HEALTH INNOVATIONS

NAME OF PRACTICE: Winnipeg Regional Health Authority Palliative Care Program (WRHA-PCP)

JURISDICTION: Manitoba

HEALTH THEME: Access and Wait Times; Capacity Building; Patient and Family Centred Care; Performance Management; Team Based Models of Care

HEALTH SECTOR: Acute care; Home and Community Care; Long-Term care

IMPLEMENTATION DATE: 2011

SNAPSHOT: This innovative practice aims to improve the quality of life for patients receiving palliative care through the development of interprofessional health care teams delivering services across the continuum of care. The WRHA-PCP was initiated in the Winnipeg region in 2011. It receives ongoing support and funding from the Regional Health Authority, and continues to expand its health human resource capacities.

PRACTICE DESCRIPTION:

In 1999, administrative structures were regionalized across the province of Manitoba. During that process, new visions for the health care system emerged which included the creation of a palliative care model in order to better respond to patient needs, particularly with an aging demographic. In 2011, the WRHA received funding to put this model into action. An interprofessional palliative care team was developed, comprising of registered nurses, clinical nurse specialists, general practitioners, and social workers, with established referral systems to community programs such as mental health service provision. WRHA-PCP is organized through a centralized system to manage the coordination of care services across home, long-term or acute care settings. For example, with this centralized system, patients’ needs can be prioritized to determine relative eligibility for unit beds (rather than leave determination of accessibility to site-specific availability). Moreover the centralized management enables coordinated communication so that patient information can be shared more easily across settings and providers. Remunerations is organized through block funding so that the supply and distribution of health human resources can be determined based on the community needs.

What makes this practice particularly innovative is its integration of the interprofessional health care team. Usual models of palliative care would be predominantly provided by nurses. In this model, the variety of health care team members enables the provision of more comprehensive care, which includes physicians visiting patients in their homes. Overall, this model aims to deliver the right care in the right
place, mitigate unnecessary emergency room visits, and enable patients to stay in their homes, particularly during end-of-life care.

IMPACT:

This innovative practice has been implemented since 2011 and has not been formally evaluated. However, through personal testimonials and observations, early results suggest that the practice can lead to improved performance metrics and has the potential to produce positive health outcomes.

APPLICABILITY/TRANSFERABILITY:

The organization behind the WRHA-PCP was developed internally, specific to the region’s health care needs. The unified vision of the way in which this model was conceptualized and has been implemented to better meet patient needs has been integral to the successes of the program thus far. The greatest operational barrier over the last two years has been noted around the challenge of upgrading the technological infrastructure. With ongoing support for this program from the region, there are currently plans in place to expand health human resource capacities and to provide more comprehensive services through the inclusion of psychosocial resources, clinical pharmacists, and health care aides in the palliative care team.

CONTACT INFORMATION

NAME: Lori Embleton
TITLE: Program Director
ORGANISATION: St. Boniface General Hospital, Winnipeg Regional Health Authority - Palliative Care
EMAIL ADDRESS: N/A
TELEPHONE NUMBER: N/A

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