Since 2004, the Capital Health Integrated Palliative Care Service (CHIPCS) has functioned as a partnership between Capital Health and the Continuing Care branch of the Department of Health.

The CHIPCS Quality Committee undertook an evaluation of the integrated service model using existing administrative data and data collected from several quantitative and qualitative audits undertaken for this report.

Focus: Evaluate integrated model via the Accreditation Canada Performance Indicators & Quality Dimensions.

Admin Data
Health services utilization was assessed using the CHIPCS and other databases.

Chart Audits
Thirty charts were analysed for performance indicators. (Fig. X)

Process Mapping
A full process review was undertaken to understand linkages among service providers & to identify gaps. (Fig. Y)

Family Satisfaction Survey
One hundred family members were asked to complete the FAMCARE survey tool. (Fig. Z)

Conversation Café
70 community attendees provided feedback which was themed.

Recommendations
Population Focus
Build capacity to integrate a palliative approach in relevant population segments.
Develop a working relationship with CDHA Community Health Boards.

Accessibility
Develop a “quick response” model for end of life care in community.
Create ambulatory palliative care clinics at Cobequid Community Health Center and Dartmouth General Hospital.
Advocate for community-based hospice beds.

Continuity & Effectiveness
Implement and evaluate standardized assessment and outcome tools.
Create dedicated community care teams, assigning them directly to communities where possible (DGH, Cobequid, ESM).
Implement standardized end of life clinical care pathway across care settings, including access after hours to med kits.
Develop shared care model via integrated teams in community & nursing homes.

Efficiency
Define optimal case loads for each role & monitor administratively.

Client Centered Services
Regular measurement of family satisfaction.
Increase awareness of bereavement service to grieving families.
Volunteers to be able to follow clients from community or LTC to hospital.
Expand access to music therapy beyond inpatient unit.
Improve communication between community care teams and family physicians.
Advocate for continuity of home care nurses.

Worklife & Safety
Monitor progress of CDHA pilot re implementation of survey results.
Review safety policies to ensure consistency between CDHA & continuing care staff.

Summary
Structure, process and outcome aspects were assessed.
Intended for CHIPCS Steering Committee to focus & prioritize quality improvement initiatives.
Relevant to Continuing Care devolution process by documenting strengths & weaknesses of an existing integrated model.