

SCHEDULE 12 – ONTARIO PALLIATIVE CARE NETWORK (OPCN)

PART A – PROGRAM DESCRIPTION

Background:

In July 2015, the Ministry provided a mandate to the 14 Local Health Integration Networks (in time, Ontario Health) in partnership with Cancer Care Ontario (in time, Ontario Health) to establish the Ontario Palliative Care Network (OPCN) along with Health Quality Ontario (in time, Ontario Health) and the Quality Hospice Palliative Care Coalition of Ontario (The Coalition). The OPCN is a partnership of community stakeholders, health service providers and health systems planners who are developing a coordinated, standardized approach for delivering high value, patient-centered palliative care services in the province. It supports and aligns with [Advancing High Quality, High Value Palliative Care in Ontario: A Declaration of Partnership and Commitment to Action](#) (the Declaration), which highlights a commitment to improved access and equity in palliative and end-of-life care at home and in the community. The OPCN partners are committed to making a difference in the lives of patients/families and caregivers.

Mandate of OPCN:

The OPCN:

- acts as a principal advisor to government for quality, coordinated palliative care in Ontario
- is accountable for quality improvement initiatives, data and performance measurement and system level co-ordination of palliative care in Ontario
- supports regional implementation of high-quality, high-value palliative care

Governance Structure

The OPCN governance structure is comprised of five components supported by a Secretariat:

The Executive Oversight (EO) is accountable to the Ministry, and is responsible for providing executive leadership and ensuring accountability and alignment of activities across the Local Health Integration Networks (in time, Ontario Health), CCO (in time, Ontario Health), Health Quality Ontario, (in time, Ontario Health), and the Community (through representation from the Quality Hospice Palliative Care Coalition of Ontario).

The Partnership Advisory Council (PAC) is comprised of members that reflect all levels of care (primary, secondary and tertiary), care settings and services (acute care, rehabilitation, community care, mental health care, public health and health promotion, etc.) and the full geographical diversity of the province. The PAC provides advice, insights and recommendations to help ensure plans for quality, coordinated palliative care are informed by the diversity of partner perspectives.

The Clinical Advisory Council (CAC) is multi-disciplinary in nature, reflecting appropriate geographic and clinical expertise. The CAC provides input for clinical improvement in palliative care in Ontario, as well as direction on the clinical implications of new policies.

The Data and Information Advisory Council (DIAC) is comprised of system/operational leaders, reflective of those needed to achieve objectives established by OPCN Executive leadership. The DIAC provides ongoing strategic direction for performance measurement for the OPCN.

The Implementation Advisory Council (IAC) includes representatives from the OPCN leadership partners, CCO Regional Cancer Programs, Regional Palliative Care Networks, and OPCN Advisory Councils. The IAC provides ongoing strategic advice for implementation of the OPCN Action Plan and provides a forum for its members to discuss issues of common interest and share advice, insights and recommendations to inform and align their respective activities in furthering Ontario's hospice palliative care system.

The Secretariat executes the mandate of the OPCN and supports the operational and tactical activities of the network. The Secretariat is hosted by CCO and leverages CCO's enterprise services in support of these efforts. The Secretariat is comprised of staff that, amongst other things:

- Provide logistical and project management support to bringing experts/ leaders together to develop/ inform/ approve of the advice
- Facilitate/ develop engagement activities required to arrive at agreed upon strategic directions
- Act as connector amongst system partners to promote and enhance system level co-ordination of palliative care in Ontario
- Gather, analyze and summarize outputs of those engagement activities into strategic directions
- Provide subject matter expertise and leadership in developing supporting research/ materials for governance bodies, working groups, expert panels, etc. so they can provide strategic directions
- Provide supporting analyses (data or information) to inform directions and advice
- Review, summarize and/or provide advice on evidence, best practices, and/or lessons learned to take into account in developing strategic direction and advice
- Engage on ongoing basis those that need to approve of, support and/or implement the directions once finalized to precipitate adoption
- Lead communications related to dissemination of strategic directions/ priorities

The OPCN developed Action Plan 1: 2017-20 to outline how the OPCN and its partners will work together to ensure that quality hospice palliative care services are readily available and easy to access for people with life-limiting illness and their loved ones. Based on the Action Plan and the ongoing operations of the Network, OPCN work plan for 2019/20 is categorized into following areas:

1. Network Support and Initiatives:

- Provincial Network
- Regional Networks
- Communication and Engagement
- Enhancing Patient and Caregiver Engagement in Hospice Palliative Care
- Aligning the Planning for Hospice Palliative Care Across the Province
- Enabling Early Identification of People Who Would Benefit from Hospice Palliative Care
- Establishing Palliative Models of Care to Increase Access and Enable Adoption of the Quality Standard
- Building Provider Competencies in Hospice Palliative Care
- Measuring and Reporting on our Progress

2. Regional Leadership

3. Operations

PART B – VOLUMES, FINANCIAL/PERFORMANCE AND REPORTING OBLIGATIONS

Dedicated Funding Envelopes		Funding Branch/Division									TP Parent/Cost Centre
OPCN		Home and Community Care Branch Ontario Health Teams Division									Vote 1412-01 Cost Centre 524331
Activities	2018-19 Opening	2018-19 Incremental Base	2018-19 One-Time	2018-19 Total Allocation	2019-20 Opening	2019-20 Administrative Efficiency	2019-20 Incremental Base	2019-20 One-Time	2019-20 Total Allocation	2019-20 Deliverables	
	(A)	(B)	(C)	D = (A+B+C)	(E)	(F)	(G)	(H)	I = (E+F+G+H)		
Dedicated Funding Envelope (DFE 1)											
	Network Support and Initiatives				\$2,849,258 (Reallocated \$1,963,220 from Secretariat Resources and \$886,038 from Program Initiatives)	(\$752,848)			\$2,096,410	<p>Provincial Network</p> <ul style="list-style-type: none"> Operational support to the Executive Oversight and Advisory Councils. <p>Regional Networks</p> <ul style="list-style-type: none"> Support the regions with the implementation of the Health Services Delivery Framework Recommendations by maintaining and developing partnerships and engagements. Support the integration of palliative care in Ontario Health Teams, as appropriate. <p>Enhancing Patient and Caregiver Engagement in Hospice Palliative Care</p> <ul style="list-style-type: none"> Continued connection with the Ontario Caregiver Organization to identify synergies and opportunities to partner to avoid duplication and to leverage each other's strengths. Support dissemination, awareness and adoption of the <i>OPCN Goals of Care Tools</i> through the implementation of the Delivery Framework recommendations and other targeted engagement activities and partnerships. <p>Aligning the Planning for Hospice Palliative Care Across the Province</p> <ul style="list-style-type: none"> Continue to review and analyze Regional Work Plans to gauge regional progress against the Action Plan and to identify opportunities for knowledge transfer and exchange amongst regions. Engage with First Nations, Inuit, Métis and urban Indigenous organizations, regional groups and communities to support engagement related to OPCN initiatives that can support in closing the gaps they experience in hospice palliative care. Seek regional insights gathered from Francophone stakeholders' engagement by the regions to inform provincial planning. <p>Enabling Early Identification of People Who Would Benefit from Hospice Palliative Care</p>	

Activities	2018-19 Opening	2018-19 Incremental Base	2018-19 One-Time	2018-19 Total Allocation	2019-20 Opening	2019-20 Administrative Efficiency	2019-20 Incremental Base	2019-20 One-Time	2019-20 Total Allocation	2019-20 Deliverables
	(A)	(B)	(C)	D = (A+B+C)	(E)	(F)	(G)	(H)	I = (E+F+G+H)	
										<ul style="list-style-type: none"> Support dissemination, awareness and adoption of the <i>Tools to support Earlier Identification for Palliative Care</i> through the implementation of the Delivery Framework recommendations and other targeted engagement activities, predominantly through partnerships with provincial organizations and associations. Provide content and palliative care stakeholder engagement expertise in raising awareness and ensuring uptake of/improvement on Early Identification QIP indicator. <p>Establishing Palliative Models of Care to Increase Access and Enable Adoption of the Quality Standard</p> <ul style="list-style-type: none"> Commence a current state of teams providing palliative care in the community across the province. <p>Building Provider Competencies in Hospice Palliative Care</p> <ul style="list-style-type: none"> Leverage partners' established mechanisms and resources to support dissemination, awareness and adoption of the Ontario Palliative Care Competency Framework. <p>Measuring and Reporting on our Progress</p> <ul style="list-style-type: none"> Continue to produce the System Level Measures Report, Performance Summary Report and Regional Profiles Tool as per OPCN Approach to Measurement and Reporting to support regional decision making and quality improvement efforts. Begin to document the current state of distribution of Caregiver Voice Survey across settings in order to develop recommendations with regards to its distribution and uptake across the province.
Secretariat Resources	\$1,963,220			\$1,963,220	\$0 (\$1,963,220 reallocated to Network Support and Initiatives)				\$0	
Regional Leadership	\$700,000			\$700,000	\$700,000				\$700,000	Clinical leadership: Ongoing engagement and support of multidisciplinary clinical leadership in the 14 regional palliative care networks, and other groups as they emerge, such as Ontario Health Teams, to inform systems planning.
Program Initiatives	\$886,038		\$5,000,000	\$5,886,038	\$0				\$0	

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	(A)	(B)	(C)	D = (A+B+C)	(E)	(F)	(G)	(H)	I = (E+F+G+H)	
					(\$886,038 reallocated to Network Support and Initiatives)					
Operations	\$481,084			\$481,084	\$481,084				\$481,084	OPCN Secretariat Operations Administrative expenses and support areas such as Finance, HR, Legal, Communications, Public Affairs, Procurement, Privacy, and Facilities
Fiscal Grand Total	\$4,030,342		\$5,000,000	\$9,030,342	\$4,030,342	(\$752,848)			\$3,277,494	
less: one-time reduction										
Fiscal Grand Total	\$4,030,342		\$5,000,000	\$9,030,342	\$4,030,342	(\$752,848)			\$3,277,494	
Grand Total Rounded (A)	\$4,030,300		\$5,000,000	\$9,030,342	\$4,030,300	(\$752,800)			\$3,277,500	
Cash Flow (B)					\$4,030,400					
Cash Adjustment Rounded (A-B)					(\$100)	(\$752,800)			(\$752,900)	

Performance Indicators	2019/20 Reporting Period
Location of Death – (% of decedents who died in hospital)	Planned for Q4
Access to Home Based Care – (% of community dwelling decedents who received physician home visit(s) and/or palliative home care in the last 90 days of life)	Planned for Q4
Emergency Department Utilization – (% of decedents that had 1 or more OR 2 or more ED visits in the last 30 days of life)	Planned for Q4

1. Initiative Name:					
Budget	YTD Budget	Year to Date (YTD) Actual	YTD Variance	2019-20 Year-End Forecast	2019-20 Forecast Variance
Progress Report:					
Deliverables:					

Other Reports

1. ***Final Program Report:**
 - Draft Final report – April 30
 - Final report due to the ministry – May 30
 - Final report to include detailed summary of activities, deliverables, and outcomes.

2. **Other Reports as requested by the ministry**
 - Reports specified from time to time

3. **Financial Reporting:**
 - Submit to the Ministry of Health reports as outlined in Part E of the Reporting Schedule included in the Ministry of Health (MOH) – CANCER CARE ONTARIO (CCO) ACCOUNTABILITY AGREEMENT
 - Financial reports include an integrated financial and performance report

PART D – PAYMENT SCHEDULES

For the purposes of this Schedule “Funding Period” means a period of approximately 2 weeks as follows:

- (a) a period beginning on the 1st day of a month and ending on approximately the 15th day of the same month; and
- (b) a period beginning on approximately the 16th day of a month and ending the last day of the same month;

and “Funding Periods” shall have the corresponding meaning.

The Province shall provide:

- (a) the first installment of Funds for the period commencing on the Effective Date and ending on the last day of the Funding Period that immediately precedes the date on which the Province provides the first installment of Funds;
- (b) all other installments of Funds.