

## Hospice Stakeholder Meeting - June 14, 2011

Dr. Nancy Merrow presented her “Hospice Palliative Care Report to the Central LHIN - May 31, 2011” to 9 of the 14 hospices in Central LHIN. 17 people were in attendance - 7 Executive Director’s, 5 Board Members, 2 Chairs, 1 VP Business Development. Also present was the Director and Chair of PalCare.

The following Hospices sent their regrets and therefore did not have representation:

- Hill House Hospice
- Alliance Hospice
- Hospice Richmond Hill
- Hazel Burns Hospice
- Jewish Hospice Services

The presentation lasted approximately 20 minutes and the floor was then open for about 1 hour to discussion, questions, concern, and comments. At the end of the presentation, Feedback Forms were completed by 16 of the attendees.

During the open floor discussion, some concerns were voiced. Most of the hospices had the same concerns: what will happen to them in an integrated program? Will some hospices be integrated into others? More specifically, what is meant by “integration” and what are the implications if one or more hospice or organization does not want to be a part of it? Will there be enough funding and where will the accountability lie? Other’s questioned the time frame of moving forward - can everything be accomplished by January 2012 or will some issues be missed? Who will be responsible for the educational component?

The following is a summary of the feedback that was received:

| QUESTION   | FEEDBACK   | OTHER INFO   |
|--|--|--|
| On a scale of 1-5 (1 being the least), how effective do you feel the Central Hospice Palliative Care Network has been?                                 | The average was 3.5. One person did not have an opinion, so that was discounted from the calculation.  | One ED scored a 3 but also wrote “Not as knowledgeable as I should be on this.”  |
| On a scale of 1-5 (1 being the lowest in support), rate your current level of support for a comprehensive, integrated program for HPC across the LHIN. | Ten people gave this question a 5/5. 2 respondents gave it a 4, while 1 each gave a 1, 2, and 3 respectively. 1 person had no opinion.   | “work well in subregions not as well across full LHIN”<br>“Excellent strategy - we are very supportive”<br>“Must be done soonest”  |
| What were the item(s) of most interest to you within Dr. Merrow’s presentation?  | There were a variety of answers to this question, although one central theme stood out: collaboration, coordination and integration of services. Additionally, the thought of going back to the LHIN in January was motivating to get things “moving”. | “Health Equity. Support from ‘experts’ in various fields. Best practices. Standardized documentation! Comprehensive Integrated Strategy.”<br>“The collaboration piece - it has to be open, transparent. We have to have a voice from the start & do the best for our clients.”<br>“Easier access to palliative care, better coordination/service provision opportunities sector growth.” |

| QUESTION   | FEEDBACK   | OTHER INFO  |
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| Are there any questions from the presentation that were left unanswered? | The respondents that answered this overwhelmingly wondered about the delivery of the plan and how it will be funded.   | <p>“The delivery of the strategic plan - how we get funding to help this.”</p> <p>“Getting there is going to take money - the commitment and passion are in place.”</p> <p>“How we can become more involved in this process &amp; planning. Challenge of total CLHIN area for planning.”</p> <p>“How the Transition Strategy Team will represent the stakeholders.”</p> <p>“Strategic delivery - how to be funded?”</p>   |
| Do you have any other suggestions in moving the HPC Program forward?     | The majority of those who responded were very eager to move forward in a timely manner, ie. to keep the momentum. They wish to collaborate with one another via meetings and working together. Some offered to take on leadership roles or hold focus groups. Again, the suggestion of more support came up - they would like more funding from the LHIN in order to be part of the collaboration. | <p>“Numerous opportunities, however, the key is continuous forward thinking and commitment to those actions &amp; opportunities as milestones are achieved. LEADERSHIP &amp; SUPPORT!”</p> <p>“The opportunity for <u>us</u> to talk &amp; work together to make this happen. We will need support.”</p> <p>“A vision that the HPCP has for the services to be provided by the various stakeholders. ie. visiting volunteer hospices.”</p> <p>“Collaborate, collaborate, collaborate”</p> <p>“Provide <u>stable</u> funding for existing hospice groups to ensure momentum &amp; services to the community are not lost!”</p> |
| Please provide us with any other comments or concerns you may have.      | A few people commented on the need for a residential hospice in CLHIN. Some commented on the need, once again, of increasing funding for the hospice sector.   | <p>“Immediate financing to keep our Hospice operating for another year. Less than 16% funding for services is not right.”</p> <p>“Equity must be permanent. Education must be a cornerstone.”</p> <p>“Our service sector cannot continue in its current form - we are overloading our part-time staff - they are highly qualified, under paid and yet continue to give - this is our lifeline.”</p> <p>“Fast track a residential hospice facility in the CLHIN.”</p> <p>“There is a need to have another Residential Hospice in York Region.”</p>   |

It is worth mentioning that by the end of the meeting, most participants were in agreement that moving towards an Integrated Program is worth a closer look. The hospices have agreed to work together to do a Regional SWOT (Strengths, Weaknesses, Opportunities, Threats) Analysis and forward their findings to the Transition Committee. They will be holding their meeting on June 27, 2011 at Hospice Thornhill.