

## ONTARIO PALLIATIVE CARE NETWORK BACKGROUND

### Commitments to advancing palliative care in Ontario

- As part of the [Patients First: A Roadmap to Strengthen Home and Community Care](#), the Ministry of Health and Long-Term Care (the Ministry) is committed to improving access and equity in palliative and end-of-life care at home and in the community.
- The Ministry has been working with Local Health Integration Networks (LHINs) and CCO to establish a new provincial palliative care network. The goal is to strengthen palliative care in Ontario, and continue the important work initiated by the former Hospice Palliative Care Provincial Steering Committee (HPC PSC).

### Ontario Palliative Care Network (OPCN)

- The OPCN is an organized partnership of community stakeholders, health service providers, and health systems planners, responsible for the development of a coordinated, standardized approach for the delivery of palliative care services in the province.
- The mandate of the OPCN is to:
  - Act as the principal advisor to government for quality, coordinated palliative care in Ontario
  - Be accountable for quality improvement initiatives, data and performance measurement and system level co-ordination of palliative care in Ontario
  - Support regional implementation of high-quality, high-value palliative care
- With the partners involved, the OPCN will also ensure an alignment and connection with the broader quality agenda in Ontario ensuring palliative care as an important focus.

### Governance and accountability for the OPCN

- Accountability for the OPCN will be formalized through agreements between the various partners.
- The governance structure of the network will be comprised of four 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 LHINs, CCO, the Community (through representation from The Quality Hospice Palliative Care Coalition of Ontario), and Health Quality Ontario.
  - **The Partnership Advisory Group (PAG)** 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) and the full geographical diversity of the province. The PAG provides advice, insights and recommendations to help ensure plans for quality, coordinated palliative care are informed by the diversity of partner perspectives.

- **The Clinical Council (CC)** is inter-professional in nature, reflecting appropriate geographic and clinical expertise. The CC provides input for clinical improvement in palliative care in Ontario, as well as direction on the clinical implications new policies.
- **The Implementation Advisory Group (IAG)** includes representation from LHIN CEO's, the Provincial End of Life Care Network, LHIN Leads for Palliative Care, LHIN Senior Directors, and Regional Vice Presidents. The IAG disseminates directions, plans, evaluations, and other information approved by the Executive Oversight to regional partners, and ensures the effective engagement of the regional palliative care programs
- **The Secretariat** will be comprised of CCO staff that will provide secretariat support to the Executive Oversight Committee, Partnership Advisory Group, Regional Leaders Table, and Clinical Council of the OPCN. The Secretariat staff is responsible for
  - Executing the mandate of the OPCN
  - Providing tactical and operational support to the network to implement provincial direction to improve access and coordination
  - Supporting the Regional Palliative Care Programs in the delivery of quality and performance improvements
  - Providing the data and analytics support to drive quality improvement as well as performance measurement and performance management
  - Providing administrative, communications and other support for enterprise functions as needed

## How will the OPCN benefit Ontarians?

- **High Quality:** Every Ontarian will receive care that is based on the best science and is focused on the best outcomes.
- **Sustainable:** Public healthcare for future generations will be protected through measurement and continuously improving outcomes and value.
- **Accessible:** Every Ontarian will have access to a healthcare provider in a timely fashion. This applies equally to the rich and the poor; to those who live in large cities and those in remote regions; and to those mostly in good health and those very ill or at the end of life.
- **Continuous:** Care received at one point in time from one provider will be coordinated with the care received at other times – including care from other providers.
- **Person-directed:** Individuals and families will be involved in developing their care plans. These plans take into account their quality of life, goals of care as well as personal and cultural preferences and wishes.