

## **Appendix 2. Development of this Toolkit**

### *How did we get here?*

Recognizing that caregivers in the home and in community and health service settings are important partners of the Central West LHIN and integral to achieving an integrated health system, the Central West LHIN divided its region into five planning areas known as sub-regions – Bramalea and Area, Brampton and Area, Dufferin and Area, Bolton-Caledon and Area, North Etobicoke, West Woodbridge, Malton and Area.

Sub-regions were created to help LHINs and service providers better understand and address resident needs at the local level and look at care patterns through a smaller lens to effectively respond to the needs of the community.

The five Sub-Region Collaboratives comprised of health service providers and partners in other sectors e.g. children's services, public health, and education, identified three main priority areas in alignment with strategic provincial direction. These include:

- Improve access to community Mental Health and Addictions services in Bramalea
- **Improve access to Palliative Care**
- Integrated Care (previously Transitions in Care)

Bramalea and Area Sub-Region established a Palliative Care Working Group with a mandate to improve access to palliative care for patients and their families within the sub-region. The working group's approach is rooted in Central West LHIN Palliative Care Network's philosophy around Early Identification, Advance Care Planning and the Model to Guide Hospice Palliative Care.

In partnership with the CW Palliative Care Network, the working group established the following objectives for improving the overall care experience and health outcomes for residents and palliative patients:

- i. broaden knowledge of advance care planning across sectors
- ii. establish a shared understanding of the provincial palliative care model  
identify and reach consensus on appropriate roles for cross-sector partners in this model
- iii. ensure that standardized tools/resources are consolidated and are easily accessible
- iv. establish plans for providers' use of a Tool Kit
- v. engagement with primary care.

### *Purpose of the Toolkit*

The Bramalea Palliative Care Working Group developed the following criteria for the toolkit:

- All agencies have experience with the dying/death of their clients; some providers have limited experience while others work with palliative patients on a daily basis. The toolkit would serve to **address the varying needs and capacity levels** across the community and extend to informal caregivers as well.

- Be developed using existing resources, based on input from multiple service settings to ensure that the process is feasible and can be easily incorporated into everyday practice
- Foster an **understanding of the varying roles and responsibilities** of existing programs and organizations within the palliative care journey e.g. support patient goals, family support, pronouncement of death, etc.
- Each provider agency that is positioned to **engage in Early Identification** of palliative patients would be enabled and supported by the toolkit
- **Improve communication** across care settings to ensure timely and appropriate care for palliative patients and their families during the care journey and after death
- Support a mix of informal caregivers e.g. family, friends, volunteers, and registered health professionals e.g. RN, NP, SW, OT, as well as non-registered health professionals e.g. PSW
- Respect the autonomy of providers and professional scopes of practice
- Easy to maintain and updated to current best practices