

The Future of Palliative Care

STAKEHOLDERS



Dr. Frolic, Ethics Director



Lucio, Patient



Dr. Levine, Oncologist



Christine, Burn Unit Charge Nurse



Dr. Alhefzi, Resident



Dr. Waltho, Resident



Dr. Everson, LHIN



Dr. Lloyd, Chief IT Officer



Dr. Sproat, Palliative Physician



Wendy Gerrie, Decision Support Director



Dr. Richard Sztramko

KEY INSIGHTS (FROM WEAK SIGNALS) AND FUTURE QUESTIONS



Physician education in palliative care needs to improve

EDUCATION

- What if all medical residents had mandatory rotations in palliative care?
- What if the population were taught to be more accepting of death, knowing that it is a natural part of life, and can happen at any time?
- What if physicians had a navigator to guide them through difficult care plans?



Patient values should be on the forefront

MEDICAL RECORDS

- What if patients could access their full medical records online?
- What if all healthcare professionals could collaborate on one standardized platform?
- What if patients could contribute to their own medical records with qualitative data?
- What if medical records included the patient's individual mission statement for treatment?



Technology can offer greater patient control and ease physician burden

TECHNOLOGY

- What if technology could decrease the burden on physicians to facilitate better care?
- What if wearable technology could be used to replace large diagnostic instruments?
- What if patients could utilize VR to enhance their stay in palliative care?



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HOME/HOSPICE CARE

- What if a patient could meet their physician without leaving their own home?
- What if hospices were more accessible so individuals can receive care earlier?
- What if there was a seamless transition from discharge to homecare?
- What if patients had a whole community of support systems?

DESIGN PROCESS

To ensure a full understanding of the current palliative care system and potential pain points to focus on, our team **gathered evidence** from stakeholders at every level of healthcare. After **identifying the challenge** at hand, we began **ideating and prototyping** possible solutions. Moving on, the **testing and iterating** stage made areas in need of improvement evident for us to fix. Finally, we ended the project by **reflecting** on the process and product to identify areas where further improvements could be made, and if the challenge has been addressed.

OUR PROPOSED SOLUTION

After utilizing the design thinking framework, and performing extensive research into the topic of palliative care, we found that **patient control** in the palliative care process is in need of attention. Thus, our proposed plan of implementing patient **mission statements and "smart technology"** in care rooms will allow for a much greater degree of control and quality of care in palliative care rooms by 2030.

OUR TEAM: Nikoo Aghaee, Jaskarn Bhogal, Rakhshan Kamran, Kailey Steinhausen, Curtis Weng, Yuki Wu



Our team is comprised of a diverse group of individuals from different backgrounds and faculties. Much like a palliative care team where inter-professional teamwork is essential, our differing experiences and areas of expertise have complimented each other over the course of the semester, and have helped immensely in creating a final product that we are all proud to present. However, it would not have been possible without the help of Dr. Arianna Dal Cin, as she provided invaluable support and guidance throughout the entire process.