MidCentral District Health Board

Palliative Care Strategic Plan
2012 – 2017

The Strategy in Summary

“How people die remains in the memory of those who live on”
Dame Cicely Saunders, founder of the Modern Hospice Movement
Overview

The purpose of this document is to provide a summary of the key strategic pathway contained within the MidCentral District Health Board (MDHB) Palliative Care Strategic Plan 2012-2017 which is the first Strategic Framework for Palliative and End of Life Care for the MidCentral District. It provides a clear direction for developing and improving palliative care and end of life care services across the MidCentral district during the next five years 2012 – 2017.

Palliative care (from the Latin palliare, to cloak) is an area of healthcare that focuses on relieving and preventing the suffering of patients and has a fundamental place in the Treaty of Waitangi and the principles of Partnership, Participation and Protection. The name “Te Korowai O Rongo”, which has been taken to symbolise the Palliative Care Strategy and future integrated service model, refers to the concept of a cloak for protection, love, peace and harmony and is representative of the role and services provided by the organisations in partnership with Iwi.

He Korowai O Rongo translated:

“the cloak of Rongo the guardian of peace and tranquility”.

This Palliative Care Strategic Plan symbolises the protective cloak and mana o te tangata – the cloak that embraces, develops and nurtures the people physically and spiritually. In the weaving, or raranga, of a korowai there are strands called whenu or aho. In the strategy these represent all the different people who work together to support people with end of life and palliative care needs – including whānau, hapū and iwi, the health professionals, community workers, providers and hospitals.

Vision and Objectives

Our vision for the District is:

“All people with life limiting conditions live well and die well irrespective of their condition or care setting”

The vision and goals presented to achieve this vision are grounded in the priorities of the Ministry of Health regarding improving patient experience through Better, Sooner, More Convenient (palliative) care in our district. The plan is evidence-based to lead and validate the planning and delivery of palliative care services including paediatric palliative care services.

<table>
<thead>
<tr>
<th>Current</th>
<th>New</th>
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<tbody>
<tr>
<td>Palliative care services have developed in an ad hoc nature driven by local need</td>
<td>Services designed and developed in an integrated model with a district wide and best practice focus</td>
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<tr>
<td>Access to services varies across the district</td>
<td>District wide consistency of service</td>
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<tr>
<td>Health sector focus</td>
<td>Patient, family and whanau focus</td>
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<tr>
<td>Individual provider focus</td>
<td>Integrated service focus</td>
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<tr>
<td>Isolated pockets of information and technology</td>
<td>Integrated technology and information where it is needed</td>
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<tr>
<td>Activities such as research and education driven by local need and funding</td>
<td>Funding model that supports the strategy’s goal of an integrative model of care</td>
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<td>Workforce lacking formal coordination</td>
<td>Coordinated and effective workforce</td>
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Strategic Goals

The following core goals, developed during the extensive engagement process, were identified as priorities that would inform the future Palliative Care services model.

1. The patient experience will be at the centre of service design.
2. Support will be available and accessible for family and whānau.
3. An integrated model of palliative care, Korowai Care, will be developed for all people in the district.
4. The workforce (paid and unpaid) will be developed and sustained with the required competencies, resource and flexibility to respond to service and health care demand.
5. A sustainable system of clinical governance and leadership will be implemented.

Each of the goals will be achieved adhering to the following principles:

- Ngā kaupapa tuku iho
- Family/whānau opportunity
- Best family/whānau outcomes
- Coherent service delivery
- Whānau integrity
- Effective resourcing
- Empowerment
- Competent and innovative service provision

Vision must be partnered by action and the following two key objectives (expanded in the next section) have been identified to move forwards:

- Development of a Palliative Care Network to provide clinical governance and leadership
- Development and implementation of an integrated model of Palliative Care – ‘Korowai Care’

Development of a Palliative Care Network to Provide Clinical Governance and Leadership

To ensure the plan commences with appropriate oversight and resources a Palliative Care Network (PCN) based on the combined strengths of Arohanui Hospice, the Hospital Palliative Care Team, the Cancer and Palliative Care District Group, Central PHO and the Integrated Palliative Care Governance Group will be formed.

PCN will deliver the leadership to drive activity that:

- Steers the development of the Palliative Care Strategy implementation plan across the sector that is aligned with the MDHB Palliative Care Strategic Plan.
- Ensures all Palliative Care Clinical Governance Groups/Networks be merged into one or have formal links established via memoranda of understanding.

Representation will be sourced from within:

- Specialist Palliative Care
- Child Health
- Primary Care

The following diagram was developed to pictorially demonstrate the strategy and pathway to achieving the future vision.
The PCN will be resourced to effectively drive the initiatives outlined in the plan by the following positions. It is expected that adequate resourcing will be given.

- Project Manager 0.5 FTE
- Programme Clinician 0.4 FTE

The Project Manager will:

- Drive the development of the implementation plan across the sector.
- Work on models and clinical pathways to support an integrated Framework and key action plans.
- Support a review of palliative care clinical tools/pathways and outcome measures linked to the Strategic Plan outcomes.
- Engage with Māori Health and Kaumātua towards the development of the Korowai Model for Palliative Care aligning with Whānau Ora.
- Develop clinical tools across the district including referral, needs assessment, triage, access pathways to 24/7 support/emergency and specialist palliative care.
- Develop a feasibility study to develop a Patient Experience Programme for palliative care.
- Support and integrate ACP and GSF and LCP into new service models.

The Programme Clinician/s will:

- Undertake relationship building and partnership across key provider groups including consumers.
- Develop intersectoral liaison and alignment of palliative care services.
- Lead the development and evaluation of the strategic and implementation plans.

**Next steps**

<table>
<thead>
<tr>
<th>Task</th>
<th>Timeframe</th>
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<tbody>
<tr>
<td>Establish the PCN through an appropriate representational process.</td>
<td>Q2 2012/13</td>
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<tr>
<td>This includes establishing a terms of reference for the PCN</td>
<td></td>
</tr>
<tr>
<td>Identify and secure funding for the two identified positions.</td>
<td>Q2 2012/13</td>
</tr>
<tr>
<td>Recruitment process to be part of the strategy development tasks</td>
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**Development and Implementation of an Integrated Model of Palliative Care – ‘Korowai Care’**

In the context of Health Care and more specifically Palliative Care, what in fact is integration?

‘Integration is a coherent set of methods and models on the funding, administrative, organisational, service delivery and clinical levels designed to create connectivity, alignment and collaboration within and between the cure and care sectors. The goal of these methods and models is to enhance quality of care and quality of life, consumer satisfaction and system efficiency for patients with complex, long term problems cutting across multiple services, providers and settings. The result of such multipronged efforts to promote integration for the benefit of these special client groups is called ‘integrated care’.

Kodner and Spreeuwenberg (2002)

Through integration, improved patient outcomes will be a key priority of the Korowai Care model. Through the incorporation of the principles of Whānau Ora in each integrative process, whānau-centred initiatives will be fully integrated and supported. With the patient and whānau-centred focus, the Korowai Care service design will model excellence in terms of partnership between services and delivering services that promote a seamless continuum of palliative care.

The Korowai Care integration model identifies six types of integration. Each type of integration is enabled through a range of integrative processes, some of which focus on systems and structures; others on less tangible aspects such as professional behaviour and teamwork.
The functions of services to support an integrated palliative care approach will be determined and will be informed by a focus on understanding the patient experience in palliative care. The existing Palliative Care Partnership model has enabled integration between primary care and palliative care services across the district and building on this model and expanding it across services will achieve further integration—which practically may be achieved through better collaboration and formalising agreed ways of doing things.

Further integration through the PCN will:

- create a drive for clinical governance which is in touch with District wide sector activities
- reduces the chance of specialist bias
- maximises opportunities to deploy the MDHB Palliative Care Strategy
- creates shared leadership in palliative care across the District
- oversees funding model for palliative care District wide

**Next steps**

<table>
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<tr>
<th>Timeframe</th>
<th>Description</th>
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<tbody>
<tr>
<td>Q1 2012/13</td>
<td>Develop a project terms of reference and secure the appropriate resources to build on the existing work and create an integrated model of palliative care.</td>
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<tr>
<td>On-going</td>
<td>During the project ensure a focus is maintained on identifying and implementing quick wins.</td>
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**Implementing the Strategy**

The achievement of the future vision for Palliative Care will clearly involve a period of change over the next five years. In implementing the strategy there are a number of important principles for ensuring a stable and constructive transition:

- In the first instance, protect the gains already made and relationships developed during the development of the strategy. The future vision will only be able to be delivered if the district acts as a coordinated whole.
- During the development of the Korowai model involve, discuss and collaborate with the Palliative Care sector, providers and communities.
- Focus on stepwise, evolutionary, change which is progressively consistent with national, regional and local solutions.
- The two key objectives outlined in this summary provide a focus for activity in the coming months and in particular the development of the Integrated Model for Palliative Care–Korowai Care is the key aspect for delivering the future vision this strategy is focussed on. The Korowai Care model, once accepted, will direct resources and investment and so its importance cannot be stressed enough. It provides the district with an opportunity to significantly improve Palliative Care services over both the short and long term.
For the complete document from which this summary has been abstracted please go to the MidCentral DHB website and under publications/plans and strategies.

http://www.midcentraldhb.govt.nz/Publications/PlansStrategies/
We will seek to develop and maintain palliative and end of life care services of consistent high quality that reflect the vision and priorities of the people that we serve.