

Saskatchewan
Putting Progress into Action Workshop
Small group Discussions
June 22, 2004

Patient and Family Care

Gaps

Physician/Clinical Lead –without some you are powerless, need champions-one to take a keen interest and keep involved and up to date
Federal Provincial system gaps-discharges, etc..
One person alone can not provide good palliative care-takes multidisciplinary –multi skill set to provide whole range of services and include those outside health care –social worker and funeral home staff
Need intersectoral/interdisciplinary integration
Does the community understand palliative care
Links to cancer care early
Accessibility
Client decisions in service areas needs education and support (palliative care consult teams to ICU to deal with ventilator decisions and issues)
Provide consult to caregivers and families

Strengths

Palliative Care as suppose to be a core service –recognized as a core primary care service-have region acknowledgement and support this (resources, programs etc..)
Regional champions
Community ownership and buy-in – get dollars to put towards education, equipment, funding sources other than government
Grateful families will thank for good care
Commitment to regional palliative care programs from all service areas and participants in regards to such things as donations

Education

Public education
Non- palliative caregivers (emergency staff)
Federal system

Strengths

Physician residency
Regina Program on death and terminal illness

Anesthesia (take two week pain control education)
Physician continuing care education

Research

Financial restraints

Implementing research to practice

 Research gap

 Research utilization

Establishing connections with Academic centers

Lacking skill to perform research

Inconsistent definition

Data not standardized

Knowing who is doing research and how do we get involved

Information systems

Data collection tools

Sask health leadership

Advocacy

Use Roy Romonow and Broda reports

Takes time to advocate

Conflict of interest for front line staff

When national association sends out letters for others to advocate, sometimes difficult to proceed because of conflict

Utilize professional associations as advocates

Role of provincial association- needs to be more than regional coordinators

Need to get the community support

Need to educate the community that palliative care is more than a nicely educated room

People who understand palliative care are those who have been touched by it

Champions for the cause but not health care providers

Team approach

Intersectoral

Needs to be recognized as a specialty service

Management/Administration Issues

Limited palliative care leaders (if any) in the regions

Many demands on resources, difficult to decide on priorities

Small percentage of population –difficult to justify the dollars

Need to have the data to support need

South African and other out of country physicians not familiar with palliative care in Canada, resources, expectations, etc.

Lack of standardized protocols and procedures = inequity of services across the province

Lack of funding for supplies

Educate doctors in own communities

Physicians buy-in
Palliative Care needs to be at the table when decisions are made

How do we reach the decision makers?

Get data together and present to the boards
Sound evidence based
Best practice
Demographics, outcomes, measures done after each and every case and at intervals
Research based studies from patient perspective and family separately as experiences are different, aggregate model
Matching choices with resources/ability- eg client wants to die at home but family physically, realistically, emotionally unable to handle it
Best case scenarios-live at home up until the last 24-48hrs – then only death occurs in hospital
CHPCA initiative helping every province
Lectorship to palliative care-first ever lecture in province in Saskatoon and Regina (bring in Neil MacDonald)
Letter to Ministers
Advocacy tools
Through communities to leaders in health and politicians
Board members-present to Boards gaps in services
Show successes to MLA'S (to ensure services are maintained)
Presentation to CEO's or to local boards and Health Quality Council
Sask Health
Increase profile of Saskatchewan Palliative Care Association

What kind of supports can Pallium Provide?

Link with CVH
Policies and Procedures (one binder)
Common resources
Teleconferencing to physicians
Health line protocols
Standardized training binders with modules(volunteers and HSA)
Weekend education sessions
Education via telehealth
Rural voice must be at the table
Need to include other disciplines in education and RN'S at all levels
Ongoing education of physicians
Education package for administrators/CEO/Boards
Education must be lower cost initiatives
Increase communication and linkages across the provinces
Recognize rural geographic realities
Need more telehealth sites (not everyone has access in Saskatchewan)

Network of colleagues with common interests and challenges that is not too time committing