Interdisciplinary communication through Whole Community Palliative Rounds

Presenters:

Elisabeth Antifeau, Interior Health
Jennifer Malley, Extra Mural Program

Host and Moderator: Jennifer Campagnolo, CHCA

Date: October 21, 2021

Project ECHO Palliative Care - Canada BY Pallium Canada

Canadian Home Care Association

Land Acknowledgement

We recognize with humility and gratitude that Canada is located in the traditional, historical and ceded and unceded Lands of First Nation, Inuit and Metis Peoples. On behalf of us all, we acknowledge and pay respect to the Indigenous peoples past, present and future who continue to work, educate and contribute to the strength of this country.

Introductions

Host and Facilitator: Jennifer Campagnolo, Palliative Care ECHO Project Lead, Canadian Home Care Association

Presenters:

Elisabeth Antifieau,
Regional Clinical Nurse Specialist,
Interior Health, BC

Jennifer Malley
Coordinator of Palliative Care Enhancements
Extra Mural Program, NB

Whole Community Palliative Rounds

Addressing the Need

- People with palliative care needs experience fluctuating and complex symptoms
- Often require the coordinated supports of multiple services across the health care system
- The needs of individuals is best supported through a collaborative, interdisciplinary approach
- Differences in access and availability of supports and services in urban, rural and remote areas of the country
- Increasing demand for palliative care at home

What is Whole Community Palliative Rounds?

- Whole Community Palliative Rounds (WCPR) developed by Interior Health in BC
- Response to a mandate from BC's Ministry of Health and a commitment to ensuring an integrated, inter-professional approach to care
- The goal is for collaborative decision-making and to make recommendations designed to improve quality of care and decrease suffering in alignment with the individual's goals of care.
- Facilitates timely communication with MRP (if not in direct attendance during rounds).

Key Practice Changes for Whole Community Palliative Rounds

- Enhancing the Circle of Care
- WCPR Facilitator
- Referrals to WCPR
- Partners at the WCPR
- Actions from the WCPR

Outcomes of Whole Community Palliative Rounds

- WCPR is enables rapid clinical problem-solving of symptom burden of patients with palliative needs allowing them to remain at home
- Enhances collaboration, communication, collegiality, appreciation of different roles and disciplines, improved palliative care knowledge, networking and quality of care delivery
- Within rural and remote regions WCPR can reinforce and strengthen local primary generalist teams to deliver best possible, evidence based palliative care.

Spreading Innovation

- The SPRINT Implementation Collaborative supported care teams to adapt and implement WCPR
- Structured approach to test new models of care, better understand and use quality improvement methodologies and create sustainable change
- Eleven teams participated in the SPRINT-WCPR Collaborative and were supported online learning, training and coaching to support rapid testing, implementation and evaluation
- All practice teams successfully implemented WCPR by the end of the collaborative

EXTRA-MURAL PROGRAM
PROGRAMME EXTRA-MURAL

Whole Community Palliative Rounds in New Brunswick

Jennifer Malley RN BN CHPCN(c)
Extra Mural Program (EMP)

October 2021

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New Brunswick

- Population of New Brunswick: 747,101.
- Population density 10.5 persons/km² (Statistics Canada, 2017).
- 37.4% of the population live outside a census metropolitan area. National rate is 16.8%.

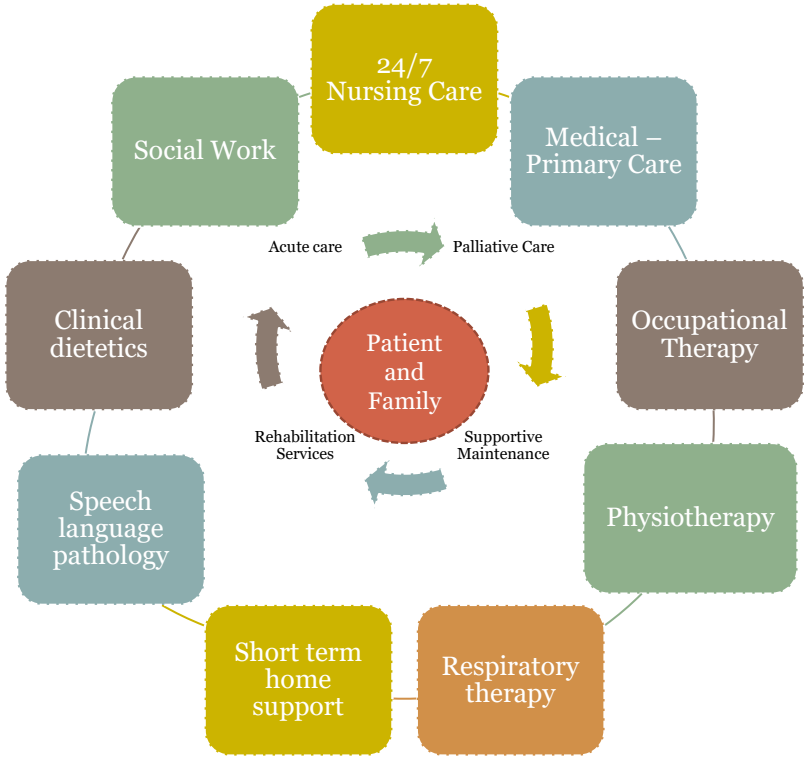
Extra-Mural Program (EMP)

- Publicly funded, provincial home healthcare program.
- Alternative to hospital admissions;
- facilitate early discharge from hospitals;
- alternative to/postponement of admission to nursing homes;
- rehabilitation services;
- palliative care;
- facilitate the coordination and provision of support services.

Extra-Mural Program (EMP)

- EMP has approximately 900 employees working out of 29 service delivery units to provide home and community-based health care services to persons throughout NB.
- In 2020-21 EMP served a total of 28,184 patients province wide, of that 2,053 were palliative (an increase of 429 from the 2018-19 fiscal year).
- Services including acute, palliative, chronic, rehabilitative and supportive care services.

The Home Care Team



Integration of Services Jan 2018

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AMBULANCE NEW BRUNSWICK NOUVEAU-BRUNSWICK

Tele-Care 811 Télé-Soins

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Integration with Hospices (2021)

Implementation

Additions to our regular weekly rounds (practice change):

- EMP Rounds Facilitator
- Palliative Care Coordinator (Hospital)
- Palliative Physician
- Local Medical Palliative Leader (General Practitioner)
- Family Doctor/NP
- Local Manager Ambulance New Brunswick
- Hospice Nurse Manager
- Pharmacist
- Other participants per referral as needed

Implementation cont'd

- Consulted Privacy Officer - document created on NB Privacy Legislation and Sharing of Information for the Provision of providing Care
- Recruited Pharmacists
- Reached out to community partners (ANB, Hospice, Hospital)
- Created Guide Book
- Created SBAR, Rounds Progress Notes and Tracking Record to fit the needs of our area
- Provided information sessions to senior management
- Provided education sessions to front-line staff

Implementation cont’d

- WCPR is held at the beginning of rounds via Zoom.
- Five-10 minutes per referral depending on complexity of symptoms.
- When we have finished the WCPR part the invited participants are excused and we continue with our usual palliative rounds which helps with continuity of care for on call and weekends etc.

Upscale

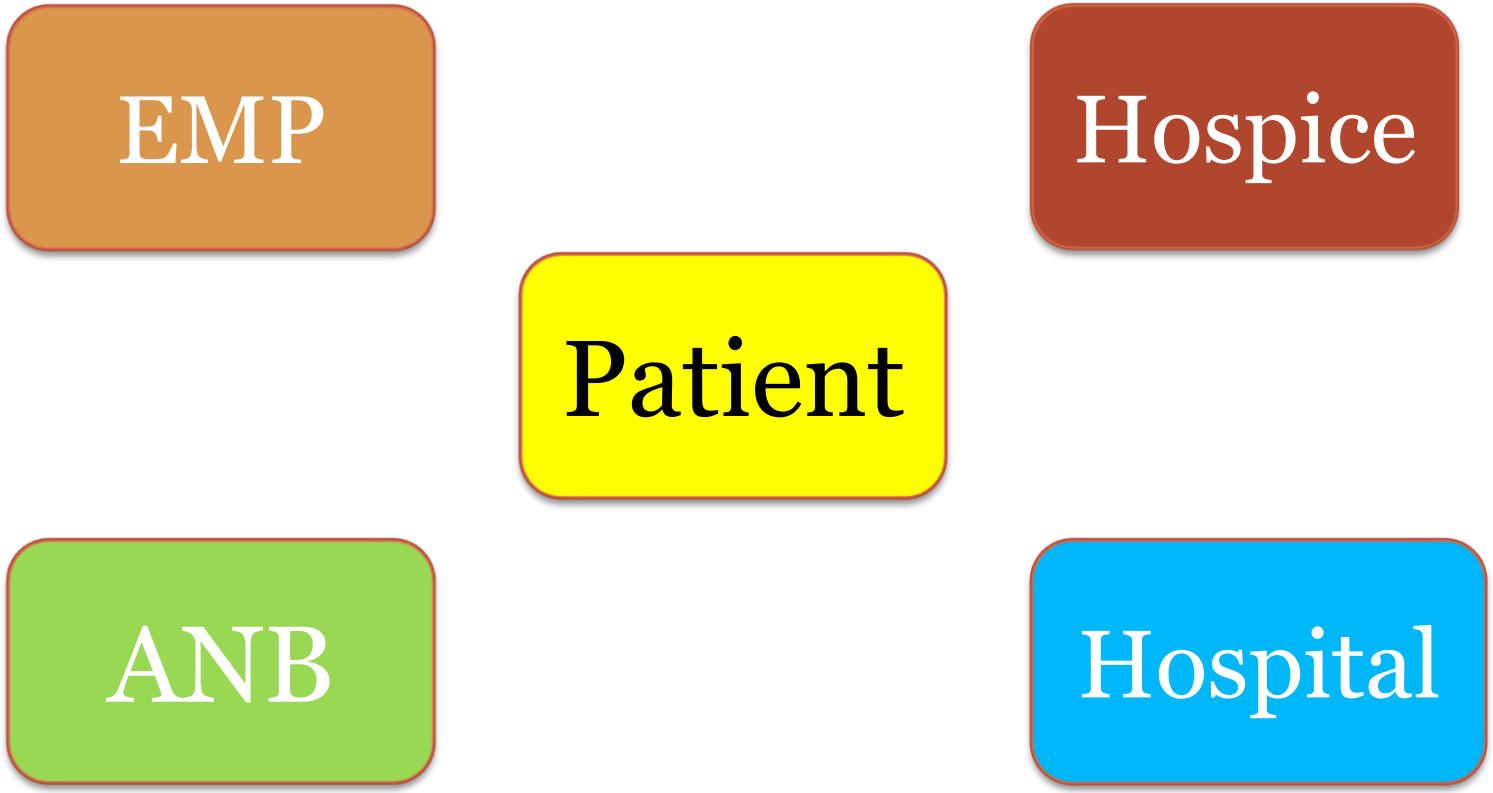
- Created PowerPoint presentations and packages for other units to use for upscale.
- Provide training to the new facilitators and give them the tools to move forward in their units.

Benefits of WCPR

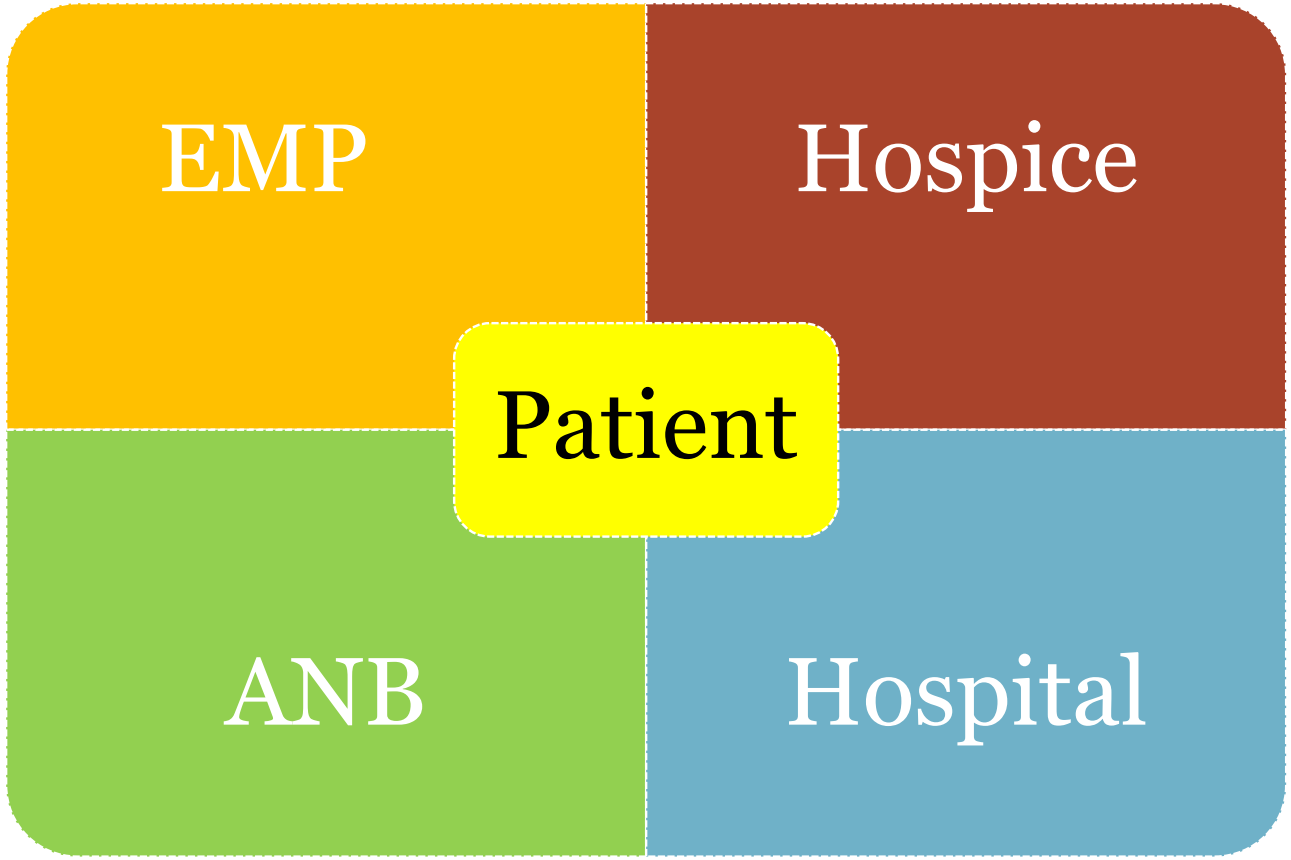
(patient and organization level)

- Removes silos between not only EMP and ANB but Hospice and Hospital as well.
- Supports paramedics providing palliative care.
- Provides closure as rounds provide an opportunity to de-brief.
- Promotes care coordination and collaboration.
- Source for EMP referrals.
- Brings palliative expertise to under-serviced populations.
- Ensures consistent and equitable delivery of palliative care across NB.

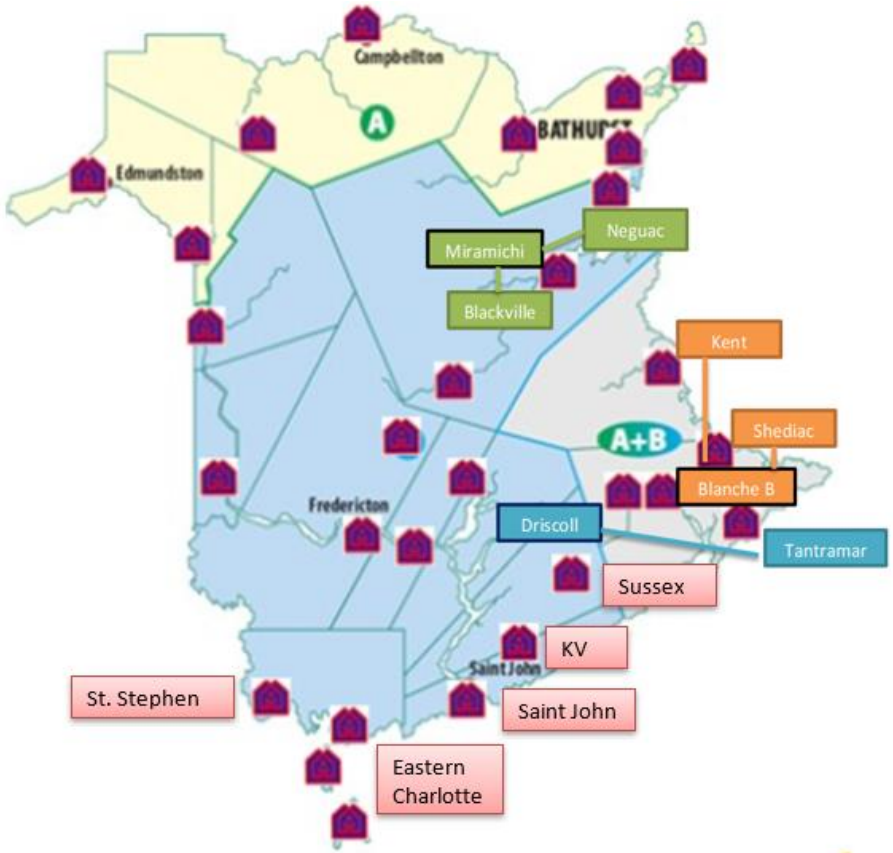
Before Whole Community Palliative Rounds (WCPR)



WCPR



Hubs and Spokes



EAST

Miramichi
Blackville
Neguac

Blanche Bourgeois
Kent
Shediac

Driscoll
Tantramar

SOUTH

Sussex

Kennebecasis Valley

Saint John

St. Stephen
Eastern Charlotte

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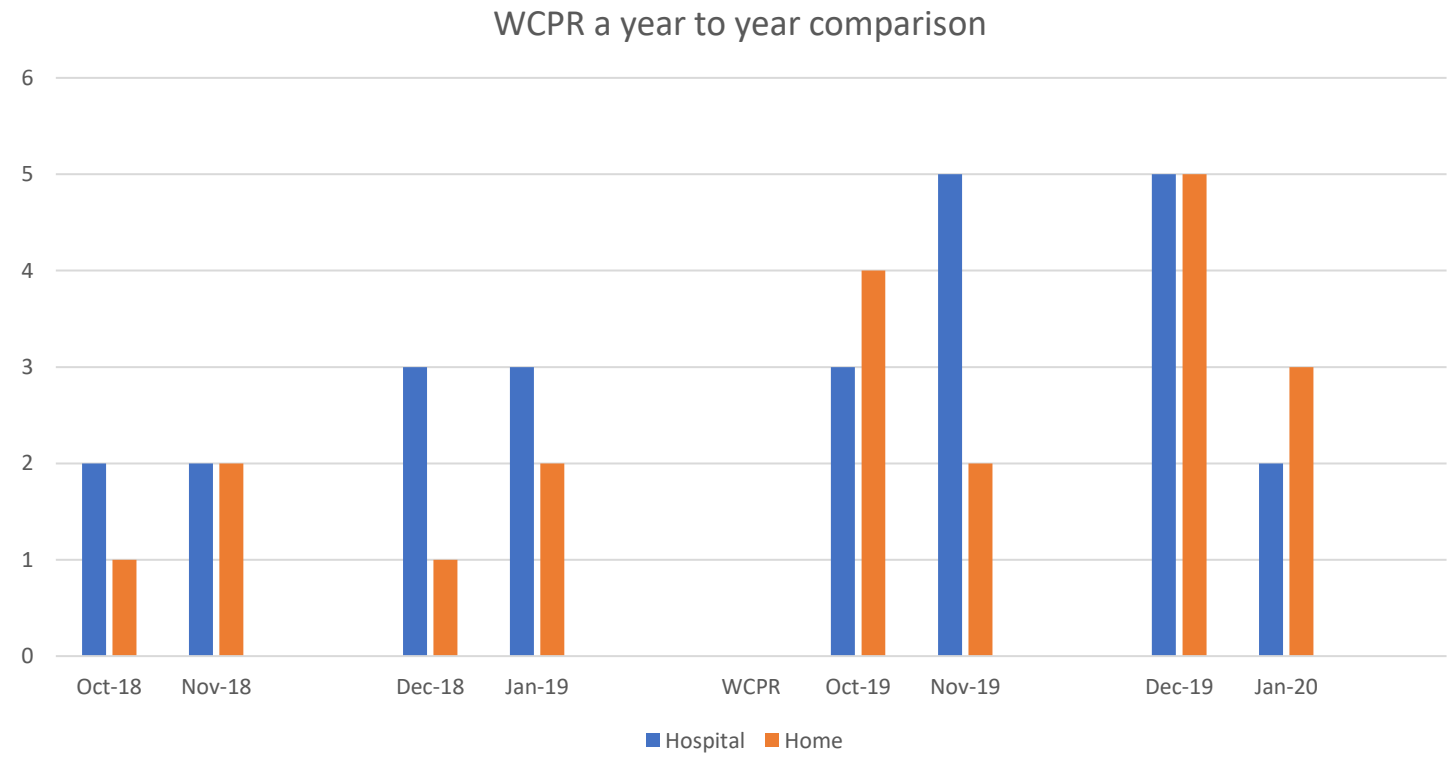
The Positive Impact of WCPR

Key Performance Indicators:

EMP Palliative Care:

- % of total EMP Palliative Care Deaths occurring in the home compared to % of EMP Palliative Care Deaths occurring in Hospital.
- Average hospital Length of Stay (LOS) for EMP Palliative Care Patients prior to death.
- EMP palliative care patient ED visits (info N/A).

Early Data comparing the year prior to implementing WCPR



Value Statements from the WCPR Team and Senior Leadership

"WCPR allow myself and my palliative care physician colleagues to contribute to the care of patients in a community where there are currently no palliative care physicians, in an efficient and effective way. These rounds have allowed our team to make connections with the local team, provide them with some basic knowledge regarding symptom management and work with other experts to help manage specific complicated cases, all the while learning about the amazing work being done by primary care providers in a different part of our province and expanding our own knowledge base in the process."

—Julia A Wildish MD, CCFP (PC), FRCP, Saint John, NB

Value Statements from the WCPR Team and Senior Leadership

"WCPR have generated efficient problem solving for our complex palliative patients. They deal with specific issues pertaining to patient symptoms, and the team works together to come up with solutions. I think we all learn from the rounds, and they ensure our patients are benefiting from an interdisciplinary approach."

—Emily Love, MD CCFP (PC), Saint John, NB

Value Statements from the WCPR Team and Senior Leadership

"Hospice Miramichi has been a participant in Whole Community Palliative Rounds since its inception in Miramichi and it has proven to be a very worthwhile initiative. We live in a rural area of the province so the ability for us to receive medical advice and suggestions from not only the palliative specialists in other areas of the province but also, we are able to communicate with other inter-disciplinary team members involved in the care of the person. WCPR has improved the quality of life for so many of the complex cases we have discussed during rounds plus moving forward we take what we learn from rounds to help improve the quality of life for others in our care".

-Connie Doucet RN,CHPCN(C) Hospice Miramichi Inc.

Expanding the concept

- Will upscale to the other two zones (West and North).
- Concept is being used in the Vulnerable Patient Project.

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Thank You

HTTPS://EXTRAMURALNB.CA/EN/

Clinical Case Scenarios in Palliative Care
The WCPR Experience in Interior Health

Elisabeth Antifeau, RN, MScN, GNC(C), CHPCN(C), CNS-C
Clinical Nurse Specialist, Regional PCEOL Service,
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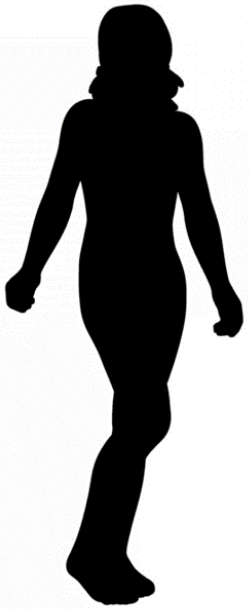
Cassie's Story

- 61 yr old lady, married to John, 2 adult children, 2 grandchildren
- Dx: endometrial and ovarian CA with metastases to peritoneum, liver, and omentum; Has an ileostomy; continuing with chemo treatments
- Living at home, referred to WCPR by HH nurse for Fatigue ESAS 5-6 with a PPS 60%
- Referral comment: "not sure if you can help her"



Identifying the Clinical Issues

Our initial WCPR Team Responses

- Confirmation of no other symptom burden
- Identified the impact on her daily life/QoL
- Explored the concept of Cancer Related Fatigue (CRF)
- Interdisciplinary contributions to care-planning

Cassie's story – 4-6 weeks later

- Developed abdominal pain, severe nausea and vomiting and bleeding from her stoma
- To hospital, very dehydrated
- Treated with IV fluids and discharged with anti-emetics
- Pattern kept repeating over the next 4 -6 weeks
- 3rd admission, CT advancing disease, 3rd bowel obstruction; PPS 50% to 30% in last three weeks

Ongoing WCPR Responses

- Cassie's journey over the 4-6 weeks was followed by WCPR Team; Home health is part of discharge planning
- Awareness and communication with acute staff re Goals of Care and planning to return home
- Repeated efforts for home based care; Care plan adjustments for malignant bowel obstruction (PINS approach) + anxiety, fear
- Last event two weeks later; Admitted and died in hospital with family at her side. Clinical course from sudden symptom distress to death <6 weeks
- Importance of acknowledging weekly deaths for reflection & learning, team based supports

Parminder's Story

- 74 year old man, emigrated to Canada from India 40 years ago, worked as a taxi driver;
- Moved to Assisted Living facility with wife Gheeta 10 months ago; has 4 sons - 2 are married, and 4 grandchildren nearby, but staff notes family visits infrequently.
- Dx: End stage renal disease, high blood pressure, chronic obstructive lung disease and severe arthritis; Recently had 2 nephrostomy stents inserted, prone to infection
- Sx: Referred by AL LPN for pain, nausea and anxiety: described his care as "its sort of a mess"

WCPR Response

- Multiple symptom burden verbally described, but lack of symptom details were available to the team
- Team provided direction and support for enhanced assessment (tools & approach), and requested she return the next week
- Complex symptom burden identified included multisite pain (ESAS renal, 5-7), itch (8), nausea (4), loss of appetite (5), depression (5), anxiety (7), well-being (5)

WCPR Care-Planning Approaches

- Three prong Care-planning approaches used to identify associated symptoms and work collaboratively with the GP, AL and HH staff. Consult to renal program staff also made

- Team searched for causes of symptom burden and addressed the obvious: e.g., Infection of nephrostomy stents treated, confusion cleared; Patient and family teaching re nephrostomy eased anxiety and depressions

- Renal consult re pain and nausea medications, hydration, itch cream; PT consult re mobility and exercises to improve function; OT consult re proper walker and AL supports to mobilize; Family conference and patient/wife teaching and supports provided re: Nephrostomy care.

Summary

WCPR = Clinical Opportunities

- Focuses on addressing global symptom burden and enhancing quality of life for people/families
- Uses interdisciplinary & collaborative team approaches for symptom assessment & address symptom burden
- Uses cross-sectoral and cross program approaches to enhance communication and continuity of care
- Guided by a three-prong care planning approach in every discussion; all contributions and questions are valued
- Provides internal and external team support (validation, trust, reflection and safe clinical learning) to build capacity, resiliency, and sustainability.