph of two women, Lauren Walters and Anya Humphrey, smiling and leaning their heads against each other. They are both wearing bright yellow shawls. Lauren is on the left, and Anya is on the right. They are in an office setting with glass partitions in the background.

Le patient partenaire fait aussi

partie de l'innovation

Lauren Walters
agente de programme de la FCASS

Anya Humphrey
Conseillère auprès des patients

Agir pour **innov**er.

La FCASS travaille **main dans la main** avec vous afin d'améliorer les soins et la santé de tous le Canadiens et Canadiennes.

La Fondation canadienne pour l'amélioration des services de santé est un organisme sans but lucratif financé par Santé Canada.

fcass-cfhi.ca



PLENARY PRESENTATIONS **Live-streamed*

15:00 – 16:45

Location: Sir John A Ballroom

INNOVATION PANEL

Operational Excellence in Home-Based Palliative Care

Successful submissions to the Call for Innovation in home-based palliative care.

› **Integrated Palliative Care Approach in Home Care**

DIANE LIRETTE DOUCET, Manager, Extra-Mural Program, NB

A leading practice for assessment and care planning. The integrated clinical care delivery approach is a shared model integrating the Extra-Mural Program (EMP) and the Residential Hospice (RH) - privately owned and operated by the community hospice association, primary care and other community resources.

› **Whole Community Palliative Rounding: An Innovative, Collaborative Approach for Rural BC**

ELISABETH ANTIFEAU, Regional Clinical Nurse Specialist, Palliative Care, Interior Health, BC

A leading practice in effective communication. Population-based “Whole-Community Palliative Rounds” is used in rural communities to facilitate a process for inter-professional sharing of collective clinical expertise and knowledge to address the immediate palliative care needs of persons and families.

› **Reducing the Silo Mentality**

CHRISTINE DEGAN, Nurse Practitioner, Senior Persons Living Connected-GAIN Clinic, ON

A leading practice for effective communication. This innovation builds collaboration between established health care programs who traditionally work in silos, to provide seamless palliative care to a population of frail seniors that have not previously been able to access palliative care services.

› **Telepalliative Care**

LISA SHISHIS, Project Manager, Telepalliative Care, Champlain Palliative Care Program

A leading practice for assessment and care planning. Co-designed with the Ontario Telemedicine Network this virtual approach to palliative care supports timely symptom assessment for adults across the region who prefer to receive care in their home.

KEYNOTE PRESENTATION

Innovation and Evidence – A Journey, not a Destination

ALICE KENNEDY, Board Chair, Canadian Home Care Association (CHCA), CEO and Registrar for the Newfoundland Council of Health Professionals

CONNIE HARRIS, Wound Healing and Tissue Repair Clinical, Education and Research Consultant, Perfuse Medtec Inc.

Launched in 2017, the CHCA three-year strategic plan reflects the priorities of our members and sets out a roadmap to address the current and future challenges facing home care in Canada. This plenary will share the achievements in three strategic areas - people, programs and policy. In addition to the national directions and projects, the keynote speakers will explore the evolution of innovation in home care, how evidence is informing decisions and the positive impacts that new approaches to care in the home is making on individuals' quality of life. A case example of how innovation should be introduced and disseminated will be shared. The journey to introduce the geko™ device sets a new standard for evidence development. The implementation utilized advanced methods including online learning modules that recognizes the challenges of traditional in-service training.

CHCA ANNUAL GENERAL MEETING & DELEGATE RECEPTION

17:00 – 18:30

Location: Tilley/Tupper Room

The Canadian Home Care Association (CHCA) is a catalyst for advancing excellence in home and continuing care. On behalf of our membership, the CHCA funds and manages projects that address pan-Canadian priorities in the home care sector. As a recognized and respected facilitator, the CHCA builds connections across the country and coordinates sharing of information and promising practices

Join the CHCA Board of Directors at our annual meeting to share the achievements of the past year and learn about the strategic initiatives planned for 2019. A cocktail reception will be held directly following the annual general meeting.

TUESDAY OCT 2

07:45 – 08:30 BREAKFAST (Outside Sir John A Ballroom)



KEYNOTE ADDRESS & PLENARY PRESENTATION **Live-streamed*

08:30 – 10:30 Location: Sir John A Ballroom

Work Inspired

BILL CARR, *Communication Expert | Award-Winning Humourist*

In this keynote presentation Bill explores research into how the brain works and how we can use this knowledge to create an environment that will nurture a creative response to change and keep a healthy perspective in unhealthy times. Bill focuses on empathy and what he calls “contagious inspiration” and discusses how nurturing the relationship with ourselves and others can re-wire our neuro-pathways and change surviving into thriving and tragedy into strategy.

INNOVATION PANEL

Operational Excellence in Home-Based Palliative Care

Successful submissions to the Call for Innovation in home-based palliative care.

› **Integrated Palliative Care Approach in Home Care**

ANDREA DAVID, *Regional Manager, Client Services, VHA Home HealthCare*

A leading practice for effective communication. An interdisciplinary, interdepartmental team model comprised of the client and their family/caregiver(s), palliative trained nurses and personal support workers (PSWs) that is strategically designed to encourage and promote communication.

› **End-of-Life Symptom Management Kit for use at Home in Rural Northwestern Ontario**

LEAH HABINSKI, *Nurse Practitioner, North West Local Health Integration Network, ON*

A leading practice in supplies, equipment and medication management. Designed using best practice and evidence-based research, this is a standardized palliative symptom management kit which includes necessary medications and medical supplies required to treat the most common end-of-life symptoms.

› **Virtual Palliative Care: Right Patient, Right Time, Right Place, Right Care**

BONNIE KEATING, *Clinical Nurse Specialist, William Osler Health Centre, ON*

A leading practice for assessment and care planning. The RELIEF (Remote self-reporting of symptoms by patients) application allows for patients with palliative care needs to self-report their symptoms daily, in their homes, using electronic standardized assessment tools. Their status is monitored in real time and thus allows for more timely and appropriate responses by health care providers.

› **Spectrum Health Care's Operational Excellence in MAiD**

RUTH CARTWRIGHT, *Nursing Program Manager*

A leading practice for effective communication. Build on three core perspectives - patient/caregiver, provider and system; this MAiD (medical assistance in dying) program uses clear protocols, procures and rigorous training to support community nurses and team-based care.

10:30 – 11:00 COFFEE BREAK



CONCURRENT PRESENTATIONS

11:00 – 12:00

TUE-1 Building Community Capacity: Strategies to Integrate Community Paramedics

Location: Henry Room

TOM DOBSON, Paramedic, Nova Scotia Emergency Medical Care

RYAN KOZICKY, Director, Alberta Health Services EMS Mobile Integrated Healthcare

Inclusion of community paramedics in home and community-based models is an emerging trend across the country. This innovative model of care helps to improve access to additional support services for seniors and patients with chronic health and social issues and decrease the number of unnecessary emergency room visits. Through the development and expansion of these programs, policy and program planners are addressing key considerations such as scope of practice, training, communication, team-based care and integration with existing home care and primary health care models. This session will profile the mobile integrated health program in Alberta and the expansion of the community paramedicine program in Nova Scotia.

TUE-2 TeamSTEPPS Canada™ – Optimizing Communications in Home and Community Care

Location: Johnson Room

TRICIA SWARTZ, Patient Safety Improvement Lead, Canadian Patient Safety Institute

CLAIRE HALL, Communications and Engagement Lead, Canadian Home Care Association

Improve safety and transform culture in home care through better teamwork, communication, leadership, situational awareness and mutual support. This session will introduce TeamSTEPPS Canada™, an evidence-based teamwork system that optimizes patient care by improving communication and teamwork skills among the health care team. Explore how the ready-to-use materials and a training curriculum can be customized to the home setting and provide input into how best to implement this exciting program.



TUE-3 Enabling Evidence-Informed Decision-Making *Live-streamed

Location: Sir John A Ballroom

DAWN MOYNIHAN, Director Corporate Planning, Strategy and Transformation, CBI Health Group

MARJORIE INGJALDSON, Director of Navigation and Flow, Regina Area, Saskatchewan Health Authority

Monitoring and reporting on the experience and outcomes of patient care is a priority for home care programs across the country. Measurement frameworks are complex, with many interconnected and related components. Session will feature the quality dashboard designed by CBI Health Group a national health service provider. The CBI dashboard is a custom data management system that supports straightforward decision making by clinical teams and operational users. The second presentation will showcase work currently underway in Regina to implement an accountability framework that includes health system inputs, activities, outputs, and outcomes/impacts.

12:00 – 13:00 LUNCHEON



A Bold New Direction

Patient Safety

RightNow

We know the challenges around patient safety.
Now is the time to take action and implement solutions.

By working together, we can achieve our vision to ensure Canada
has the safest healthcare in the world. **How?**

- By inspiring and advancing a culture committed to sustained improvement for safer healthcare
- Through shared strategies based on demonstrating what works
- By strengthening our commitment to improved results – nationwide



Implement



Evaluate



Raise the Profile



Transparency



Share with Purpose



Commitment

Learn more about Patient Safety RightNow at patientsafetyinstitute.ca



Un Virage Audacieux

La sécurité
des patients

maintenant

Nous connaissons les défis associés à la sécurité des patients. Il est
maintenant temps de passer à l'action et de mettre en œuvre des solutions.

En travaillant tous ensemble, nous concrétiserons notre vision : un Canada offrant les soins
de santé les plus sécuritaires au monde. Comment allons-nous y parvenir?

- En inspirant et en favorisant une culture axée sur l'amélioration continue pour des soins de santé plus sécuritaires
- En adoptant des stratégies communes mettant en lumière les mesures concluantes
- En raffermissant notre engagement envers l'amélioration des résultats partout au pays



Mettre en œuvre



Évaluer



Accroître la visibilité



Transparence



*Partager dans
un but précis*



Engagement

Pour en savoir plus sur la campagne La sécurité des patients,
une priorité immédiate, visitez le patientsafetyinstitute.ca/fr





PLENARY PRESENTATION **Live-streamed*

13:00 – 14:00 Location: Sir John A Ballroom

INNOVATION PANEL

Operational Excellence In Home-Based Palliative Care

Successful submissions to the Call for Innovation in home-based palliative care.

› **Access to Advice and Advance Care Planning – An Edmonton Perspective**

CAROL ANDERSON, Executive Director, Continuing Care Edmonton Zone, Alberta Health Services

A leading practice in including advance care plans into care delivery. Advance Care Planning/Goals of Care, the collaboration with Community Emergency Medical Services with an Assess Treat & Refer program, and new ways of accessing technology and caregiver feedback will be presented.

› **Cost Benefit of Elastomeric Infusors in a Residential Palliative Care Setting**

MICHELLE PARKER, Nurse Coordinator, The Hospice of Windsor and Essex County, ON

A leading practice in supplies, equipment and medication management. This initiative examined the cost associated with using elastomeric infusors (not CADD pumps) and compared it to the cost of regularly administered medications by conventional methods. Aspects considered include nursing time, supply usage, and medication wastages.

› **The Integration of Palliative Home Care Services and Acute Care Teams in the Provision of Medical Assistance in Dying in the Community**

GENEVIEVE LALUMIERE, Manager, Palliative Care Programs, Champlain Local Health Integration Network, ON

A leading practice for effective communication. In 2016, the Champlain LHIN Palliative Home Care Program joined forces with The Ottawa Hospital (TOH) in order to provide MAiD to palliative patients in the community. Palliative home care services now support acute care physicians in offering MAiD in the community, resulting in care that is more patient-centered and with improved communication.

› **The INSPIRED COPD Outreach Program™: Role of the Advance Care Planning Facilitator**

CATHY SIMPSON, PhD, Dalhousie University, Advance Care Planning Facilitator

A leading practice for effective communication. As part of the INSPIRED COPD Outreach Program a trained advance care planning facilitator provides in home psychosocial/spiritual support, assisting patients/families in completing personal directives if desired.

14:00 – 14:30 COFFEE BREAK



CONCURRENT PRESENTATIONS

14:30 – 15:30

TUE-4 Governance and Accountability

Location: Henry Room

EVANGELINE HALLAM, New Brunswick Extra-Mural

GINETTE PELLERIN, Vice President of Operations, New Brunswick Extra-Mural

New Brunswick will share their journey regarding the development of an accountability framework to ensure statistical and financial reporting that supports strategic planning, continuous quality improvement, and financial management, and is designed to support safe, coordinated, standardized provincial home health care services for New Brunswickers. This presentation will provide an overview of the governance and accountability frameworks in place, the history of how appropriate metrics were selected to measure success, and how the accountability framework provides direction at all levels.



Join us November 13-14 at the Westin Montreal as we engage in a national conversation about digital health. The conference will once again take place during Digital Health Week, November 12-18, which celebrates the way digital health is transforming the delivery of care across the country.

Featured Speakers Include:



Michael Green

President and CEO
Canada Health Infoway



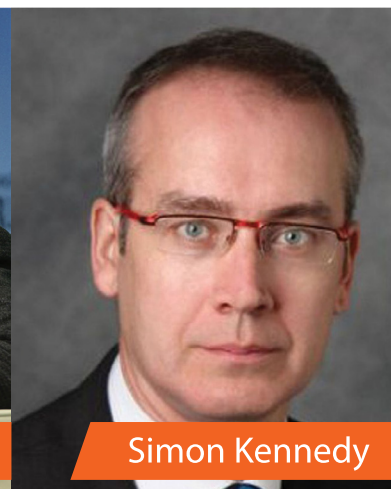
Julie Drury

Chair
Ontario Minister's Patient
and Family Advisory Council



Tim Kelsey

Chief Executive Officer
Australian Digital Health
Agency



Simon Kennedy

Deputy Minister
Health Canada

Early bird ends October 2. Register today!
www.infoway-inforoute.ca/partnership



#ThinkDigitalHealth

TUE-5 Building Capacity in Home, Community and Primary Health Care

Location: Johnson Room

DEBORAH SIMON, Chief Executive Officer, Ontario Community Support Association

SUE DAVIDSON, Director of Training, Ontario Community Support Association

LeaderShift is an exciting, new cross-sector initiative focused on capacity building in community and primary health care. Through a unique collaboration between home care, community support, mental health, addictions and primary health care organizations in Ontario, this innovative learning series aims to:

- › Foster linkages between community and primary health care organizations
- › Build leadership capability at all levels through cross-sector learning opportunities
- › Encourage leadership renewal as existing leaders prepare to retire
- › Inspire active leadership in system transformation

This session will showcase the collaborations and customizations of the internationally recognized LEADS Learning Series for leaders in community and primary health care.



TUE-6 Integrated Home Care and Primary Health Care in BC: From Policy to Practice

*Live-streamed

Location: Sir John A Ballroom

KATHY CHOUINOR, Strategic Advisor, Seniors Services, BC Ministry of Health

LISA ZETES-ZANATTA, Executive Director, New Westminster and Tri-Cities Communities, Eagle Ridge Hospital, Centralized Home Health Services, Regional Home Health Network, Fraser Health Authority

ALISON KERNOGHAN, Research/Knowledge Exchange Associate, Geriatric Health Systems Research Group, Faculty of Applied Health Sciences, University of Waterloo

The B.C. government is launching a new primary health strategy to deliver faster and improved access to health care for British Columbians in all parts of the province. The core of the strategy is a new focus on team-based care and improving coordination and connections so that individuals can receive the care they need, closer to home. This session will share the key policy planks that are setting the foundation for the provincial shift and highlight the operational and clinical strategies needed to make this vision a reality.



FINAL KEYNOTE PLENARY *Live-streamed

15:30 – 16:30 Sir John A Ballroom

Pan-Canadian Catalysts: National Organizations are Helping to Make Home Care Better

WAYNE MILLER, Senior Program Manager, Canadian Patient Safety Institute

FRASER RATCHFORD, Group Director, ACCESS e-Services, Canada Health Infoway

ADRIAN DALLOO, Manager, Home and Continuing Care Standards and Support, Canadian Institute for Health Information

Pan-Canadian health organizations are self-governed, non-profit organizations who receive most of their funding through the federal government. Three of these organizations—Canada Health Infoway, Canadian Patient Safety Institute and Canadian Institute for Health Information—are invaluable resources to the home and community care sector. This plenary session will share the strategic directions of each of these organizations and highlight key initiatives they are undertaking to respond to the challenges impacting home care policy and programming across the country.

- › Canada Health Infoway – ACCESS Atlantic, a bold initiative that will make it quicker and easier to access health services in Atlantic Canada.
- › Canadian Patient Safety Institute – building the foundation for a culture of safety through a holistic framework that supports measuring and monitoring.
- › Canadian Institute for Health Information – a focused set of indicators (endorsed by the FPT health ministers) to measure pan-Canadian progress toward improving access to home and community care.

SUMMIT CLOSE

Increased blood flow
generates a
natural healing response

gekoTM
wound therapy

Wound Therapy

Providing increased blood circulation to promote
wound healing naturally from the inside



The gekoTM Wound Therapy device **stimulates** the common peroneal nerve **activating** the calf and foot muscle pumps, increasing venous, arterial and microcirculatory blood flow.^{1, 2, 3}

The blood flow increase prevents and reduces edema⁴ and maintains TCpO₂ – promoting conditions favorable for wound healing.^{3, 5}

For further information on the gekoTM Wound Therapy device and the clinical evidence, please visit our website: www.gekowound.ca

Demonstrations / Ordering:

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Email: orders@perfusemedtec.com

1. Tucker AT et al. Int J Angiol. 2010 Spring;19 (1): e31-e37
2. Williams KJ et al. Phlebology. 2015 Jun; 30 (5): 365-72
3. Jawad H et al. 2014 Journal Vasc Surg. Vol 2: 160-65
4. Williams KJ et al. Poster. Vascular Society Annual Scientific Meeting, Glasgow November 2014
5. Warwick D et al. Int J Angiol. 2015 April: 34 (2): 158-65

Perfuse
Medtec



Building Operational Excellence: Home-Based Palliative Care focuses on meeting patient and caregiver expectations through the continuous improvement of the operational processes and the culture of the home care service provider organizations.

What is the project about?

Supported through a health funding contribution agreement from Health Canada, this 19-month project builds on “*The Way Forward: An Integrated Palliative Approach to Care*” by identifying innovative operational practices to address specific service gaps and improve the quality, efficiency and accessibility of home-based palliative care.

Why is it needed?

The project is a catalyst to improving operational infrastructure in home-based palliative care and enhancing access to better home care as outlined in the *Common Statement of Principles on Shared Health Priorities*, federal, provincial, and territorial governments.

What will the project address?

Through a collaborative engagement approach, the project will:

- Explore opportunities for operational process improvement in home-based palliative care, specifically in:
 - assessment and care planning,
 - inclusion of advance care plans into care delivery,
 - management of equipment supplies and medication,
 - effective communication strategies and tactics.
- Identify and promote operational innovations in delivering home-based palliative care.
- Engage and facilitate collaboration with policy-makers, providers, patients and caregivers.
- Support the application of evidence-informed operational practices in home-based palliative care.

This project looks at palliative and end-of-life care provided in a person's home. It explores ways to improve the operational process in home-based palliative care in four key areas:

Assessment and care planning

Assessing the strengths, preferences, and needs of adults who are receiving home-based palliative and end-of life care is an important part of home-based palliative care. Care plans outline the patients' needs, the types of palliative services they will receive, what member of the care team will provide the services and when.



Inclusion of advance care plans into care delivery

Ensuring that advance care plan wishes are reflected in an individual's care, influence what medical procedures they want, and how care is delivered is vitally important to home-based palliative care. Health care providers can use this written information in emergency situations.



Management of equipment, supplies and medication

Providing palliative care at home brings with it the complexity of managing medications, supplies and equipment. Home care providers must have operational processes to ensure a safe and accessible place for the storage of medicines, supplies and equipment, and maintain effective inventory management.



Effective communication with a broad health care team

Home-based palliative care requires effective and efficient communication, decision-making and care coordination. Good communication must happen with many care team members including (but not limited to): patients, caregivers, nurses, home support workers, doctors, palliative care specialists, therapists, social workers, and paramedics.



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