



SPRINT Implementation Collaboratives™ Whole Community Palliative Rounds

Information Brief

ADDRESSING A NATIONAL HEALTH PRIORITY

Advancing excellence in home and community-based palliative care

Essential to the successful implementation of the recently released federal *Framework on Palliative Care in Canada* is the “collective action of parties at all levels, as well as the flexibility to evolve and respond to new ideas.” The Canadian Home Care Association’s (CHCA) SPRINT-WCPR Implementation Collaborative™* is an innovative approach to accelerating the adoption and spread of leading practices in interdisciplinary communication and shared decision-making in palliative care.

The goal of the SPRINT-WCPR Implementation Collaborative is to ensure responsive and coordinated care for individuals receiving palliative care. Practice teams involved in the collaborative build local capacity to develop the systems and relationships needed to support seamless interactions among multiple providers and/or across care settings and/or sectors.

The first of its kind, the SPRINT-WCPR Implementation Collaborative is furthering key priority areas for action outlined in the *Framework on Palliative Care in Canada*.

Palliative care education and training for health care providers and caregivers

- Teams involved in the SPRINT-WCPR Implementation Collaborative will test and adapt leading practice models that engage interdisciplinary teams and community partners in effective communication, education and shared decision-making.

Measures to support palliative care providers and caregivers

- Teams testing and adapting the Whole Community Palliative Rounds (WCPR) will identify new ways to enhance communication between specialized palliative care providers and community-based care providers, including patients and caregivers.
- Successful implementation of WCPR will build greater care capacity in communities and apply the expertise of a wide range of providers.

Measures to facilitate equitable access to palliative care across Canada

- Through the SPRINT-WCPR Implementation Collaborative, teams will develop partnerships and linkages between health care providers, volunteers and community organizations to form inter-professional teams that reflect patients’ enhanced circles of care.
- The SPRINT-WCPR Implementation Collaborative will support 11 clinical practice teams to scale-up and spread the successful WCPR model designed to increase community capacity in rural and remote areas.

The SPRINT-WCPR Implementation Collaborative helps local teams identify and respond to opportunities that enhance capacity to deliver palliative care and shift care policies and programming. The focus is on responding to the diverse and complex needs of individuals receiving palliative care services and their families.

WORKING TOGETHER TO STRENGTHEN INTEGRATED COMMUNITY-BASED CARE

The Canadian Home Care Association’s vision is an integrated health and social care system that provides seamless patient- and family-centred care that is accessible, accountable, evidence-informed and sustainable.

* Trademark pending

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Features–Practice Shift–Benefit

Through the SPRINT-WCPR Implementation Collaborative*, teams will test, adopt and implement a new way to support rapid clinical problem-solving for symptom burden in high-risk individuals; purposeful and timely communication; and shared decision-making and collaborative care planning among and between internal and external team members who are part of an individual's circle of care.

Through WCPR clinical practice teams experience:			
FEATURE	Less of...	More of...	BENEFIT
Clinical supports–access to palliative care experts and knowledgeable community partners	Palliative care provided by specialists only	All health care providers bringing skills and experience to jointly problem solve, supported by specialists as needed	<ul style="list-style-type: none"> Collective clinical expertise and knowledge in palliative care Synthesizes new knowledge Shared decision-making and practical solutions
Whole care-continuum discussions with enhanced circle of care partners	Palliative care treatment plans focused primarily on controlling physical symptoms such as pain	<ul style="list-style-type: none"> Mobilization of an interdisciplinary team and community partners to support a full range of patient, family and provider concerns, as needed Symptom burden discussions including physical, psychosocial, spiritual and practical concerns of the person and their family 	<ul style="list-style-type: none"> Real-time clinical problem solving Timely interventions to improve quality of care and decrease suffering in alignment with an individual's goals of care Clear actions and solutions for people with palliative needs and their families who are experiencing escalating and fluctuating symptom burden
Hub-and-Spoke Model	Access to palliative care expertise varies across regions both by location and population	Enabling access to expertise regardless of the size or location of the community	<ul style="list-style-type: none"> Expanded network of resources accessible in rural and remote locations Builds community capacity in palliative care

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