Provincial Resources for End-Of-Life Planning Issues

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PROVINCIAL RESOURCES FOR END-OF-LIFE PLANNING ISSUES

BRITISH COLUMBIA MINISTRY OF HEALTH AND MINISTER RESPONSIBLE FOR ELDERS

Organization

In 1997 responsibility for the direct management of most health services was transferred from the Ministry of Health to 11 Regional Health Boards, 34 Community Health Councils, and 7 Community Health Services Societies (health authorities). Palliative care is among the services planned and delivered regionally and locally.

Palliative care continues to be defined as a core service with continuity of care as a guiding principle regardless of the setting. The health authorities are expected to provide an integrated network of palliative services to clients and their families across a continuum of care: medical, hospital, or community.

Services

Through budgets allocated to the health authorities, the Ministry funds palliative care services, both hospital and community-based, such as home care nursing, home support workers, rehabilitation, and bereavement counselling. The former funding arrangement for the Hospital and Partnership program is now annualized in the health authorities' base funding.

All health authorities are currently reviewing their palliative care plans. Communities in British Columbia vary in the range and comprehensiveness of available palliative care services.

As of July 1999, the Ministry provided operating funds for 5 freestanding hospices with 42 beds. Several hospice projects are in the proposal stage, but many rural hospice programs continue to rely on community fund raising.

Post-1995 Initiatives

In 1997, the British Columbia Hospice Palliative Care Association developed a continuum of care model as a blueprint for communities involved in coordination. Health authorities are using this model as the basis for planning. The 1999 report entitled Continuing Care: Community for Life reviewed continuing care and recommended the removal of financial barriers to care in the community; especially the disincentive for community palliative care caused by the cost of drugs and medical supplies.

ALBERTA HEALTH AND WELLNESS

Organization

Since 1995, the regional health authorities have had responsibility for hospitals, continuing care facilities, community health services, and public health programs. They deliver health services in the regions and work with local communities to deliver health services to local residents. There are currently 17 authorities covering the province. All regional health authorities are expected to provide palliative care as a core health service.

Services

Alberta Health and Wellness provides funding for allocation by the regional authorities to programs such as palliative care. Regional authorities make their decisions based on assessments of local needs.

The Edmonton Palliative Care Program, started in June 1995, is the largest in the province, with 56 beds providing long term palliative care for patients unable to be looked after at home but too stable to require admission to the acute palliative care units. These continuing care palliative care beds are distributed among four community hospitals in the city. Its palliative care consultation teams are also available on a 24-hour basis to provide consultation services to patients at home, in acute care facilities, and in emergency rooms. Calgary has organized services slightly differently.

Palliative care consultation teams assist with pain and symptom management, and arrange for movement among suitable care settings. Palliative care services are available though home care, hospitals, and two residential hospices. The freestanding hospices are not funded directly and have daily rates.

In 1997, Alberta Health and Wellness established the Long Term Care Review Advisory Committee to address four priority issues: home care, drug strategies, accommodation policies, and health-related support programs. Palliative care was one of the crosscutting elements considered in this review.

The provincial home care program currently covers palliative care clients beyond the $3,000 per month limit imposed on other clients. Some medical supplies are available with minimal or no charge.

Post-1995 Initiatives

Alberta Health and Wellness implemented a Palliative Drug Coverage Program in February 1999. It has an annual budget estimated at $3 million.

The Ministry has developed and funded a guide for caregivers for release in 2000.

SASKATCHEWAN HEALTH

Organization

Since 1993, when the district health boards were formed with the authority to provide all health services, Saskatchewan Health works with them to provide an integrated continuum of client cantered services. Funding is allocated based on health needs assessments and service planning conducted by the districts. While all of the 32 district health boards aim to provide palliative care, there are still some inconsistencies in services.

Services

Palliative care is provided through home care, long-term care, and acute care services. In districts without designated hospital beds, places in special care homes can be used for end-stage palliative care without the usual user charges. Urban centres like Saskatoon and Regina have large palliative care programs with interdisciplinary teams and 24-hour response teams.

There is strong support for palliative services at home, and these have increased significantly as financial barriers have been reduced or removed. Thus, the provincial drug plan provides drugs without charge to people designated as palliative by physicians or by case management assessments. In addition, the required dietary supplements and all required basic supplies, such as medical dressings, are now available at home or in special care homes, just as in hospitals.

Post-1995 Initiatives

In 1999, the Saskatchewan Palliative Care Association held a conference aimed at increasing physician knowledge of palliative care.

MANITOBA HEALTH

Organization

Since 1997, funding flows from Manitoba Health through 13 regional health authorities that provide a broad range of programs and services along the care continuum. Palliative care in the home and in the hospital is designated as a core category of service for provision by the regional health authorities.

Services

Because there is an expectation that palliative care is provided as a core service, Manitoba Health is working with the regional authorities to develop an accountability measure for service expectations in this area.

Since 1999 the Department, through a special palliative care initiative, has targeted funding to all regions to enable them to assess the status and future needs of palliative care services. While Winnipeg has the largest palliative care capacity, with 20 beds at the St. Boniface General Hospital and 30 beds at the Riverview Health Centre, acute care beds are available in other hospitals throughout the province. The Winnipeg Regional Health Authority has also received funding to develop 24-hour response teams, specialized home care services, and different ways of remunerating physicians for their palliative care work.

Home care is a well-developed program that is intended to cover palliative care in its comprehensive approach with few limits on eligibility and no user fees. However, Manitoba Health is working with the regional authorities to further enhance home-based palliative care and to reduce financial barriers to drugs and supplies.

There are two freestanding hospices supported by volunteers. The Palliative Care Coordinating Network and the Manitoba Hospice Palliative Care Association organize these.

Post-1995 Initiatives

Since 1998, there have been ongoing efforts to establish a new fee structure for physicians who provide palliative care counselling to patients and their families.

Manitoba Health is currently drafting a Palliative Care Policy Framework in conjunction with the regional authorities.

The May 2000 budget has indicated an expansion of Pharmacare to include coverage for palliative drugs.

ONTARIO MINISTRY OF HEALTH AND LONG-TERM CARE

Organization

The Ministry of Health and Long-Term Care retains the responsibility for palliative care services provided in hospitals, in long-term care facilities, and in the community by varied service providers.

Services

In hospitals, interdisciplinary teams provide palliative care in special units or on an outreach basis. The Health Services Restructuring Commission considered access to specialized in-hospital palliative care beds.

It recommended that 0.41 beds per 1,000 population (75 years and over) be identified for palliative care from the 8.23 beds per 1,000 population for continuing care beds.

In the community, visiting professional health care and homemaking services are provided through 43 Community Care Access Centres. The CCACs are responsible for arranging home nursing care, professional therapies, and homemaking services. They also manage the process for admission to long-term care facilities. In addition, there are 86 community hospice organizations across the province, most supported by voluntary service organizations.

The Ministry funds training sessions for staff of nursing homes, homes for the aged, Community Care Access Centres and other community service organizations and for physicians. In addition, it funds a Volunteer Visiting Hospice Initiative for hospice organizations to train and supervise volunteer visiting services and bereavement counselling services in the community.

The Ministry funds several supportive housing programs for people with HIV/AIDS. Access to personal support and homemaking services is available on a 24-hour per day basis.

The Ministry funds the salaries and administrative costs of local coordinators of pain and symptom management teams. They are employed by services agencies like the Victorian Order of Nurses. They coordinate a list of volunteers who have expertise on pain control.

Post-1995 Initiatives

In April 1999, the Ministry began a two-year pilot project to fund physicians to provide in-home services through an arrangement other than fee-for-service. The care model is to be evaluated from the perspective of patients, families and service providers.

QUEBEC MINISTRY OF HEALTH AND SOCIAL SERVICES

Organization

The 18 regional boards established by the province continue to plan, organize, coordinate, and ultimately allocate resources to health and social programs and services according to particular needs and priorities. Palliative care, like other types of care, is provided based on needs assessment and other factors.

Services

Within each region, hospitals are organized to provide acute palliative care from their global budgets.

Some larger hospitals in urban areas have designated palliative care beds, day care units, multidisciplinary teams of nurses, occupational therapists, physiotherapists, social workers, pastoral services, psychologist, psychiatrist, dietician, and volunteers, as well as bereavement counselling. In the non-urban areas of the province, the provision of this range of services is difficult.

The local community service centres (CLSC) coordinate community and home based palliative care. After referral from a physician or designated health care professional, a CLSC can evaluate individual palliative care requirements and either provide the services or refer the individual to an appropriate agency. For example, the CLSC can arrange for home care nursing, homemaker services, medical and psychosocial counselling, and nutritional counselling.

In larger centres it may have a palliative care team including nurses, social worker, physiotherapist, nutritionist, and respiratory expertise. It can ensure that help is available for assistance with daily living and for family support. It can organize the provision of materials, equipment, and some drugs.

The centres for residential and long-term care also have palliative care services. Supplies and medication are usually provided through the provincial insurance plan.

Post-1995 Initiatives

In May 2000, at its annual congress, the Quebec Palliative Care Association released a report on the state of end-of-life care in the province. This work was funded by the province and will now lead to the development of a working group to establish a comprehensive provincial policy on palliative care.

NEW BRUNSWICK HEALTH AND WELLNESS

Organization

In 1996, the administration of the Extra-Mural Hospital Corporation (EMH) was transferred to the eight Regional Hospital Corporations. Since that time, there have been some adjustments as hospital standards and EMH standards and programs have overlapped but the impact on palliative care services has been minimal.

Services

Most hospitals still have designated palliative care beds and services. Hospice programs that provide volunteer and counselling support are also available.

The Extra-Mural Program is well developed for provision of palliative care and continues to provide services in people's homes, as well as in other locations outside the formal institutional setting of a hospital. There are about 30 sites for service delivery located throughout the province. The program is financially accessible and provides access to multidisciplinary care with no limits on visits after assessment of needs. If there is no insurance coverage, palliative care drugs and supplies are provided without financial restrictions. The families of dying patients are also viewed as clients.

Post-1995 Initiatives

In 2000, reorganization of the departments covering health and social services brought changes for the shared homemaker services. Although the budget is limited, it is expected that palliative care clients at home will continue to be a priority.

NOVA SCOTIA DEPARTMENT OF HEALTH

Organization

In 1994, regionalization in Nova Scotia was implemented and the Central, Eastern, Northern, and Western Regional Health Boards were created. Joint planning from 1996 to 1997 resulted in the transfer of responsibility for hospitals and public health services from the health department to the Regional Health Boards. Long-term care remains the responsibility of the Department of Health. In 2000, the four regions will be further divided into nine health districts to encourage more community participation.

Services

The regions often have designated units and dedicated palliative care nursing programs to provide acute care services for palliative care, but the largest palliative care programs are in Halifax and Sydney.

In Halifax, the Queen Elizabeth II Health Sciences Centre offers a six-bed inpatient unit, in-hospital consultation services, and clinic follow-up of ambulatory patients, home consultation services, and bereavement support. In Sydney, the Cape Breton Health Care Complex also has a mobile consultation team available to nursing homes and private homes.

Nova Scotia has made palliative care one of its priority areas for development. In 1998, a task force presented 39 recommendations on an integrated model of palliative care to the Department of Health.

The focus of the recommendations was that palliative services should be available to clients in all settings, and that palliative consultation teams of physicians, nurses, social workers, and pharmacists be available to patients and primary care providers in acute care, home care, and long-term care.

Palliative care as part of continuing care remains a problem. Palliative care services through hospices that are primarily staffed by volunteers are scattered through the province.

The 1998 provincial consultation involved multiple stakeholders who noted that the high level of palliative care offered in nursing homes needs to be more integrated with acute and home care.

There have been several changes affecting health professionals. Various fees for palliative care consultation physicians promote greater accessibility to physicians in all sectors. Palliative care at Dalhousie Medical School and the schools of nursing at Dalhousie and St. Martina's is integrated throughout the entire program.

Post-1995 Initiatives

A collaborative demonstration project funded through the federal Health Transition Fund and organized between Nova Scotia and Prince Edward Island is addressing palliative services in rural settings. In particular, it is looking at the needs of formal and informal caregivers in rural areas.

In 2000, the Working Group examining the issue of deaths at home released a brochure entitled "Expected Death in the Home," and will release a booklet on preparing for unexpected death at home. This document, prepared in co-operation with the RCMP and other emergency response personnel, will provide advice to families and communities on issues to be addressed at end-of-life.

PRINCE EDWARD ISLAND HEALTH AND SOCIAL SERVICES

Organization

The Department of Health and Social Services works with five Regional Health Authorities to establish the overall goals and objectives for the system, develop policies, and allocate funding to services including palliative care.

Services

Palliative care services are offered through acute care, long-term care, and home care. Hospice Associations provide volunteer support.

There is an eight-bed inpatient palliative care unit at Prince Edward Home, a continuing care facility, with services provided by physicians with palliative care training. Most of the seven hospitals have designated beds and most of the five regions have multidisciplinary palliative care committees.

A 1997 review of hospice palliative care identified some limitations and gaps: inconsistent and fragmented services across the province; limited accessibility as most resources are in the Queens Region; limited availability of after-hours support; less than optimal knowledge and skills about hospice palliative care practice; and the need for greater integration of formal and informal palliative care supports.

A Provincial Palliative Care Advisory Committee has recently been established to respond to this report by developing an implementation plan and by facilitating information sharing with respect to initiatives related to palliative care.

Post-1995 Initiatives

The PEI/NS Rural Palliative Care Project, funded through the Health Transition Fund, is examining a model of rural home care in East Prince Health Region and Southern Kings Health Region. A key component involves support and education for those providing palliative care. It will develop, implement, and evaluate an overall education curriculum and program for physicians, nurses, pharmacists, and others on the rural primary care team. This is scheduled for completion in late 2000.

A family and patient resource manual entitled "Caring for a Loved One at Home" has been developed.

A federally funded Tele-Home Care Technology Project in the West Prince Health Region will enable a dying person and their family to have live visual and audio contact with health professionals up to 24-hours per day.

A policy regarding "Pronouncement of Death in the Home for an Unexpected Death" has been developed in co-operation with the Island Hospice Association.

NEWFOUNDLAND AND LABRADOR DEPARTMENT OF HEALTH AND COMMUNITY SERVICES

Organization

Since 1994 the delivery of institutional and community health services has been provided under thirteen regional governance structures and one provincial board for cancer care, the Newfoundland Cancer Treatment and Research Foundation. The intent was to have two health authorities in each region, one for institutions and one for the community.

Services

The six Regional Institutional Boards can offer palliative care through beds located in institutional settings such as acute care or long-term care centres. On April 1, 1998 the mandate of the four Health and Community Services Boards and two Integrated Health Boards was broadened. They now receive global funding for palliative care in the community from the Department of Health and Community Services.

The Health Care Corporation of St. John’s has the most extensive palliative care program. It includes an eight-bed in-patient palliative care unit as well as comprehensive consultative service encompassing institutional and community care for pain and symptom. Other Regional Institutional Boards have limited access to palliative care beds.

The Newfoundland Cancer Treatment and Research Foundation also have a palliative care service, which conducts outpatient pain and symptom management clinics. Along with the Health Care Corporation of St. John’s, it is a provincial resource on palliative care, providing referrals, liaison, and educational services as required.

Physician education and training in palliative care is provided through three designated days in the undergraduate medical curriculum at Memorial University, a one month rotation for Family Practice Residents at the Health Care Corporation in St John's, and some time for Family Practice Residents at the Newfoundland Cancer Treatment and Research Foundation. For other professionals, the Provincial Palliative Care Committee supports various educational initiatives including an annual conference.

Post-1995 Initiatives

The Department, in consultation with regional representatives, is currently conducting a provincial survey and national scan on palliative care issues.

This will be followed by the development of a Provincial Framework for Palliative Care Services, including standards of care, policies and protocols.