THE INNOVATION

1990s
- Fragmented Services
- Unstructured Services

2003
- PEOLC Program vision
- Ongoing Evaluation
- Program Evolution

Today
- All Palliative programs are under one portfolio for clinical program and educational integration
- Established referral criteria with guidelines for transitions
- Leverages Portfolio and Organizational Leadership
- Connected to Seniors Health, Continuing Care and Family Medicine

PALLIATIVE / END OF LIFE CARE – CALGARY ZONE

Bev Berg | Janice Hagel | Aynharan Sinnarajah

IMPACT AND RESULTS

Key Performance Measures & Quantitative Results

- Rates of Hospice Admissions & Deaths
- Utilization of Program Services
- Rates of Palliative Involvement in Non-Cancer

Hospice Admissions and Deaths

<table>
<thead>
<tr>
<th>Year</th>
<th>Hospice Admissions</th>
<th>Hospice Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>123</td>
<td>34</td>
</tr>
<tr>
<td>2016</td>
<td>185</td>
<td>45</td>
</tr>
</tbody>
</table>

Non-Cancer Population

At March 2016 Non-Cancer patients represent 42% of the population served

Grief Support Utilization

<table>
<thead>
<tr>
<th>Year</th>
<th>Initial Service Events</th>
<th>Unique Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>500</td>
<td>200</td>
</tr>
<tr>
<td>2016</td>
<td>700</td>
<td>300</td>
</tr>
</tbody>
</table>

Qualitative Results

Recognition and Support, in form of visible leadership and funding from health system and/or government, for an integrated palliative care program has been essential.

Compelling evidence was needed for:
- Inadequate symptom control
- Unaddressed psychological and spiritual distress
- Aggressive over-treatment
- High acute care use
- Lack of system wide quality palliative care competencies
- An absence of end of life care planning

HOW DO WE KNOW?

1996
- 23 program recommendations were established
- Performance objectives set

2006
- 25 of 23 recommendations were implemented
- Clinical and Acute care evaluation framework established
- Reduction in hospital death rates

Today
- Hospital death rate one of the lowest in Canada at 35%
- Embedded a continual and progressive evaluation in both clinical and acute settings
- Highest non-cancer patients served rate of almost 50%

Innovative methodologies are established to capture program, population level, and trending data to identify gaps in quality palliative care, leading to development of clinical teaching and research opportunities.

IMPACT STORY

Adopt a single portfolio structure that spans to connect:
- Primary care
- Secondary care
- Tertiary care

Innovations
- Add 24/7 Palliative Physician Access
- Add after Hours Palliative Home Care support

Establishe a coalition of the willing:
- Physicians & Non-physicians
- Government Leaders
- Healthy System Leaders

CULTURE AND CARE EXPERIENCE

- Collaborative and robust, nursing and physician consult teams across all health sectors
- Incorporated Palliative Home Care
- Grief Support Program established
- Educational programming aimed at increasing the capacity of palliative care in all health sectors
- Integrated services across all health sectors supports dying in place in accordance with patient wishes
- Established a nationally recognized Advance Care Planning and Goals of Care program that is now implemented in all zones of Alberta Health Services
- Our strong foundation is able to launch innovative and tailored programs that were previously non-existent and for populations not previously served (e.g. Homeless and Rural Populations)
- Calgary Zone has the highest numbers of hospice beds as compared to other zones in Alberta Health Services

LESSONS LEARNED

- Requires Strong Leadership and Organizational Support
- Flexible and Responsive Delivery Care Model
- Clear Objectives to measure and report Outcomes
- Program and Clinical Integration between Palliative and End of Life Care Services with strong linkages to Primary Care Providers and related Health Sectors

“I am eternally grateful for those who cared for Bob during his last days and to those who cared for me, including the support I am still receiving through Grief Support. The PEOLC program includes palliative home care, palliative care at Calgary Hospitals, hospice care as well as the Grief Support Program. These programs help thousands of patients and their families in the Calgary area every year. As I experienced firsthand, the staff truly care about their patients and demonstrate this in everything they do. The nurses, doctors, social workers and counselors that I met have all been wonderful.” - Lori

PEOLC Deaths

Number of 12 deaths seen by PEOLC

Grief Support Utilization

Initial Service Events and Unique Patient metrics on the rise