

Manitoba
Putting Progress into Action Workshop
Small group Discussions
June 07, 2004

Gaps

Patient and Family Care

Volunteer Services

Limited dollars to provide home services

Sharing information and communication within regions

Regional re-structuring challenges as related to sharing information

Communication with “Manitobians” about services available and what services patients should be entitled to

Availability of home care services

Emergency support

*Care planning/discharge planning

Who and when, and often do not have time

*Right resources at the right place at the right time

Gap between diagnosis and to slated “palliative” and referred to services

Tertiary links to secondary and primary care levels

Who is the primary care provider responsible for the care

Everyone needs general knowledge of palliative care

Cultural and generational challenges

Older generation think of health as own “private business”

Perception of community that need a “hospital”

Generally- good coordination regionally

Education

Financial Support

Pain and Symptom Management (primary and expert)

Time allocation

Expertise

Human Resources

Financial resources (replacement of staff and travel costs)

*Lack of understanding and awareness of palliative care principles

Ethical Issues: medication, hydration, etc.

Education of other caregivers that are not nurses

* Identified as a top priority

Research

Financial Support
Participation due to location
Knowledge transfer from documentation to delivery
Attitude of participants
Advocacy

Even some professional care providers do not have the knowledge to inform the public
Question comfort of discussing the topic of palliative care
Research /documentation to use in advocacy
Need to integrate quantitative and qualitative
Not using venues to get out message

Management/Administration

Sustainable funding- funding more directed to other areas

How do we reach the decision-makers?

CEO and Boards – supportive in principle but no dollars allocated
Provincial Funder
Influencers- such as physicians
Health Program Services Network
Must ensure there is more than Winnipeg represented
Require “buy-in” power
HPCM
Grass routes- individuals and families
MP’s and MLA’s
All palliative care coordinators/staff/volunteers need to see advocacy as a role
Use media better
Need publicly recognized champion
Through physicians

What kind of supports can Pallium Provide?

Weekend sessions for education of professionals
Advocacy- can help to build “health strategy”
Regional weekend courses
Building Secondary level of expertise
Facilitating networking across regions
Sharing resources
Collaboration with Pallium gives more accountability
Best practice models
Sorting through mass of info and filtering appropriate info to colleagues
Short, simple, clear and to the point Newsletter to share information and resources

Research and documentation

Education of professional caregivers

Creates a bigger profile for palliative care to use at a local and national level

Facilitate the sharing