

Palliative Care Work Group Minutes

Thursday, October 4th 2:00 – 3:30pm

1650 Mission Street, 5th floor, Golden Gate Conference Room

Present: Christine Ritchie, Shireen McSpadden, George Kellar, Megory Anderson, Cassie Field, Loren Pogir, Anne Hughes, Eric Weiss, Lalitha Vaidyanathan, and Judy Long.
(Phone) Ramona Davies, Jennifer Lui, Anne Hughes

DAAS Staff: Joseph Formentos.

Introductions.

Update: Collective Impact

Lalitha began presentation by describing types of collaboration (as a strategic planning approach) and listing collective impact as the most effective initiative. Collective impact is appropriate when attempting to coordinate multiple subsystems, i.e. health care system, private sector, government, non-profit organizations, etc. Lalitha highlighted that collective impact strategy must establish a common agenda to set framework in identifying a clear goal.

Next, she explained the diagram from her presentation which illustrated community partners or organizations/workgroups taking action and how the “backbone” group and rotating steering committee provides the strategic guidance/support. Lalitha emphasized the Shared Measurement element in being a critical component to collective impact since it tracks progress or regression, improves strategic performance, and shares data across all multiple stakeholders.

Members wondered about opportunities for change and the feasibility of measurables over a long-term period especially when there is inconsistent data collection on people who have negative end-of-life experiences. Lalitha pointed out that over time, strategies may evolve due to advancement or context changes. Workgroup raised observation about the DAAS Agency being the backbone support entity (mentioned in the collective impact strategy). Shireen replied that if DAAS were to use the collective impact approach then the agency could focus on more measurable aspects of Palliative Care such as advance care planning or end-of-life care education. Christine supported idea by mentioning how the Workgroup can refocus its strategy on actual achievable goals and monitor other opportunities going forward.

Update: Transforming Care

Loren introduced best practice findings from organizations that have multi-stakeholders and are doing work similar to the SF Palliative Care Workgroup (SF PCWG). These organizations are:

- Massachusetts Coalition for Serious Illness Care
- Honoring Choices Pacific Northwest
- Coalition for Compassionate Care of California
- San Francisco Bay Area Network for End-of-Life Care

After members shared some of their experiences (or involvements) with the organizations mentioned above, Cassie and Loren presented findings based on what was learned from each group. The presentation slides featured these questions:

- What criteria should we use to select initiatives?
- How should we organize ourselves?
- How should we work with others?
- How do we secure funding?
- What is the role of measurement?
- What would they recommend to us to be successful?

The workgroup asked about how the organizations maintain consistent work using 3-5 year plans vs long-term sustainability plan because Loren pointed out, for example, that the Mass. Coalition relies on health care systems such as Blue Shield. In response to the question, she admitted the organizations' difficulty in sustaining themselves falls with revenue and keeping costs low, but her view of sustainability revolves around who benefits the most from the work. Some members reasoned that, for the sake of SF PCWG's sustainability, investment could come from tax dollars since DAAS provides a city-centric framework. Christine reinforced the point further by stating that this SF PCWG has the potential to take a holistic perspective (which health care systems cannot do) in what's going on around the community. She explained that health care systems can rollout advance care planning and even provide trainings for doctors, but the same systems cannot address the social and communal needs of people in the city.

Discussion: SF PCWG Monthly Meeting Rotation

Co-chairs and workgroup members discussed alternating Thursdays/Fridays meetings. Feedback is that the alternating between days every month has caused some confusion and miscommunication with members. Shireen recommended creating Doodle poll and workgroup decided on poll options.

Next Steps: Joseph will email link of Doodle poll to all SF PCWG members for deciding which day the Palliative Care meeting will fall on going forward. The 2pm-330pm meeting time will remain the same. Majority of the day voted on will be effective November 2018.

TO-DO: Co-chairs advised group to be prepared on brainstorming ideas* for discussion on missed agenda item: **April 2019 Community Engagement Planning**

*Please email Joseph with ideas/topics of discussion on National Healthcare Decisions Day Community Engagement (Advance Care Planning) before next meeting.

Announcements: n/a.

Next Meeting: TBD

2-3:30pm

1650 Mission St., 5th floor, Golden Gate conference room

All meeting information can be found here: <http://www.ltccsf.org/palliative-care>