All Together ECHO Series

REIMAGINING THE HOSPICE MODEL OF CARE IN COWICHAN VALLEY

Presenter: Kara Lyonsdietz, Manager, Cowichan Hospice House
Katie Hennessy, Clinical Nurse Specialist Palliative & End of Life Care
Island Health

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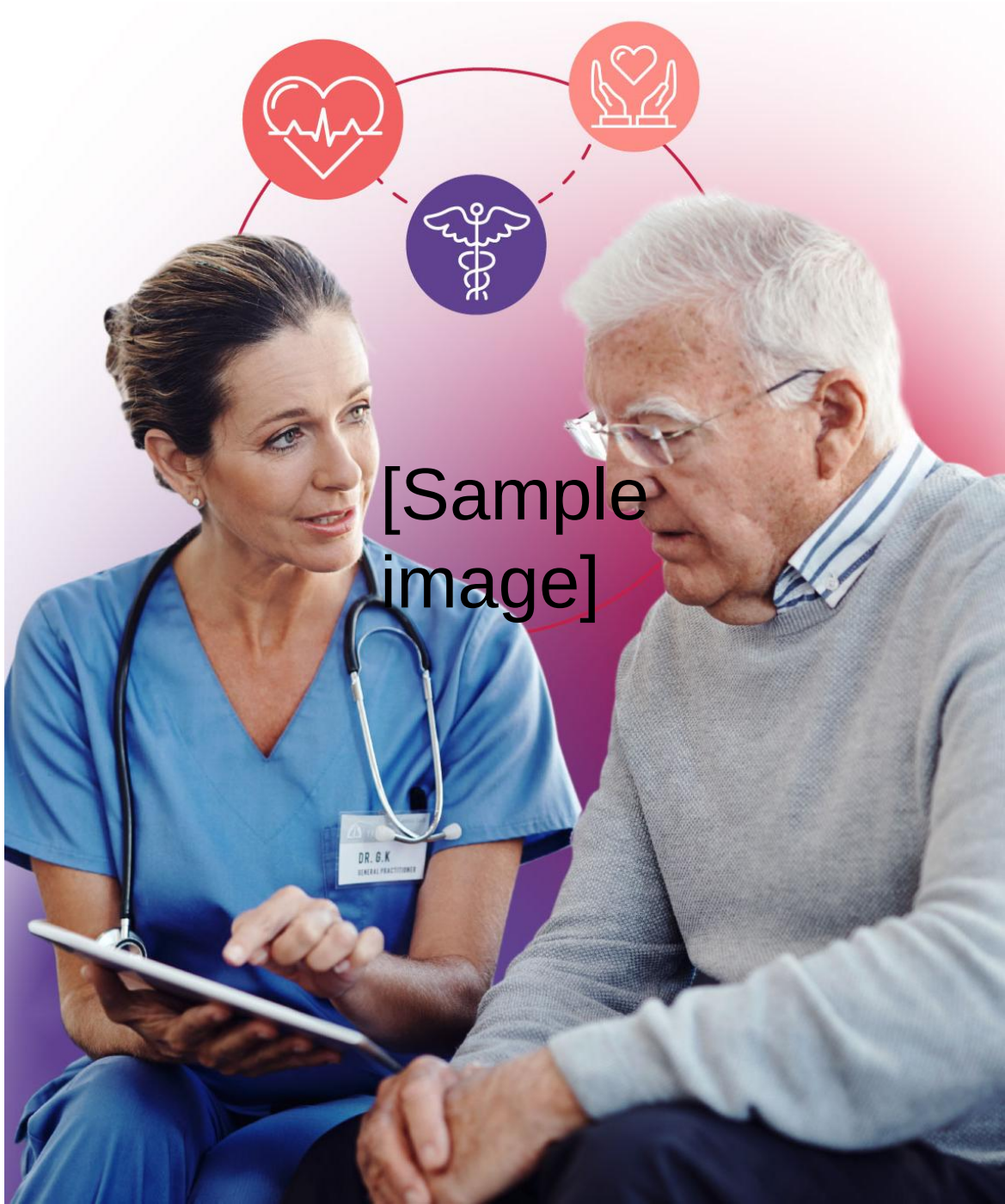
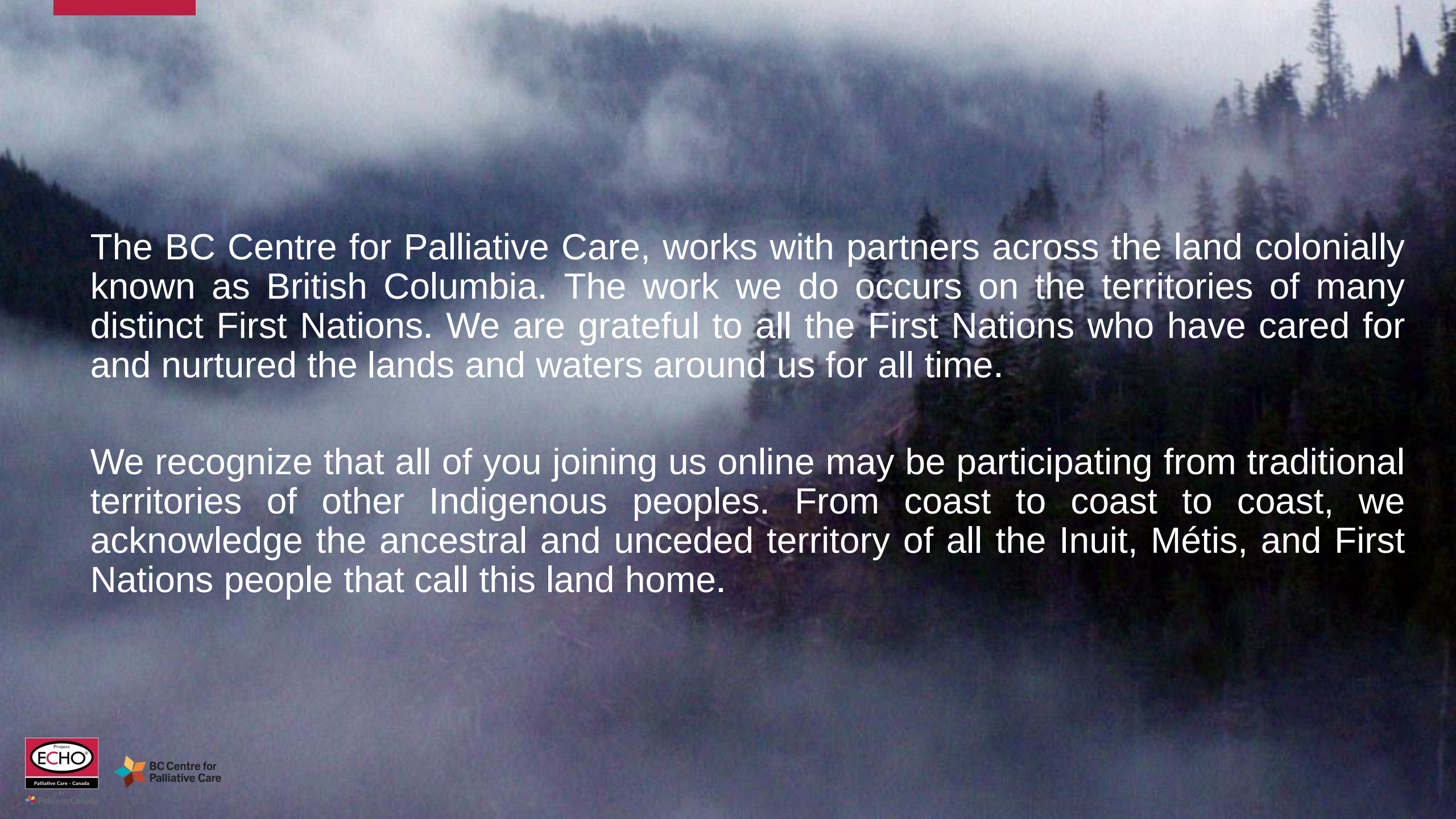
The BC Centre for Palliative Care is the provincial hub partner of the Palliative Care ECHO Project in British Columbia





The BC Centre for Palliative Care, works with partners across the land colonially known as British Columbia. The work we do occurs on the territories of many distinct First Nations. We are grateful to all the First Nations who have cared for and nurtured the lands and waters around us for all time.

We recognize that all of you joining us online may be participating from traditional territories of other Indigenous peoples. From coast to coast to coast, we acknowledge the ancestral and unceded territory of all the Inuit, Métis, and First Nations people that call this land home.

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The Palliative Care ECHO Project

The Palliative Care ECHO Project is a 5-year national initiative to cultivate communities of practice and establish continuous professional development among health care providers across Canada who care for patients with life-limiting illness.

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Thank You

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Introductions

Presenters

Kara Lyons-Dietz
Community Health Services and Hospice Manager, Island Health

Katie Hennessy
Clinical Nurse Specialist, Palliative & End of Life Care, Island Health

Learning Objectives

By the end of the session, participants will be able to:

Understand the approach for this transition

Identify system challenges

Think creatively and collaboratively!

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Background:

- Cowichan Hospice House attached to Cairnsmore Lodge, LTC facility
- New Cowichan District Hospital build- still not enough beds!
- Cowichan Health and Care Plan
- Operational challenges: staffing, recruitment etc.
- 30% clients followed by CHS died in hospital

Goals:

How could we do things differently to achieve this?

- Improve end-of-life experience for clients and families
- Improve transitions for clients and families
- Improve communication between care teams/settings

Methods:

- Staffing models at Hospice
- Community Operating Model
  - Increased services in the community dedicated to the last ~12 weeks of life
- Collaboration between local and regional programs

Partnerships!

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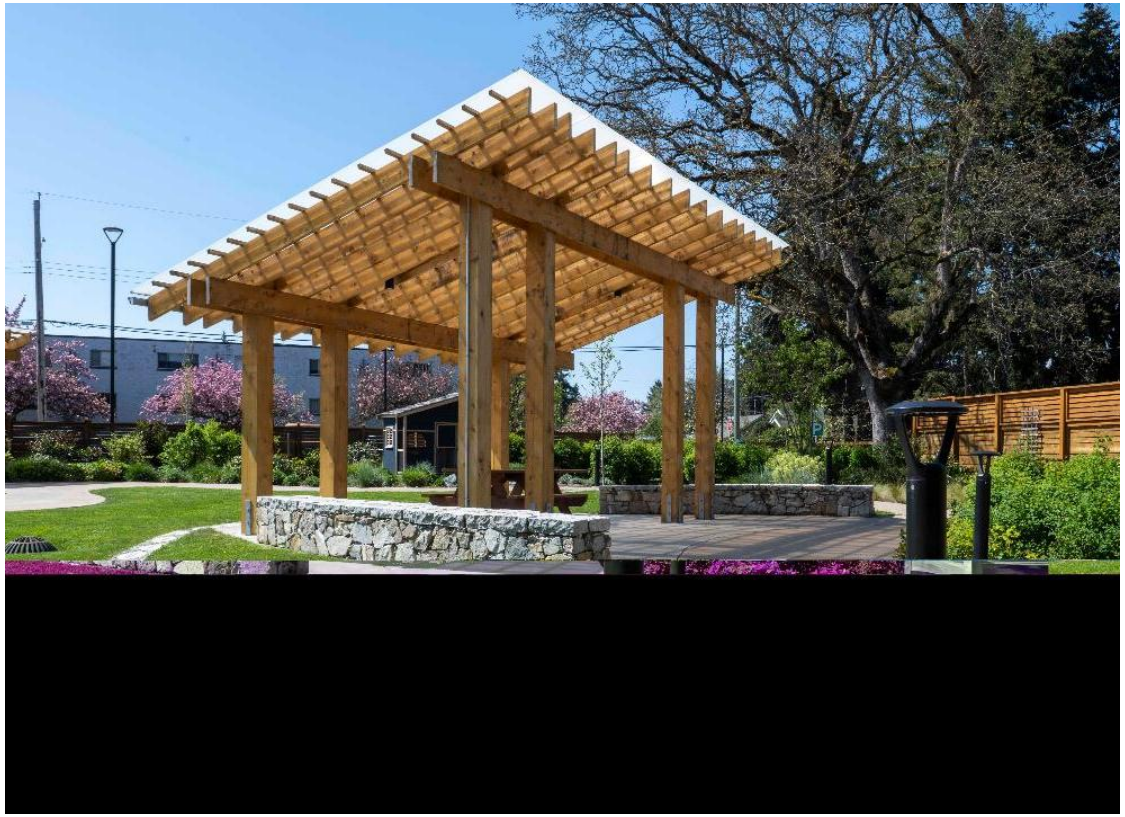
Challenges:

- Transition from LTC to CHS
- Business systems
- Licensing, policies, procedures…
- Operational considerations
- Team dynamics

Results:

- Hospice operations transitioned to CHS
- Dedicated leadership
- Improved transitions/admission process
- Hospice occupancy increased along with opening all 10 beds
- Decreased hospital deaths
- Increased awareness of end-of-life services in the community

Lessons Learned…



- Patience
- Multiple departments affected
  - iHealth, IMIT, OH & S, pharmacy, HR…
- MORE patience
- Perseverance

It Was Worth It!

- Integration of hospice into CHS has improved capacity, utilization, access and communication
- Patients and families receiving more information
  - End-of-life options
  - Improved experience

Discussion

1. How could you see this type of model for hospice care being utilized in your area?

2. Are there any ideas people could share on how to navigate some of the system barriers that come up when trying to transition to this type of model for hospice care?