

# Chapter 1

## Section **1.08**

Ministry of Health and Long-Term Care

# Palliative Care

*Follow-Up on VFM Section 3.08, 2014 Annual Report*

RECOMMENDATION STATUS OVERVIEW					
# of Actions Recommended	Status of Actions Recommended				
	Fully Implemented	In Process of Being Implemented	Little or No Progress	Will Not Be Implemented	
Recommendation 1	7	4	3		
Recommendation 2	1	1			
Recommendation 3	2	1	1		
Recommendation 4	1	1			
Recommendation 5	2	1	1		
Recommendation 6	2	1	1		
Recommendation 7	1		1		
Recommendation 8	1		1		
Recommendation 9	2	1	1		
Recommendation 10	1	1			
Recommendation 11	1	1			
<b>Total</b>	<b>21</b>	<b>0</b>	<b>12</b>	<b>9</b>	<b>0</b>
<b>%</b>	<b>100</b>	<b>0</b>	<b>57</b>	<b>43</b>	<b>0</b>

## Background

The Ministry of Health and Long-Term Care (Ministry) has overall responsibility for health care in Ontario, including palliative care. Palliative care focuses on the relief of pain and other symptoms for patients with advanced illnesses, and is often referred to as “end-of-life” care for persons within their last few months of life.

The Ministry funds 14 Local Health Integration Networks (LHINs), which are responsible for planning, co-ordinating, funding and monitoring palliative-care services in their regions. The LHINs fund various organizations that provide palliative care, including Community Care Access Centres (which provide care in patients’ homes), hospitals and hospices (which are home-like facilities that provide in-patient palliative care). However, in our 2014 audit we noted that the total amount of funding the Ministry provides for palliative-care services was not known because costs were not tracked.

specifically enough to isolate the amount spent on palliative care (e.g., hospital-based costs, long-term care home-based costs and publicly funded drug costs).

We also noted in our 2014 audit that the need for palliative care was growing because the population was aging. Palliative-care services in Ontario developed in a patchwork fashion, often being initiated by individuals who had a passion for this area of care, wherever they were located in the province. As a result, although efforts had been made to create an integrated co-ordinated system to deliver palliative care in Ontario, no such system existed. The Ministry obtained only minimal information on the services that were available in each LHIN, their costs, and the relative patient need for these services. The Ministry also lacked performance measures to help determine its progress in meeting its goal of providing the “right care at the right time in the right place.”

In our *2014 Annual Report*, we reported a number of significant issues, including the following:

- Ontario lacked a strategic policy framework for delivering palliative care. Although the 2011 Declaration of Partnership established a common vision for delivering palliative-care services among a number of stakeholders, significant work still needed to be done to meet most of the commitments outlined in it.
- There was little province-wide or LHIN-level information on the supply of or demand for palliative and end-of-life care. The Ministry did not have accurate information on the number of palliative-care beds in hospitals across the province, nor was the number of palliative patients served by each LHIN tracked consistently.
- The mix of services available had not been adequately assessed. Although most people would prefer to die at home, most died in hospital, likely because there were not sufficient services available in the community to meet their health-care needs. Caring for terminally ill patients in an acute-care hospital is esti-

mated to cost over 40% more than providing care in a hospital-based palliative-care unit, more than double the cost of providing care in a hospice bed, and over 10 times more than providing at-home care.

- Access to palliative-care services was not equitable. Patients who qualified for services in one area of the province may not have had access to similar services in another area.
- Overall, hospices had a 20% vacancy rate and thus had the potential to serve more patients than they were. Meanwhile, the Ministry funded vacant beds in hospices.
- There was a need for additional physician communication with patients about their end-of-life prognosis and the availability of palliative care.
- Ontario’s publicly funded palliative-care services were mainly used by cancer patients, even though as many people died each year from advanced chronic illnesses that would also benefit from palliative care, including heart disease, stroke and chronic obstructive pulmonary disease.

We made 11 recommendations with 21 action items for improvement and received commitments from the Ministry that it would take steps to address our concerns.

## Status of Actions Taken on Recommendations

The Ministry provided us with information in the spring and summer of 2016 on the status of the recommendations we made in our *2014 Annual Report*. According to this information, we have determined that although the Ministry is in the process of implementing almost 60% of our recommendations, it has made little or no progress on approximately 40% of our recommendations and none have been fully implemented. The Ministry has indicated that many of the recommendations

are in the planning phase, with action to be taken within the next two to three years. For example, the Ministry is in the process of creating an overall palliative-care strategy and policy framework and took a significant step forward by establishing the Ontario Palliative Care Network (Network) in March 2016 to act as its principal adviser for the quality of palliative care in Ontario. The Network will be accountable for quality improvement initiatives, provide system level co-ordination, and support regional implementation of the strategy. The Ministry plans to address many of the recommendations through the Network as it begins to roll out the provincial strategy in 2016/17, including:

- implementing a co-ordinated system that will support more integrated delivery of palliative care through the development of regional palliative-care networks and strengthening partnerships between the different service providers; and
- assessing physician payments for palliative care to ensure that patients' needs are best met cost-effectively.

The status of each of our recommendations is as follows.

## Strategic Policy Framework Not in Place for Palliative-Care Delivery System

### Recommendation 1

*The Ministry of Health and Long-Term Care, in conjunction with the Local Health Integration Networks, should create an overall policy framework on the provision of palliative-care services in Ontario.*

**Status:** In the process of being implemented by June 2017.

#### Details

In November 2014, the Ministry of Health and Long-Term Care (Ministry) made a commitment to develop a comprehensive strategy for palliative and end-of-life care. The Ministry hosted 16 consultation sessions across the province from July 2015 to

January 2016, with more than 300 stakeholders, including patients, families, physicians, health system leaders and experts in the field, to facilitate discussions about palliative and end-of-life care, including the aging population, system needs and challenges, and available options. As a result, the Palliative and End-Of-Life Care Provincial Roundtable Report was released in March 2016. The report outlined the first steps for strengthening the palliative and end-of-life care system and it summarized key themes, such as expanding equitable access and integration; strengthening service capacity; improving caregiver supports; enhancing public education and awareness; and establishing oversight and accountability.

The Ministry advised us that the palliative and end-of-life care strategy will build upon three key sources of information: the roundtable report, our 2014 audit report, and the 2011 Declaration of Partnership and Commitment to Action (a collaborative effort by more than 80 partners to identify key components of quality palliative and end-of-life care and establish a common vision for the delivery of those services in Ontario).

To co-ordinate activities on the strategy, in March 2016, the Ministry provided funding to Cancer Care Ontario to establish the Ontario Palliative Care Network (Network). The Network is made up of partner organizations, including the Local Health Integration Networks (LHINs), Cancer Care Ontario, Health Quality Ontario and community groups, such as the Quality Hospice Palliative Care Coalition of Ontario, long-term-care homes and not-for-profit organizations. The Network will also act as the principal adviser to the Ministry for the quality of palliative care; be accountable for quality improvement initiatives, data and performance measurement, and system level co-ordination; and support regional implementation of palliative care in Ontario.

While this strategy is under development, some first steps have been made to strengthen palliative and end-of-life care in Ontario. Specifically, as outlined in Ontario's 2016 budget, an additional

\$75 million has been committed over the next three years to improve community-based hospice and palliative-care services by supporting up to 20 new hospices and increasing the funding for existing facilities. To date, funding has been provided for 31 new hospice beds, and base funding for hospices has been increased by \$3 million for eight of the LHINs. The additional funding announced is also to increase supports for caregivers to help families and loved ones support palliative patients at home and in the community, and to promote advance care planning so families and health-care providers understand patients' wishes for end-of-life care.

*This framework should include:*

- *the determination of available palliative-care resources and the total cost of currently providing palliative-care services;*

**Status: Little or no progress.**

#### Details

At the time of our follow-up, the Ministry still did not have information on the total cost of providing palliative care in Ontario due to administrative data limitations, nor did it have information on the available palliative-care resources in the province. The Ministry has received information on the total cost of providing health care in a patient's last year of life, which includes all health-care costs, including palliative care, for the various health-service providers, such as hospitals and long-term-care homes. The information indicated that for Ontarians deemed to be palliative, who subsequently died during the 2014/15 fiscal year, the overall cost of providing health care during their last year of life was close to \$4 billion.

- *an analysis of the cost of providing palliative care through different service providers (for example, hospital versus hospice versus home care);*

**Status: Little or no progress.**

#### Details

The Ministry has not conducted an analysis of the cost of providing palliative care through different service providers. As mentioned above, it has done some analysis of the total costs of providing health care to Ontarians who were deemed to be palliative in their last year of life. This information is available by type of service provider, such as hospital or home care; however, all health-care costs are assigned to the service provider that was providing care at the time of a person's death, regardless of where the person received care during the year leading up to their death.

The Ministry indicated that there are some data limitations in determining cost information for palliative care provided by the different service providers. For example, only a small number of patients in the acute-care setting are identified as receiving palliative care. One of the reasons for this is because it is difficult to determine which services provided to a patient toward the end of life are for managing a chronic condition and which are for palliative care. Associated with this is the timing issue in identifying someone as being a palliative patient—that is, when it can be determined that the patient is not likely to recover. The Ministry plans to explore whether a more precise estimate of the cost of providing palliative care can be provided given these data limitations.

- *a projection of the best mix of services (for example, hospital versus hospice versus home care) to meet current and future patient needs;*

**Status: In the process of being implemented by March 2019.**

#### Details

The Network carried out a needs assessment and a capacity planning exercise to gather data on existing and future demand for residential hospice services and provided recommendations to the Ministry in April 2016. The Network said it plans to expand on this work in the 2016/17 fiscal year by conducting a needs analysis of palliative-care services

delivered in other care settings, such as at hospitals, at long-term-care homes, through home care and in the broader community. The Ministry indicated that it will use the information obtained through the needs analysis process to support future planning on the appropriate mix of palliative-care services in Ontario. It plans to have this completed by March 2019.

- *an assessment of current and potential future funding structures; and*

**Status:** Little or no progress.

#### Details

The Ministry advised us that, depending on what the Network's expanded capacity planning exercise learns about the palliative-care needs of the broader community (such as hospitals, long-term-care homes and at home), as a first step it plans to develop specific recommendations for alternative models of palliative care by March 2019. Following those recommendations, the Ministry will then explore funding options for the alternative models of palliative care.

- *a position on educational requirements for health-care providers who provide palliative care.*

**Status:** In the process of being implemented by March 2018.

#### Details

According to the Ministry, the Network has started to review educational and training supports for health-care providers delivering palliative care, on which it will provide recommendations to the Ministry. The Network will then work with the Ministry to identify core educational requirements by March 2018.

The Ministry changed the Personal Support Worker (PSW) qualifications on January 1, 2016, with amendments under the *Long-Term Care Homes Act, 2007*, coming into effect. These amendments incorporate new common educational standards for PSWs, which include palliative care. Educational

requirements for other health-care providers, including nurses, have yet to be amended to incorporate palliative care.

*In addition, a plan should be developed to implement the policy framework and ensure the ongoing provision of palliative-care services in accordance with the framework.*

**Status:** In the process of being implemented by June 2017.

#### Details

The Ministry is in the preliminary stage of developing a comprehensive palliative and end-of-life care strategy which it expects to be completed by June 2017. The implementation plan is being developed as part of the strategy's development and the Network will be involved with the implementation of the strategy.

## Lack of a Co-ordinated System

### Recommendation 2

*To reduce the overlap and duplication of efforts both within the Local Health Integration Networks and across the province, the Ministry should implement a co-ordinated system for the delivery of palliative care that enables patients to move easily among health-care providers and receive needed palliative-care services on a timely basis. This should include consideration of the cost-benefit of shorter-term information technology solutions (such as those currently used by some health-care providers to inform patient-care decisions and reduce unnecessary or duplicate tests) to increase the sharing of patient-related information, while longer-term initiatives are being pursued by eHealth Ontario.*

**Status:** In the process of being implemented by March 2019.

#### Details

During the 2015/16 fiscal year, the Ministry of Health and Long-Term Care (Ministry) and the Ontario Palliative Care Network (Network) began to work with Local Health Integration Networks

(LHINs) and other palliative-care partners on the planning and development of 14 regional palliative-care networks across the province. These regional networks will provide advice to the LHINs to help in planning for the provision of palliative-care services and incorporating local priorities; and they will also provide advice on the development of palliative-care systems and performance measures, all in accordance with provincial standards. They will also strengthen partnerships between the different palliative-care service providers to ensure co-ordinated care for patients. Governance structures are expected to be in place for each of these regional networks by March 2017.

The Ministry is working with the Network to identify early best practices for models of care that will improve the integration and co-ordination of care for palliative patients. These early best practices will be identified by the end of the 2017/18 fiscal year and may include the use of technology.

While the Ministry continues to work toward implementing eHealth, which will enable a patient's medical history to be readily available to various health-service providers, it is considering establishing a palliative-care patient registry or technology solution in the short term. This registry, which is intended to support communication across different health-care settings and therefore promote seamless patient care transitions, is currently being reviewed by the Network and it intends to provide advice and an implementation plan to the Ministry by the end of the 2018/19 fiscal year.

## Difficulties Accessing End-of-Life Care Services

### Recommendation 3

*To better ensure that patients have complete information about their prognosis and care options, including palliative care (which can increase quality of remaining life and reduce health-care costs), the Ministry, in conjunction with stakeholders such as the Clinical Council of the Hospice Palliative Care Provincial Steering Committee, should:*

- *promote the adoption of a common process that enables physicians to more easily identify patients who might benefit from palliative care, such as by asking themselves: "Would you be surprised if this patient died within one year?"; and*

**Status: Little or no progress.**

### Details

The Ministry of Health and Long-Term Care continues to support the implementation of the INTEGRATE project, which was in place at the time of our audit. The project aims to identify patients with various diagnoses who would benefit early on from a palliative approach. It does this by asking the question "would you be surprised if your patient were to die in the next six to 12 months." INTEGRATE is a three-year pilot project in four regions of the province that began in 2014 and is being implemented by Cancer Care Ontario and funded by the Canadian Partnership Against Cancer.

The Network will wait to review the results of the INTEGRATE project before determining what best practices can be shared once 14 regional palliative-care networks are fully implemented (one in each LHIN).

The Network is also researching national and international tools used to support the identification of palliative care needs. Once completed, the Network's Clinical Advisory Council will review the tools and make recommendations to the Ministry on which tools should be shared province-wide.

- *put processes in place, such as through education, to ensure that physicians are sufficiently knowledgeable about the palliative approach to care and are comfortable having end-of-life conversations with their patients, including discussing a terminal diagnosis and care options with patients who are dying.*

**Status: In the process of being implemented by March 2018.**

### Details

Physicians and other service providers participating in the INTEGRATE pilot project from the four regions have completed the Learning Essentials Approaches to Palliative and End-of-Life Care (LEAP) training, which is primary-level palliative-care education, and includes such topics as Being Aware (awareness of patients that are near the end of life), Decision-Making and Essential Conversations.

The project provides educational resources to health-care providers to assist them in earlier identifying patients who would benefit from a palliative approach and then link them with care providers in the community.

As mentioned above, the Network will be reviewing the lessons learned from the INTEGRATE project to see what best practices can be shared through the regional palliative-care networks across the province, once regional networks are fully implemented. In addition, the Network's Clinical Advisory Council will recommend provincial direction for palliative-care education, which will focus on an integrated approach to palliative care. By March 2018, the Network plans to build health-care providers' skills by identifying best practices and educational offerings to support physicians in initiating a palliative approach to care, including earlier identification of palliative-care needs and to routinely engage in conversations about care planning and goals of care.

## Eligibility Requirements Vary among Service Providers

### Recommendation 4

*To better ensure that patients requiring palliative care, including end-of-life care, have similar access to similar services across the province, the Ministry, in conjunction with stakeholders including the Hospice Palliative Care Provincial Steering Committee, should ensure that standardized patient eligibility practices for similar palliative-care services are developed and implemented.*

**Status:** In the process of being implemented by March 2018.

### Details

As part of *Patients First: A Roadmap to Strengthen Home and Community Care*, which was announced in May 2015, the Ministry of Health and Long-Term Care (Ministry) is developing a Levels of Care Framework to ensure there are common standards for assessing patients, determining eligibility and providing service, and that service allocation is consistent across the province.

To assist with the process, a Levels of Care Expert Panel was formed in August 2016 to provide advice and recommendations to the Ministry for a Levels of Care framework. The Ministry told us that, in 2017, it plans to use these recommendations to develop clear definitions of how much and what kind of support Ontarians can expect, based on their needs as determined by evaluation on such things as cognition and mental health, level of difficulty with daily activities, and behavioural issues. Standardized protocols would be applied based on the results, in order to provide consistent care.

The Levels of Care Framework will be developed in 2018. In order to achieve this, the Ministry has held consultation workshops with patients, caregivers, health-service providers, and sector stakeholders, and has entered into an agreement with the University of Waterloo to develop the technical aspects of the framework and conduct further research to support it. It is also working with Health Quality Ontario to develop clinical guidelines for delivering palliative care, the first of which for wound care is planned to be released in 2017.

## Better Access to Physicians Needed

### Recommendation 5

*In order to provide patients with the care they need in the community, and help prevent unnecessary and more expensive hospital-based care, the Ministry, in conjunction with the LHINs, should consider options*

*for promoting the provision of palliative care by family physicians, such as the creation of additional palliative-care teams to support family physicians who deliver home-based palliative care.*

**Status:** In the process of being implemented by March 2018.

#### Details

The Ministry of Health and Long-Term Care (Ministry) informed us of resources available to support family physicians delivering palliative care. For example, Cancer Care Ontario's website features a palliative-care toolkit for health-care providers, which includes resources to allow them to earlier identify when palliative care is needed, to help them assess patients' needs and to guide and co-ordinate symptom management and general care. The Ministry will work with the Ontario Palliative Care Network (Network) to determine the best way to further promote the toolkit and other information available.

Starting in 2016, the Ministry plans to examine the creation of palliative-care teams. It intends to look at the outcome of the Network's capacity planning exercise on palliative-care needs in the broader community and based on this information it will identify best practices and models of team-based care to support front-line care providers, such as family physicians, in providing palliative-care services.

*As well, the Ministry should assess physician payments for palliative care, within a palliative-care policy framework, to ensure that patients' needs are best met cost-effectively.*

**Status:** Little or no progress.

#### Details

The Ministry continues to fund physicians through the Community Palliative Care On-Call Program that was in place at the time of our audit. This program provides payments to physician groups for being available 24 hours a day, 365 days a year to provide palliative-care services in patients' homes or in a community setting. There are currently

29 on-call group agreements in place, with annual funding of approximately \$5 million.

In 2016/17, the Network plans to review current funding approaches in place for palliative care, including alternate funding arrangements for physicians. This review will build on the work of an expert panel struck by the former Hospice Palliative Care Provincial Steering Committee's Clinical Council. The Network is reaching out to stakeholders, including physicians, to better understand the gaps in alternate funding approaches. The information collected will be used to develop recommendations that will be provided to the Ministry by March 2017.

The Ministry then needs to consider the recommendations provided and undertake an assessment of physician payments. After the Ministry makes a decision on physician payments for palliative care, it will need to hold discussions with relevant stakeholders.

## Better Access to Nurse Practitioners and Nurses Needed

#### Recommendation 6

*The Ministry, in conjunction with the Local Health Integration Networks, should review the distribution of nurse practitioners to ensure that it reflects patient needs and provides patients with access to palliative care at home 24 hours a day, seven days a week.*

**Status:** Little or no progress.

#### Details

In June 2016, the Ministry of Health and Long-Term Care's (Ministry) Health Workforce Planning and Regulatory Affairs Division provided the most recent data (from 2014) on the distribution of nurse practitioners across the LHINs. The Ministry told us it would work with the Ontario Palliative care Network (Network) (which will be doing capacity planning for the palliative-care needs of the broader community) and other relevant parties to determine equitable distribution of nurse practitioners (based on palliative needs across the Local Health

Integration Networks) and to identify additional data and modelling needed. The Ministry plans to complete a preliminary analysis in 2018/19. This work will also explore opportunities to improve 24-hour-a-day access to palliative care at home and in the community.

*The Ministry should also work with other service providers to develop innovative alternatives for providing nursing care to patients at home.*

**Status:** In the process of being implemented by March 2019.

#### Details

As part of *Patients First: A Roadmap to Strengthen Home and Community Care*, the *Home Care and Community Services Act* was amended, effective October 1, 2015, to provide better access to palliative care at home by increasing the maximum number of nursing visits per month to 150 from 120, as well as increasing the number of hours that can be provided by Community Care Access Centres (CCACs) by approximately 50 hours per month. It also allows CCACs to provide more than the maximum number of visits or hours to people in their last stage of life, or if the CCAC determines that extraordinary circumstances justify providing additional services.

In addition, the Ministry intends to explore innovative alternatives for providing nursing care at home or in the community by March 2019.

## Patients Waiting in Hospital for Other Palliative-Care Services

#### Recommendation 7

*The Ministry, in conjunction with the Local Health Integration Networks, should ensure that hospitals across the province consistently track and report the extent of time patients no longer requiring acute care must wait in this more expensive setting for care at home or in a hospice, and take action where necessary.*

**Status:** Little or no progress.

#### Details

The Ontario Palliative Care Network (Network) said it intends to consider the inclusion of a performance indicator for alternate level of care (ALC) as part of its future performance indicator work. It will also collaborate with the 14 regional palliative-care networks when they are operational, to explore opportunities to improve tracking of ALC data for palliative patients through the Wait Times Information System (WTIS), operated by Cancer Care Ontario. The Ministry of Health and Long-Term Care plans to work with the Network and its Clinical Advisory Council to support a standard process for provincial reporting on ALC indicators for palliative care to monitor and reduce the number of patients waiting in hospital for non-acute palliative-care services by March 2019.

## Hospice Beds Not Used Optimally

#### Recommendation 8

*To better ensure that hospice beds are available to patients when needed, the Ministry should explore, such as by reviewing best practices in other jurisdictions, the feasibility of increasing the occupancy rate of hospice beds from the current minimum of 80%.*

**Status:** Little or no progress.

#### Details

In the fall of 2015, the Ontario Palliative Care Network (Network) collected data and feedback from the Local Health Integration Networks (LHINs) and health-service providers on hospice capacity across the province. The information noted that the average occupancy rate for hospices in 2014/15 was 72%. The Ministry of Health and Long-Term Care (Ministry) plans to use this data in a review of occupancy requirements for hospices, which it will complete by March 2018. After that, the Ministry indicated that it will collaborate with partners to explore opportunities to increase hospice occupancy rates.

To increase the availability of hospice beds and palliative care services, the government's

2016 budget committed to \$75 million in additional funding over the next three years for up to 20 new hospices and other initiatives, including increased funding for existing hospices, which will provide more access for palliative patients.

## Public Education on End-of-Life Care Services and Planning Needs Improvement

### Recommendation 9

*To better ensure that patients receive health care consistent with their preferences and reduce unnecessary health-care costs, the Ministry, in conjunction with stakeholders, should ensure that:*

- *public information is readily available on palliative-care services and how to access them, as well as on the importance of advance care planning for end-of-life care to communicate health-care preferences; and*

**Status:** In the process of being implemented by March 2018.

#### Details

Since the time of our audit, the Ministry of Health and Long-Term Care (Ministry) examined the resources on palliative and end-of-life care available to the public. These resources included the Government of Ontario's website, which has a directory of health-care services—including hospices—available in communities; Hospice Palliative Care Ontario's (HPCO) website, which features information on palliative care resources available across the province, and tools and videos on advance-care planning; and HPCO's Speak Up Ontario website, which houses information about health care consent and advance care planning, including an online tool to guide members of the public through an advance care planning process.

In addition, the Ministry, the Ontario Palliative Care Network (Network) and HPCO plan to improve the information available and increase public awareness on palliative care and end-of-life

issues. For example, the Ministry and the Network are working with HPCO's Health Care Consent Advance Care Planning Community of Practice group that has created advance care planning materials with an emphasis on teaching advance care planning and health-care consent to health-care providers. The focus of this project, which is to be completed by March 2018, is to better prepare health-care providers to initiate conversations with their patients that encourage patients to express their health care wishes.

The Network and other stakeholders will also help disseminate expert advice and information on palliative care resources through the regional palliative care networks, when they become operational.

- *processes are in place to allow health-care providers timely access to patients' advance care plans to inform their discussions with patients or their substitute decision-makers.*

**Status:** Little or no progress.

#### Details

The Ministry told us it plans to undertake further work with the Network and other partners, to explore options for addressing barriers that exist to health-care providers' access to patients' health-care preferences. More specifically, the Network, in collaboration with HPCO, said it will explore ways to enable access to patients' expressed wishes, values and beliefs that are outlined in their advance care plans to be easily shared across different care settings. The Ministry intends to come up with a plan on how to make improvements by March 2018, but it has not indicated when it will implement these improvements.

## Lack of Measures to Monitor Performance

### Recommendation 10

*To better monitor the delivery of palliative-care services in Ontario, the Ministry, in conjunction with the*

*Hospice Palliative Care Provincial Steering Committee, should adopt standard palliative-care performance indicators and associated targeted performance levels for all key service providers to allow the comparison of their programs' efficiency and effectiveness, and to identify areas requiring improvement.*

**Status:** In the process of being implemented by March 2019.

#### Details

Since the time of our audit, the Ontario Palliative Care Network (Network) has established a Data and Information Advisory Council to refine, prioritize and evaluate six palliative-care indicators that had been previously identified. A report given to the Ministry of Health and Long-Term Care (Ministry) in June 2016 proposed four of these performance indicators (one of the previous indicators relating to cancer was dropped and another relating to wait times was deemed to need more refinement).

Once the measures are approved by the Network's executive oversight group, associated performance targets are to be developed by the Network, with implementation starting in the 2018/19 fiscal year.

The Network and its partners will also develop a provincial scorecard for palliative care performance and will begin work on this during the 2016/17 fiscal year. The Network will also support the Local Health Integration Networks (LHINs) in using the provincial performance measures and associated targets for palliative care to align with provincial direction. The regional palliative-care networks, when operational, will be accountable for performance measurement to both their LHIN CEOs and the vice-presidents of the regional cancer programs.

## 2011 Vision for Palliative Care Lacks Linkage to Government Policy Framework

#### Recommendation 11

*To better ensure that the key goals and commitments made in the 2011 document Advancing High Quality, High Value Palliative Care in Ontario: A Declaration of Partnership and Commitment to Action (*Declaration of Partnership*) are being addressed on a timely basis, the Ministry, in conjunction with the Hospice Palliative Care Provincial Steering Committee, should link the Declaration of Partnership to a policy framework for approval by the government. Such action would provide the necessary direction and funding if needed to ensure that timelines for implementing the commitments are established, along with effective oversight to regularly monitor the implementation's progress and take action where necessary.*

**Status:** In the process of being implemented by June 2017.

#### Details

As mentioned previously, the Ministry of Health and Long-Term Care has committed to develop a comprehensive strategy for palliative and end-of-life care, which is being informed by the 2011 Declaration of Partnership, the 2014 audit, and the 2016 *Palliative and End-Of-Life Care Provincial Roundtable Report*, which outlined first steps toward strengthening the palliative and end-of-life care system.

The strategy is expected to be developed by June 2017, and the Ontario Palliative Care Network is responsible for co-ordinating activities on the strategy and will be involved with implementing the strategy.