



Whole Community Palliative Rounds – Value Statements

Physicians / Palliative Care Specialists

Whole Community Palliative Rounds (WCPR) enable full -continuum of care discussions about patients with unmet palliative and end-of- life care needs and their families. Through scheduled sessions representatives from the patient’s enhanced circle of care offer collective expertise, evidence and skills to address the immediate palliative symptomatic needs of persons and families brought forward for discussion at rounds.

The structured rounds (1 – 1 ½ hours) use evidence-informed assessment tools (PPS, ESASr) to focus the interdisciplinary palliative team (defined as the enhanced circle of care) discussions. Participants rapidly review patient’s goals of care and unmanaged physical or psychosocial/spiritual symptoms and make recommendations about care interventions and/or care plan revisions designed to improve quality of care and decrease suffering in alignment with the individual’s goals of care. Timely communication with the most responsible providers is build into each case review.

Why should I participate (or have my practice participate) in WCPR?

Opportunities for Mentorship - Involving family physicians (and physicians with enhanced skills) in WCPR broadens the knowledge and clinical abilities of the practice team overall.

Continuous Learning with Palliative Care Experts- Family physicians benefit from WCPR by learning from and working with others to accelerate practice improvements, which leads to an improved overall group competency.

How will WCPR help achieve better clinical outcomes for patients with palliative care needs?

Holistic Patient-Centred Care - By engaging in WCPR with members of the patient’s enhanced circle of care (range of health and social providers), family practices can provide patient-centred care that responds to patient preferences, needs, and values.

Continuity of Care - Through WCPR patients receive care from a cohesive palliative team including a family physician as a most-responsible provider.

Palliative Assessment Tools Inform Discussions – Use of standardized palliative assessment tools for referral and group discussion provides an effective way for physicians and clinical team members to share best practices, nurture relationships, develop solutions, and generate new care options and treatment plans.

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Why is attending WCPR an effective use of my time?

Streamline Communication for Complex Palliative Care Issues - Through the WCPR family physicians can share clinical cases, listen, reflect, and receive feedback about processes of care using a standardized communication system.

Expanded Network Saves Time - Practices involved in WCPR have direct lines of communication with palliative care teams and specialists saving time and resources when dealing with patient’s who have pain and symptom management issues.

Increased Access in Rural Communities - WCPR increases a family practice’s access to health care and community resources thereby improving access to services that would otherwise be difficult to reach, particularly in rural and remote communities, potentially avoiding hospital visits.

How is WCPR different from existing clinical rounds?

Clinical Rounds	Whole Community Palliative Rounds
Interdisciplinary care team present	Interdisciplinary care team AND members of the patients “Enhanced Circle of Care” present (e.g. community supports, hospice, acute care, long-term care etc.)
Structures & processes organized around providers	Use of standardized palliative care assessment tools and documentation results in more effective and timely communication and action among care team providers and enhanced circle of care.
High degree of variability among attendees	Consistent, predictable team members enhances communication and effectiveness of palliative care teams across disciplines and settings of care.
Various patient-centred discussions facilitate input from health care providers	Optimal care for patients with palliative care needs achieved through shared decision making with all members of the circle of care.
Variety of actions and treatment decisions results from round discussions	Targeted approach in WCPR lead to increased use and application of evidence-informed assessment tools (ESASr and PPS) into patient care discussions, goals of care and care plans.

References:

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