



Palliative Care: Daring to be different

Annual Conference 2008

1



Delivering the Action Plan

Derek Feeley
Director of Healthcare Policy & Strategy

2

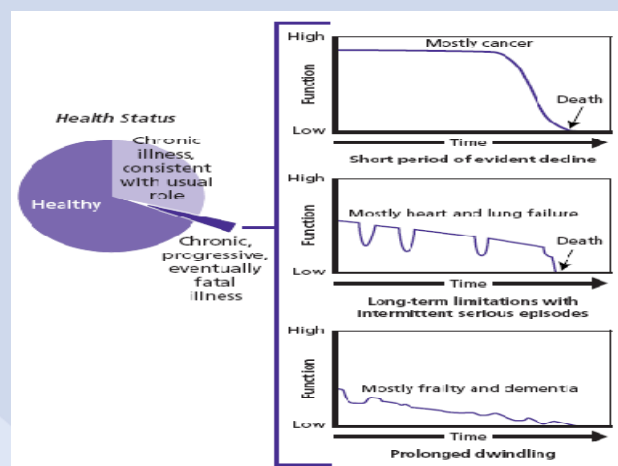
“The Keys”

- Patient Centredness
- Mainstreaming
- Managed Clinical (Care) Networks
- Integration

“From thinking to doing”

3

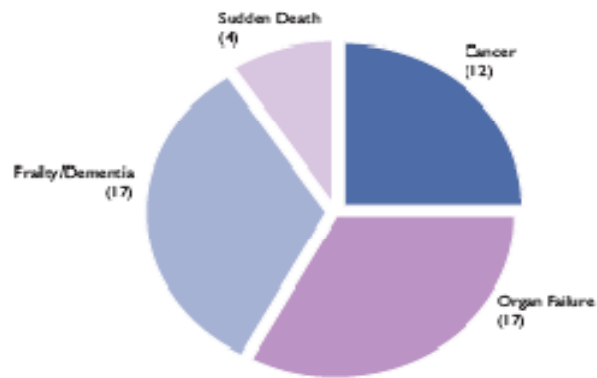
Patient Centredness



4

Patient Centredness

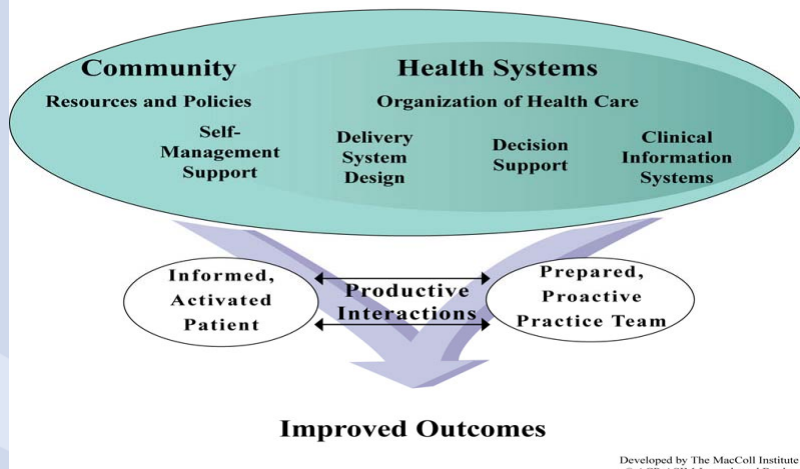
Average GP Practice – Average 50 Deaths/practice/Year (approximate proportions)



5

Mainstreaming

The Chronic Care Model



Adapted from Wagner et al

6

MCNs

HDL (2007) 21

“Networks of the future will increasingly be multi-agency collaborations involved in the delivery of personalised services to meet complex needs and rising public expectations”

- Multi-disciplinary
- Engaged with patients
- Standards and Guidelines

7

Integration

- SPPC’s “preferred model of care”
 - The generic team
 - Clinical and psychosocial needs
 - A collaborative approach across a range of conditions

8

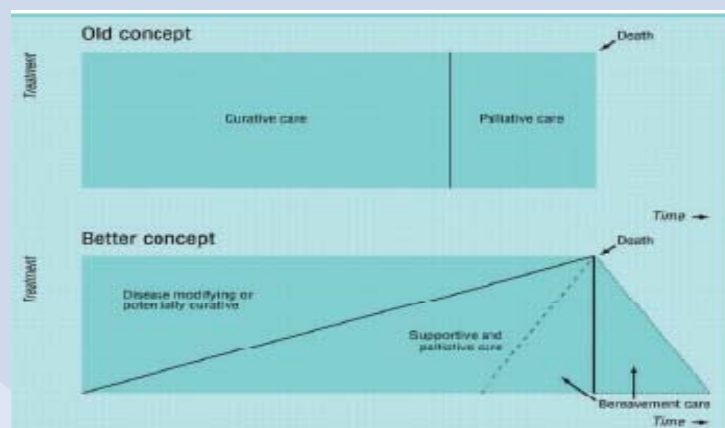
Q. Still the keys?

- Delivering for patients.
- Palliative care must become part of what we do – effective, equitable etc
(the productive interaction)
- Specialists and generalists working together.
- Holistic, anticipatory, integrated and generic.

A. I believe so. Plan must deliver on this.

9

Talking the same language?



10

The Action Plan isn't.....

- Only about end of life.
- A strategy
- A manual
- Something to be switched on or off
- An end in itself.

11

The Action Plan is.....

- Part of Better Health Better Care
- About quality improvement (in all its dimensions)
- Linked to a range of other improvement plans (e.g. long term conditions, eHealth)

12

Key Actions

1. We use recognised tools and triggers (building on what we've got)
2. Having identified need – we assess it.
3. We agree a care plan.

*"The key to caring well for people who will die in the (relatively) near future is to understand how they may die, and then plan appropriately."*⁴

Key Actions - Care Planning

Care plans should be;

- Linked and co-ordinated;
- Anticipatory;
- Supported by directories, documentation (e.g. DNAR) and community services.

Key Actions – improving quality

- Integrated care pathways
- KPIs
- Better information
- Contractual alignment
- In all care settings

15

Key actions - communication

- Supporting patient participation
- Enabling information to be shared appropriately (e.g. ePCS)
- Maximising the potential benefits created by new technologies

16

Key actions – the workforce

- Equipping the whole team
- Supporting networks
- Working on spread (what can we learn from success elsewhere?)

17

Key actions – ‘walking the talk’

- Advisory Group
- Part of BHBC delivery arrangements
- Delivery Plans etc

All of this contributing to an approach to care that is patient centred, integrated, networked etc. It becomes the way we deliver palliative care.

18

Some additional reflections

1. This is fine but it is too expensive.

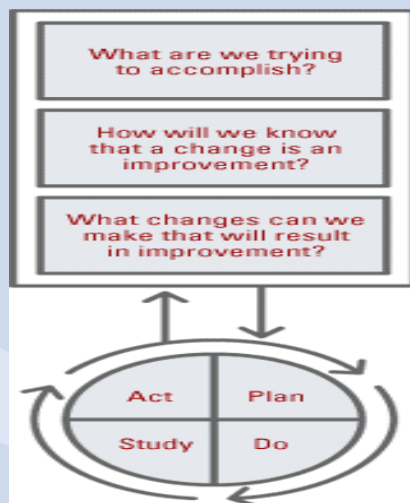
Cost Savings Associated With US Hospital Palliative Care Consultation Programs

R. Sean Morrison, MD; etc; for the Palliative Care Leadership Centers' Outcomes Group

Arch Intern Med. 2008;168(16):1783-1790.

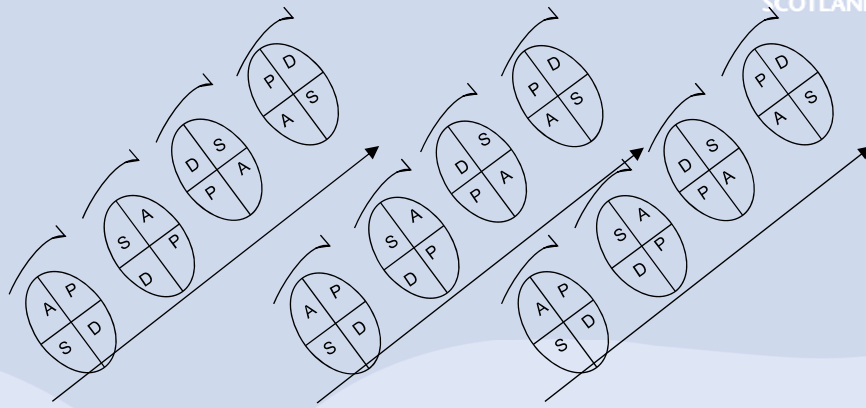
19

2. But how can we improve?



20

Several PDSA Cycles to Tackle One Problem



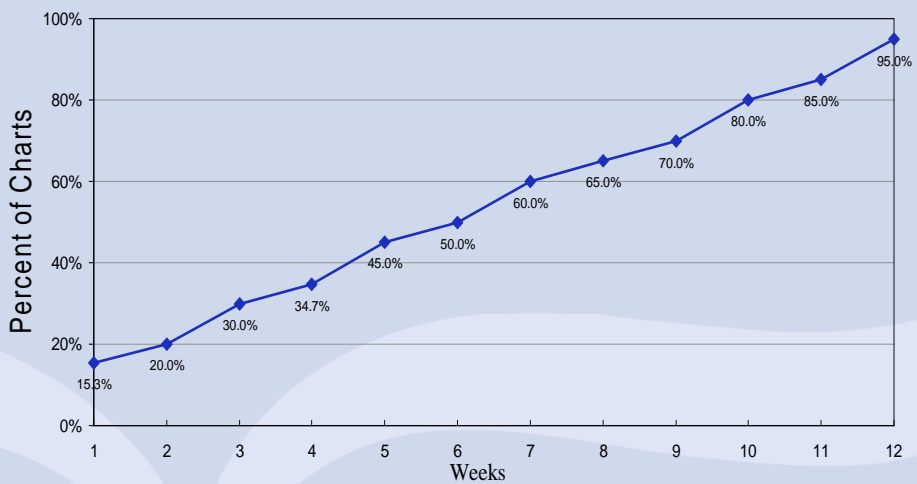
Family Discussion

Ventilator Weaning

Sedation Usage

21

Documentation of Advance Care Planning



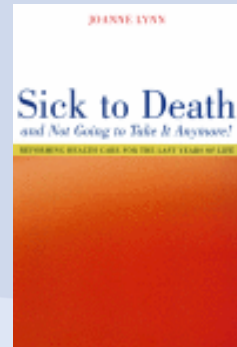
Reprinted with permission of VA Healthcare System, Dayton, OH

22

3. Whose job is this anyway?



No one can count on good care. Some combination of pain, disability, financial ruin, family stress, and powerlessness awaits most of us. We could let it drift and just hope for good luck; but we could do better, so much better. We all have a stake in this, for ourselves and those we love, and for the community at large. At least for the next half century, more and more of us will be coming to the end of life together - doubling the annual number over the next two decades. The outlines of effective reforms are becoming clear, and the case for them is becoming compelling.



23



**Palliative Care:
Daring to be different**

Annual Conference 2008

24