Hamilton Niagara Haldimand Brant **LHIN**

Hospice Palliative Care Funding Overview

Presentation to

HNHB LHIN Audit Committee

January 25, 2017

Ontario

Local Health Integration Network

"Hospice Palliative Care" is a philosophy of care that aims to relieve suffering and improve the quality of both living and dying.

It is tailored to a person's needs and preferences.

Source: Ontario Palliative Care Network Key Messages July 2016

HNHB LHIN-Funded Hospice Palliative Care Services

Hospice palliative services are funded through:

- Community Care Access Centre (CCAC)
- Community Support Service (CSS) providers
- Hospitals

CCAC-Funded Hospice Palliative Care Services

- **In-Home Palliative – End-of-Life**
  - Direct client care: nursing and personal support services (PSS)
  - Homemaking, therapy, counselling/bereavement
  - Palliative Care Outreach Team – coordination, pain and symptom management and bereavement
  - Medical supplies
  - Nurse Practitioner (NP) integrated Palliative Services (Designated funding)

- **Education**
  - Palliative pain and symptom management – Nurses with expertise in palliative care who provide consultation, education, mentorship to support staff in Long-Term Care Homes (LTCHs), CSS and Primary Care
  - Palliative care inter-disciplinary education (education to front line health care staff)

- **Residential Hospices (RH**) – (Funded through the CCAC to approved RHs)
  - Funding provided is to support nursing, personal support services, social work, medical supplies and equipment and training

CCAC Hospice Palliative Care Funded Services

Service	2015-16 Budget
• In Home direct client care: nursing and personal support • Homemaking, therapy, counselling/bereavement • Medical supplies	$18,682,000
Shared Care Outreach Team	$912,619
NP Integrated Care Program	$666,052
Education	$383,585
RHs	$4,143,344
Total	**$24,787,600**

CSS-Funded Hospice Palliative Care Service

- **Visiting Volunteer Hospice Service**
  - Provide emotional, social and spiritual support to persons living with life threatening or terminal illness and their families
- **Palliative Care Outreach Team**
  - Coordination, pain and symptom management, bereavement
- **Education**
  - Palliative care inter-disciplinary education (education to front line health care staff)
  - Palliative pain and symptom management
- **Assisted Living** – (Emmanuel House)
  - Provides residential hospice palliative care services

CSS-Funded Hospice Palliative Care Service

Service	2015-16 Budget
Visiting Hospice Services	$994,486
Palliative Care Outreach Team	$770,258
Education	$206,351
Assisted Living – (Emmanuel House)	$987,000
Total	**$2,947,024**

Hospital-Funded Hospice Palliative End-of-Life Care

- The HNHB LHIN has 100 complex care (CC) beds designated for palliative end-of-life care across the LHIN.
- These beds provide access to bedded palliative end-of-life care for persons who require pain and symptom management and skilled interventions delivered by an inter-professional team.*
- These beds are funded through each hospital's global base allocation.
- The HNHB LHIN Complex Care Task Group in their final report noted that:

  "*Future investments in community-based palliative care settings (in-home and hospice) are needed to enable a shift in the demand for end of life care for CC. A decrease in the distribution of end-of-life care in CC is anticipated, given an increasing trend to alternative community settings.**

- An estimated cost of the 100 CC beds is $13,680,200.

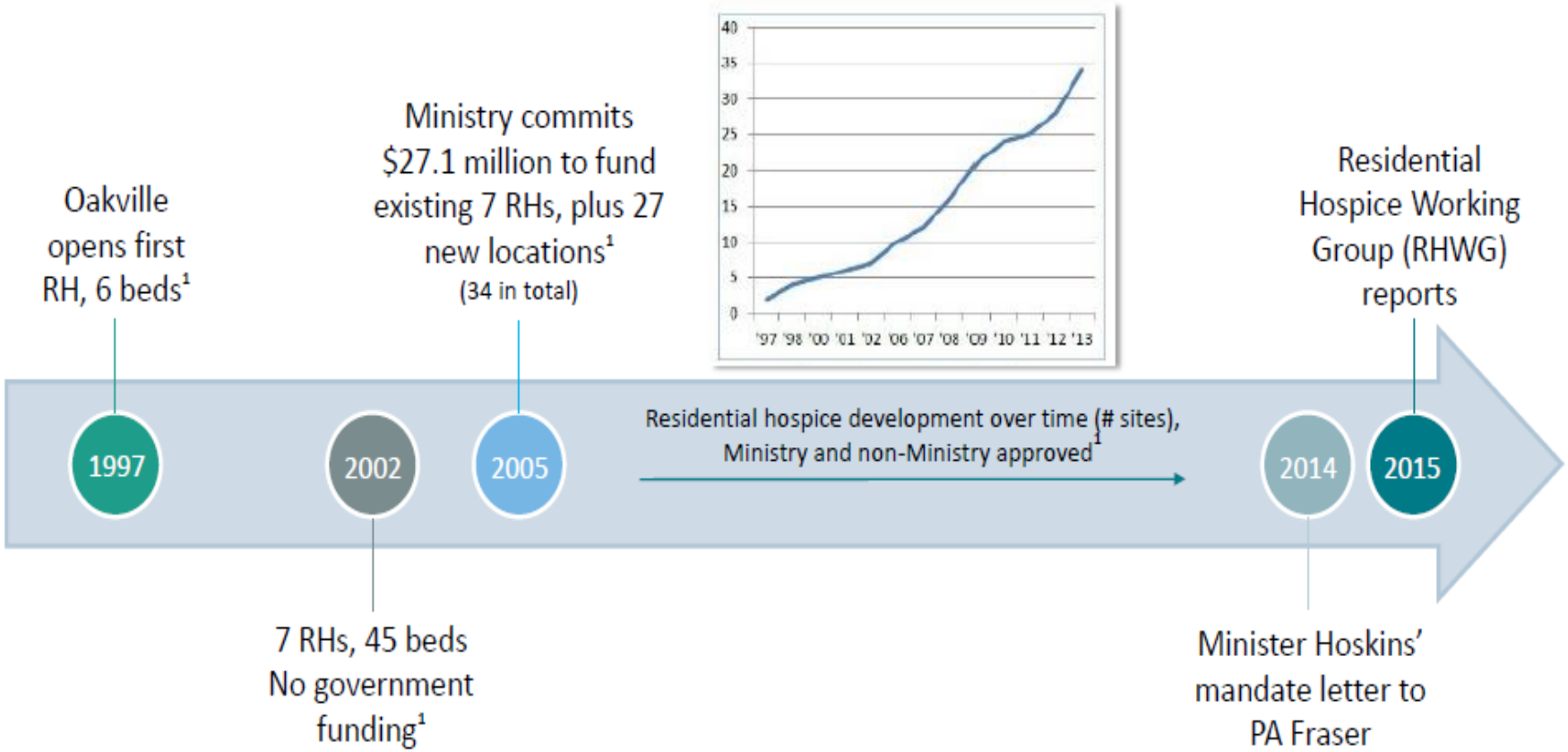
*Source: HNHB LHIN. An Integrated Program for Complex Care HNHB LHIN June 29, 2010

Residential Hospice

- Residential Hospice (RH) refers to the 'care setting'
- Prior to the *Patients First Act* (Bill 41) RHs were not defined as health service providers under the *Local Health System Integration Act, 2006*
- RHs approved to receive funding, receive that funding through the CCAC at a per bed rate for adults of $105,000 annually ($287 per day). This rate was increased in 2016 from $90,000 annually per adult bed.
- The RH per bed rate provides funding for: personal support and nursing. If the funding exceeds that required for these services the funding can be used for social work, care coordination services, medical supplies and equipment and training.
- All other RH costs are covered by fund raising and charitable donations.
- The Auditor General's 2014 Value for Money Report reported that the cost of providing palliative care in the last month of a patient's life averages about: *
  - $1,100 per day in an acute-care hospital bed;
  - $630 to $770 per day in a bed in a palliative-care unit (at the two hospitals visited that tracked this information in a comparable way);
  - $460 per day in a residential hospice bed (excluding drug costs);
  - under $100 per day where at-home care is provided (excluding drug costs, in the last month of life).

Source: 1) Office of the Auditor General 2014 Annual Report Chapter 3, Section 3.08 Palliative Care
2) HNHB Regional Hospice Palliative Care Program Council Briefing Note Submission Date to the HNHB LHIN: March 31, 2015

Residential Hospice Development in Ontario



Source: MOHLTC OPCN Work Shop March 11, 2016 Capacity Building

Residential Hospices Receive Funding in HNHB LHIN

Residential Hospice	# Beds
Carpenter Hospice (Plan to increase by one bed in 2017)	10
Dr. Bob Kemp Hospice	10
McNally House	6
Stedman Community Hospice	10
Hospice Niagara	10
Total	**46**
Emmanuel House (Designated as Assisted Living)	10
Planned new Residential Hospice at St. Josephs Villa, Dundas to open early 2019	*6*

Summary of Funding Sources

CCAC	$24,787,600
CSS	$ 2,947,024
Hospital	$13,680,200
TOTAL	**$41,414,824**

Hospice Palliative Care Services

	Service Volumes 2015-16
Hospital – Designated Beds	• 1,545 individuals discharged of whom 79% died in hospital (reporting from 111 beds) • Occupancy rate 87% • Average length of stay(LOS) 23 days
Palliative Care Outreach Team	• 2,176 individuals served (Reports on 10 months of data)
Residential Hospices (RH)	• 552 individuals received shift nursing, 746 individuals received PSS • 346 group education sessions servicing 1,314 • RH LOS ranged from six – 34 days • RH Occupancy ranged from 67 – 100%
CSS – Education	• 5,220 education attendances
CSS – Visiting Hospice Services	• 1,551individuals served for a total of 37,723 visits • 276 group sessions for 2,067 attendances
CCAC - Pain and Symptom Management	• 873 education attendances and 46 group sessions
CCAC – Palliative NP	• 416 individuals for a total of 2,415 visits
CCAC - Direct Care	• 4,105 individuals

Source: Hospital 2015-16 Complex Care Report; Palliative Care Outreach Team HNHB 2015-16 Annual Report.; CSS 2015-15 Q4 SRI Report; CCAC Services 2015 Q4 SRI Report. Residential Hospices HNHB CCAC Residential Hospice Report and CCAC Q4 SRI Report

Thank You!