

CHCA Project ECHO Home-Based Palliative Care

All Teach, All Learn

Bridging the Knowledge Gap in
Home-Based Palliative Care



Unpacking the Principles of a Palliative Approach to Care:

Navigating Palliative Emergencies at Home

Dr. Cornelius J. Woelk MD, CCFP(PC), FCFP

Assistant Professor, Dept of Family Medicine, Univ of Manitoba Medical Director of Palliative Care – Southern Health-Santé Sud Medical Director - Boundary Trails Regional Cancer Program hub Family Physician – C.W.Wiebe Medical Centre – Winkler, MB

Host: Jennifer Campagnolo, Canadian Home Care Association

March 5, 2025

The Canadian Home Care Association (CHCA) is pleased to be a hub partner of the Palliative Care ECHO Project led by Pallium Canada. The Palliative Care ECHO Project is supported by a financial contribution from Health Canada. The views expressed herein do not necessarily represent the views of Health Canada.

Land Acknowledgement



Artist Credit: Patrick Hunter

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.

Reminders

- Say “Hello!” and introduce yourself via the chat! Remember to select “Everyone”.
- Use the chat function if you have any comments or are having technical difficulties.
- Captioning is available and can be activated through your Zoom options.
- Microphones are muted. **Please use the Q&A function to ask the panelists questions.** We will be taking time to answer any questions at the end of the presentation.
- This session is being recorded and will be available at <https://cdnhomecare.ca/chca-project-echo-home-based-palliative-care>
- Remember not to disclose any Personal Health Information (PHI) during the session.

THE CANADIAN INTERDISCIPLINARY PALLIATIVE CARE COMPETENCY FRAMEWORK

THE CANADIAN INTERDISCIPLINARY PALLIATIVE CARE COMPETENCY FRAMEWORK

A curriculum guide for educators and reference manual for disciplines providing palliative care.

Health Canada / Santé Canada

THE CANADIAN INTERDISCIPLINARY PALLIATIVE CARE COMPETENCY FRAMEWORK

A curriculum guide for educators and reference manual for disciplines providing palliative care.

What this framework seeks to achieve, and how to use it

This framework establishes a minimum national standard for palliative care in Canada.

It is written with several readers in mind:

- Individuals, managers and human resources personnel** will use it to fill skills gaps and guide hiring practices.
- Educators** will use it to identify minimum standards for palliative care competencies, weave the development of essential skills into existing curricula, or build new curricula to teach the competencies.
- National accreditation and regulatory agencies** will use it as a guide for establishing minimum national standards in palliative care.

Specifically, the disciplines with competencies in the framework:

- Nurses
- General Physicians
- Social Workers
- Personal Support Workers
- Volunteers

The framework includes:

a. Twelve domains of competency:

- Principles of a palliative approach to care
- Cultural safety and humility
- Communication
- Optimizing comfort and quality of life
- Care planning and collaborative practice
- Last days and hours
- Loss, grief, and bereavement
- Self-care
- Professional and ethical practice
- Education, evaluation, quality improvement, research
- Advocacy
- Virtual care

b. Discipline-specific skills self-assessments:

- provide the health care practitioner with a snapshot of their own competencies;
- provide managers with tools to gauge the levels of palliative care competencies within a team;
- can guide professionals and managers as they customize continuing education plans.

c. Education resources

Health Canada / Santé Canada

Domain 6: Last Days and Hours

Compassionate Care in Last Days and Hours



Particular care should be paid to addressing the person's and their designated family or caregiver's care needs that are unique to the last days and hours of a person's life.¹

Related competencies:

- Anticipating changes as death nears
- Supporting death rituals
- Involving and supporting the designated family or caregiver(s)
- Participate in the care of the dying person and their designated family or caregiver(s)

Compassionate Care in Last Days and Hours



Domain 6: Last Days and Hours Anticipating changes as death nears¹

For members of the Interdisciplinary Team (nurses, SW, PSWs, generalist physicians and volunteers) competency is a combination of the SKILLS, KNOWLEDGE and ATTITUDES needed to:

- Provide support and guidance to individuals and their caregivers during end-of-life care, including preparing for expected changes and comfort measures.
- Anticipate potential complications and ensure necessary treatments or interventions are accessible.

Introductions



Dr. Cornelius J. Woelk MD, CCFP(PC), FCFP

Assistant Professor, Dept of Family Medicine, Univ of Manitoba
Medical Director of Palliative Care – Southern Health-Santé Sud
Medical Director - Boundary Trails Regional Cancer Program hub
Family Physician – C.W.Wiebe Medical Centre – Winkler, MB

Emergencies in the Last Days and Hours of Life

Cornelius Woelk MD,CCFP(PC),FCFP

I have no conflicts of interest
pertaining to this topic or this
presentation.

C. Woelk MD,CCFP(PC),FCFP

Objectives

At the conclusion of this session, participants will be able to:

1. Recognize the importance of identifying factors that predict higher chances of emergencies in the final days and hours of life
2. Explore management strategies for common palliative care emergencies
3. Prepared to help families support the dying individual through challenging end of life symptoms that may be distressing to them

Why is this important?

- *Unexpected* clinical changes can arise in patients receiving palliative and end-of-life care at home
- In 2023, almost 1 in 4 patients receiving palliative home care were transferred to hospital at the very end of life (CIHI)
- Palliative care emergencies can significantly impact a patient's remaining quality of life and be deeply distressing for their caregivers
- *Expected* clinical changes are common and yet can be distressing for caregivers for whom they are uncommon

Underlying Principles in Approach and Management of Palliative Care Emergencies

- Palliative Care as an Approach to Care - not only for the very end of life
 - Urgencies and Emergencies happen anywhere along the way
- The Patient (or Designate) is key in Decision Making
- Underlying Goals of Care Determine Actions
- The importance of family becoming an essential component of care
- Good Decisions require Good Strategy

Factors are involved in making decisions

- Urgency
- Importance
- Possible Alternatives
- Clarity of potential outcomes
- Inherent qualities in the decision maker

Excess adrenalin

- Anxiety
- Fear
- Panic
- Fight

Managing Palliative Emergencies

“An ounce of prevention is worth a pound of cure.”

(Benjamin Franklin)

Communication

Prevention

Anticipating the Potential

Early Recognition

Appropriate Response

Communication

Question to ask:

“What makes a specific emergency more likely in this patient?”

Managing Palliative Emergencies

“Wisdom consists of the anticipation of consequences.”

(Norman Cousins)

Communication

Prevention

Anticipating the Potential

Early Recognition

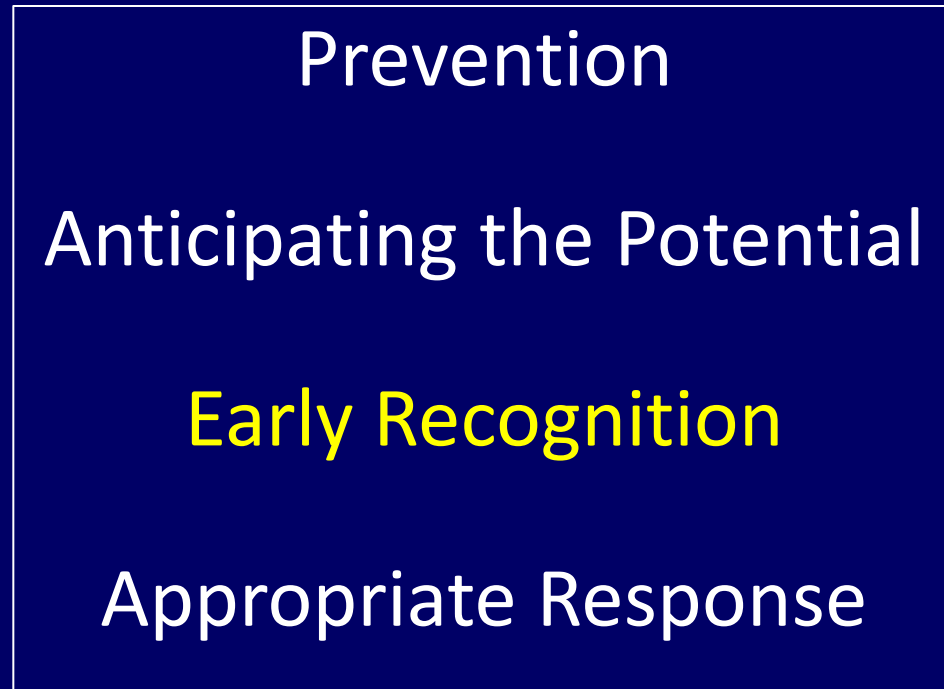
Appropriate Response

Communication

- Be aware of potential emergencies
- Be aware of patient wishes in case of emergency
- Be aware of family member wishes in case of emergency

Managing Palliative Emergencies

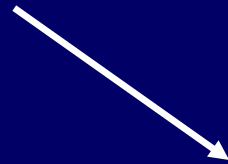
Communication



Communication

Is this an emergency?

Who defines it as an emergency?



Examine the entire picture!

Is this a reversible event?

Is this a terminal event?



Is reversing this event reasonable?

Emergent **syndrome** management - SOMETIMES

Emergent **symptom** management - ALWAYS

Managing Palliative Emergencies

Communication

Prevention

Anticipating the Potential

Early Recognition

Appropriate Response

Communication

APPROACHING PALLIATIVE CARE EMERGENCIES (AT HOME)

STABLE

Main Goal: PREPARATION

- Assessing Understanding
- Planning for the future
- Anticipating Potential Urgent and Emergent Problems (and potential solutions)
- Meeting with Family

DECLINING

Main Goal: RAPID ASSESSMENT

- Availability of urgent access to health care providers
- Rapid Assessment (by phone / in person)
- Confirming wishes?
- Achievability

CRASHING

Main Goal: COMFORT

- Comfort trumps everything
- Availability of urgent access to health care providers
- Rapid Assessment (by phone / in person)
- Individual and Family's wishes should be clear

Emergencies in Palliative Care

CHCA *Be Prepared* Modules

- Hypercalcemia – **BALANCE**
- Massive Hemorrhage – **BLEEDING**
- Superior Vena Cava Syndrome – **BLOCKAGE**
- Spinal Cord Compression – **BONES**
- Seizures – **BRAIN**
- Dyspnea - **BREATHING**

Be Prepared:
Palliative Care Emergencies
in the Home
Navigating Home Emergencies with Care and Compassion



Be Prepared:
Palliative Care Emergencies
in the Home
Navigating Home Emergencies with Care and Compassion



Be Prepared:
Palliative Care Emergencies
in the Home
Navigating Home Emergencies with Care and Compassion



Be Prepared:
Palliative Care Emergencies
in the Home
Navigating Home Emergencies with Care and Compassion



Be Prepared:
Palliative Care Emergencies
in the Home
Navigating Home Emergencies with Care and Compassion



Be Prepared:
Palliative Care Emergencies
in the Home
Navigating Home Emergencies with Care and Compassion



CHCA Conversation Guides



HEAD
(THINK)

HEART
(FEEL)

HANDS
(DO)

A Practical Tool

Each of the six Conversation Guides is structured into three distinct sections:

1 A Conversation Checklist

This is your blueprint for navigating challenging discussions about palliative care emergencies. It offers actionable advice on how to ready yourself for the conversation, relay clinical knowledge using the “Head-Heart-Hands” approach, and foster trust through key emotional intelligence techniques, such as empathy and active listening.

2 Details about the Palliative Care Emergency

In the “Palliative Care Emergency” section, you’ll learn about the condition’s intricacies, uncovering its underlying mechanisms, prominent signs and symptoms, and associated risk factors. You’ll also find tailored conversation pointers for engaging both patients and caregivers. Additionally, you’ll get a straightforward breakdown of potential treatment options and care solutions, enabling you to explain to patients and/or caregivers how to manage the situation, effectively and safely, at home.

3 A Tool for Patients and Caregivers

Equip patients and caregivers with a variety of techniques and actions to manage potential emergencies at home. This section also offers tips on how you can communicate this crucial information effectively. Designed for utility, this segment is meant to be left behind in the home, granting patients and caregivers immediate access to both the information and helpful diagrams, whenever necessary.

Pathophysiology

- **Tumour invasion:** Many advanced cancers can invade and erode into blood vessels. For instance, tumours in the gastrointestinal tract, such as the stomach or esophagus, can erode into major blood vessels causing significant bleeding. Similarly, tumours in the brain can cause intracranial bleeding.
- **Blood and platelet disorders:** Conditions like leukemia, blood diseases, or those affecting platelet production can impair the body's ability to create blood components or form clots, leading to increased bleeding risk.
- **Medication side effects:** Many seriously ill patients are on medications that can increase bleeding risk, including anticoagulants (like warfarin or heparin), which are used to prevent blood clots, or non-steroidal anti-inflammatory drugs (NSAIDs) that can cause gastrointestinal bleeding.
- **Liver disease:** The liver produces proteins vital for blood clotting. Patients with advanced liver disease (like cirrhosis) can have impaired clotting, leading to a risk of bleeding. Also, increased pressure in the blood vessels of the liver (portal hypertension) can lead to the formation of varices, which are dilated blood vessels prone to rupture.
- **Vascular fragility:** Some diseases, like connective tissue disorders, can cause fragility in the blood vessels, making them prone to rupture and bleeding.

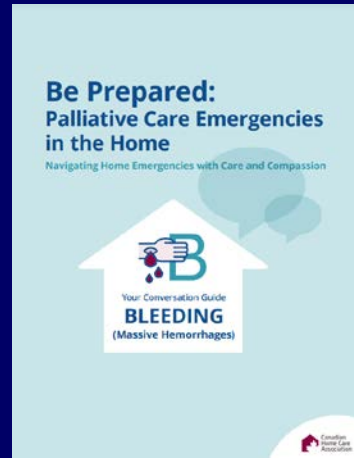
Be Prepared: Palliative Care Emergencies in the Home

Navigating Home Emergencies with Care and Compassion



BLEEDING – Who is at risk?

- Blood-related disorder
- platelet abnormalities
- problems related to blood clotting
- liver disease or
- head and neck cancers
- Esophageal cancers
- Lung cancers
- Medications: steroids (e.g., dexamethasone), some non-steroidal anti-inflammatory drugs (NSAIDs), anticoagulant medications (e.g., warfarin, DOACs, heparin, dalteparin)



Discussing the potential risk for massive hemorrhaging with patients and their caregivers in home-based palliative care is crucial for informed decision-making and preparedness. While the term “emergency” highlights the gravity of the situation, you can frame it in a way that doesn’t cause alarm but encourages proactive planning.

With this Conversation Guide, you’re better prepared to facilitate reassuring discussions on managing such emergencies at home. These situations require your dual expertise: connecting genuinely with patients and their families using emotional intelligence and clinical knowledge.

A Conversation about BLEEDING (Massive Hemorrhages)



A Conversation Checklist

This checklist provides actionable steps to ready yourself for difficult conversations, to share clinical insights through the “Head-Heart-Hands” lens, and cultivate trust using emotional intelligence skills, like empathy and active listening.

What to include in your conversation	Helpful phrases for Nurses
<p>Start with the following:</p> <p>a) Introduce the purpose and importance of having the conversation with empathy.</p> <p>b) Assess their readiness to have the conversation with sensitivity (i.e., ask for permission).</p> <p>c) Ask about their fears and/or worries and actively listen to their response(s).</p>	<p>PURPOSE/IMPORTANCE: <i>“I appreciate that you may be facing some challenges. It’s important that we talk about some of the situations that could happen at home so that you know how to manage them.”</i> <i>“It is really important to have this conversation with you because this information will help you understand what is happening and how to manage in the moment or get help.”</i></p> <p>READINESS: <i>“We need to talk about your ability to recognize the signs of a hemorrhage and when it is time to get help. When do you think would be a good time to talk about it?”</i></p> <p>FEARS/WORRIES: <i>“I’m genuinely interested in understanding your concerns. Can you share some of them with me?”</i> <i>“I want to make sure you feel you have the support you need. Is there anything about caring for (person’s name) that worries or scares you?”</i></p>

What to include in your conversation	Helpful phrases for Nurses
Describe a hemorrhage and provide information on what they might see and/or hear, how they may feel, and what they can do	<p><i>“Losing a lot of blood can be scary. Understanding the signs or symptoms can give you some peace of mind. Let’s talk about what you might hear or see.”</i></p> <p><i>“I realize that witnessing a loved one bleeding can be frightening or upsetting. Let’s talk about how you might feel and ways to cope.”</i></p> <p><i>“Having a better understanding of what is happening can help you feel more prepared if it happens. These are some really easy hands-on things you can do to help make the situation better.”</i></p>
Provide reassurance and offer genuine hope	<i>“I know this may seem difficult for you, but I know you can do this. By working on this together, we will help you feel prepared.”</i>
Encourage reflection, validate their feelings, and ask them to share what they have heard and/or understood	<p><i>“What you feel and think matters. Would you like to tell me how this is making you feel or what you are thinking about at the moment?”</i></p> <p><i>“Do we need to take a minute to go over anything we’ve just spoken about? Is there anything I’ve said that you are unsure about or isn’t clear?”</i></p> <p><i>“How are you feeling about this information so far? Please let me know if anything feels overwhelming or unclear.”</i></p>
Be observant of non-verbal cues and respond with compassion	<i>“Something seems to have (upset/worried/saddened) you. Would you like to talk about it?”</i>
Reiterate support with warmth and connection	<i>“Remember, you’re not alone in this. Our team is here to guide, support, and answer any questions you might have.”</i>
Wrap-up the conversation	<i>“Thank you for sharing your thoughts and feelings with me. Remember, our team is here to provide the care and support you need.”</i>
Document the discussion to help the interdisciplinary healthcare team identify areas needing attention	<i>“I’ll write down our talk and share it with the healthcare team, so that everyone is on the same page and we all work together.”</i>



Treatment Options







- **Immediate assessment:** A rapid assessment of the patient is necessary to identify the source of the bleed and its severity. This can guide subsequent interventions.
- **Positioning:** Depending on the source of the bleed, positioning the patient appropriately can be beneficial. For example, if the person is bleeding from a foot wound, elevating the foot and leg may help slow the bleeding.
- **Pressure dressings:** If the bleed is external, applying pressure with clean cloths or dressings can help control the hemorrhage.
- **Pharmacological interventions:**
 - **Sedatives:** Medications, like midazolam, can help calm an anxious patient and provide comfort.
 - **Anticoagulant reversal agents:** If the patient is on blood thinners, medications like vitamin K (for warfarin), or specific reversal agents for newer anticoagulants, can be administered to counteract their effects.
 - **Hemostatic agents:** Some medications can help promote clotting and stop bleeding, like tranexamic acid (Cyclokapron).
 - **Opioids:** Can be used to manage any associated symptoms like breathlessness.
- **Comfort measures:** In cases where the bleed cannot be controlled, the focus might shift to ensuring the patient is comfortable. This may involve using medications to relieve anxiety, breathlessness, or any pain that might be associated.
- **Communication:** It's essential to keep the patient and their family informed about the situation, what is being done, and what to expect. A helpful way to guide the conversation is to focus on the "4 Step Process" to manage a bleed, known as the A.B.C.D. Approach (adapted from the BC Centre for Palliative Care).
 - **Assure:** Assure the patient you know what to do and reassure them that you will not leave them alone.
 - **Be present:** Do not leave the patient alone, and if you must, make sure someone is always with them.
 - **Calm and comfort:** Stay calm and talk to the patient in a gentle tone. You can use touch or hold them to help soothe them.
 - **Dignity:** Maintain dignity for the patient by trying to minimize the visual signs of a bleed. Use dark towels, absorbent dressings and wipe the patient's face and body as needed.
- **Emergency response:** Depending on the wishes of the patient and the family, activating emergency services might be appropriate. Some patients might have advance care plans or directives in place which specify their wishes in such situations.

Be Prepared: Palliative Care Emergencies in the Home

A Tool for Patients and Caregivers



This tool helps you know the actions you can take and reassuring words to use if your loved one is experiencing heavy bleeding. Your healthcare provider will review the actions with you.

Actions you can take	Comforting Words
<p>Use dark towels or sheets (such as black, brown, or red) to mask the appearance of bleeding, helping to prevent distress or alarm for the patient, or others, when seeing a large amount of blood.</p> 	<p><i>"I'm going to clean up a bit; taking away the blood may help you feel better."</i></p>
<p>Apply pressure to the bleeding area(s)</p> <ul style="list-style-type: none"> Carefully apply pressure with towels or dressings to the bleeding area(s). If you have been shown, pack the area with gauze. 	<p><i>"I'm gently pressing here to help the bleeding. Tell me if you're uncomfortable."</i></p> <p><i>"I'm going to squeeze your nose to help. Just a little pressure, okay?" (e.g., for a nose bleed).</i></p>
<p>Stay with your loved one</p> <p>Try to keep them calm and explain what's happening to them.</p> 	<p><i>"I'm staying right beside you. You are having some bleeding that the nurses have shown me how to help you with."</i></p> <p><i>"I'm right here with you. I will not be leaving."</i></p>
<p>Administer medication</p> <p>If prescribed, give any medications as you were shown by the nurse to help with the bleeding or calm your loved one.</p> 	<p><i>"This medication will help you relax and slow the bleeding. The nurse has shown me how to administer it."</i></p>
<p>Adjust positions</p> <ul style="list-style-type: none"> Gently place your loved one on their side to avoid swallowing or choking on blood. If the bleeding is coming from an arm or leg, raise that body part to slow bleeding. If they are in shock, and not bleeding from their mouth, lay them flat on their back with their legs elevated. This position increases blood flow to vital organs, especially the brain. 	<p><i>"Let me gently adjust you; it's to help with the bleeding and make sure you're comfortable."</i></p>
<p>Keep them warm</p> <p>Cover your loved one with a blanket. They can quickly become very cold if they are losing a lot of blood.</p> 	<p><i>"I know that you are feeling cold. I am going to try to warm you up with this blanket."</i></p>

- IF:**
- you feel overwhelmed and need help.
 - you feel your loved one is not feeling better after trying different strategies.
 - you are worried about heavy bleeding.
 - you have questions about what to do.



Call your Healthcare Team

Day time: _____

Evening: _____

Night time: _____



YOUR LOGO HERE

5 things you should know about a Massive Hemorrhage



1 What is a massive hemorrhage?

A massive bleed is when someone loses blood fast. Sometimes, a bit of blood might be lost, which isn't an urgent situation, but it should be watched.

2 What causes a massive hemorrhage?

Some people with blood disorders, liver disease or certain types of cancers may experience unexpected heavy bleeding. There are also certain medications that might increase the risk of bleeding (e.g., steroids, anti-inflammatories, and blood thinners).

3 What signs should I look for?

Recognizing the signs of heavy bleeding is crucial for your loved one's well-being. Here's what you should watch for:

- Visible bleeding:** You might see blood coming from a wound, sore, or when they cough.
- Change in urine:** You'll notice the urine turning bright red or becoming dark.
- Blood in stool:** The stool may appear very dark or show visible blood.
- Blood in vomit:** The vomit might resemble coffee grounds or contain bright red spots.
- Fast heartbeat:** You'll feel or notice their heart beating faster than usual.
- Low blood pressure:** They might seem dizzy or lightheaded.
- Signs of shock:** Their skin may feel cold, look pale, they might breathe rapidly, and their pulse could be weak yet fast.
- Fainting or loss of consciousness:** If they suddenly faint or become very drowsy or lose consciousness, it could indicate internal bleeding.

4 How can we treat a massive hemorrhage?

It's important to know how to respond if your loved one has a massive bleed. The best thing you can do is stay by their side, remain calm, and try to make them comfortable.

Actions you can take if a massive bleed happens include using dark towels and sheets to lessen any distress from the blood, adjusting their position for safety, and administering certain medications to help keep them calm and slow the bleeding.

5 When should I call the healthcare team?

Always know your healthcare team is available to support you. Some specific situations when you should urgently contact the healthcare team if a person has a massive hemorrhage are:

- Uncontrolled bleeding:** If the hemorrhage doesn't stop or slow down despite applying pressure or using other first-aid measures.
- Change in consciousness:** If the patient becomes dizzy, disoriented, loses consciousness, or exhibits any signs of going into shock.
- Significant pain:** If the patient expresses or shows signs of severe pain or discomfort that isn't alleviated with usual pain management techniques.
- Recurrent hemorrhaging:** If the patient experiences multiple episodes of heavy bleeding in a short period, even if each episode seems to stop.
- Pale or blue skin:** If the patient's skin becomes notably paler than usual, cold to touch, or starts turning bluish, indicating potential significant blood loss or reduced oxygenation.

THE CANADIAN INTERDISCIPLINARY PALLIATIVE CARE COMPETENCY FRAMEWORK

A curriculum guide for educators
and reference manual for disciplines
providing palliative care.



6. Last days and hours

Competency

Anticipating changes as death nears

Generalist

Assist the person and their designated family or caregiver(s) to prepare for the time of death, and provide information about expected changes and comfort measures during the last days and hours of life.

Identify people who are in the terminal phase, and recognize and respond to signs of imminent death.

Managing Emergencies

- Recognize that what we as caregivers think of as an emergency and what family sees as emergency may differ
- Expected emergencies should be anticipated
 - Recognize patients who are at risk
 - Engage in clear, concise conversations with them and their caregivers
- Unexpected emergencies may still happen

Last Days and Hours

What's Happening?

Changes are happening day by day

Goals of care are changing

The patient often has lost or will lose capacity to make decisions regarding care

The family is grieving, and stressed

Perspective

- Caregivers mostly see things they expect to see
- Family often does not know what to expect

Anticipating the Potential: Signs that death may be imminent

- Reduced and eventually absent oral intake
- Decreased / minimal urinary output
- Increased periods of sleeping and unconsciousness
- Respiratory pattern changes: apneas, Cheyne-Stokes, agonal
- Airway secretions
- Worsening circulation, poor peripheral perfusion, skin mottling

A brief survey of scary events at end of life

- Symptoms becoming more difficult to control
- “Sudden” decrease in level of consciousness
- Dysphagia – inability to swallow
- Loss of oral intake
- Delirium / confusion
- Low oxygen
- Respiratory secretions
- Changes in breathing patterns
- Colour changes
- Dysphasia – inability to speak
- Not voiding

How do these lists differ?

Signs that death may be imminent:

- Reduced and eventually absent oral intake
- Decreased / minimal urinary output
- Increased periods of sleeping and unconsciousness
- Respiratory pattern changes: apneas, Cheyne-Stokes, agonal
- Airway secretions
- Worsening circulation, poor peripheral perfusion, skin mottling

Scary events at end of life:

- Symptoms becoming more difficult to control
- “Sudden” decrease in level of consciousness
- Dysphagia – inability to swallow
- Loss of oral intake
- Delirium / confusion
- Low oxygen
- Respiratory secretions
- Changes in breathing patterns
- Colour changes
- Dysphasia – inability to speak
- Not voiding

Emergencies at end of life – Uncommon

Scary Events at end of life - Common

Scary events may be interpreted as emergencies.

Some of them will happen to ALL patients.

Distressing Symptoms in Final Days and Hours

- Neurological
 - confusion, dysphasia
- Gastrointestinal
 - loss of oral intake, dysphagia, incontinence
- Urological
 - urinary incontinence or retention
- Respiratory
 - secretions, breathing patterns
- Peripheral
 - swelling, mottling, low oxygenation

Managing Potentially Scary Events at End of Life

Communication

Prevention

Anticipating the Potential

Early Recognition

Appropriate Response

Communication

Managing Potentially Scary Events at End of Life

Communication

Prevention

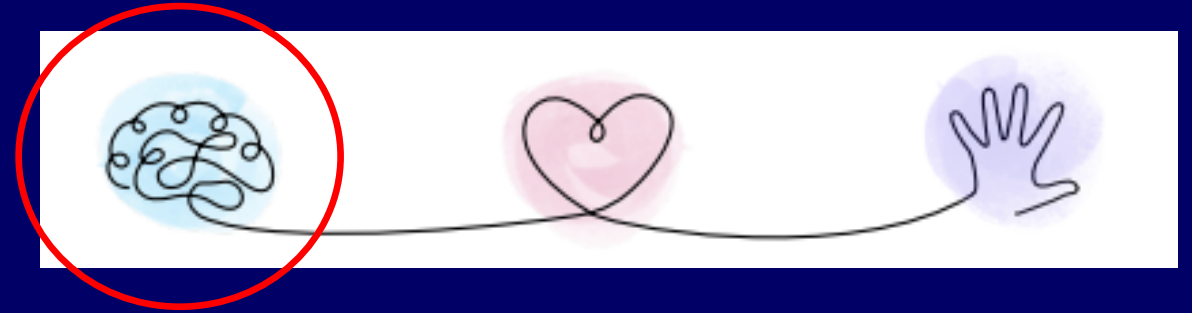
Anticipating the Potential

Early Recognition

Appropriate Response

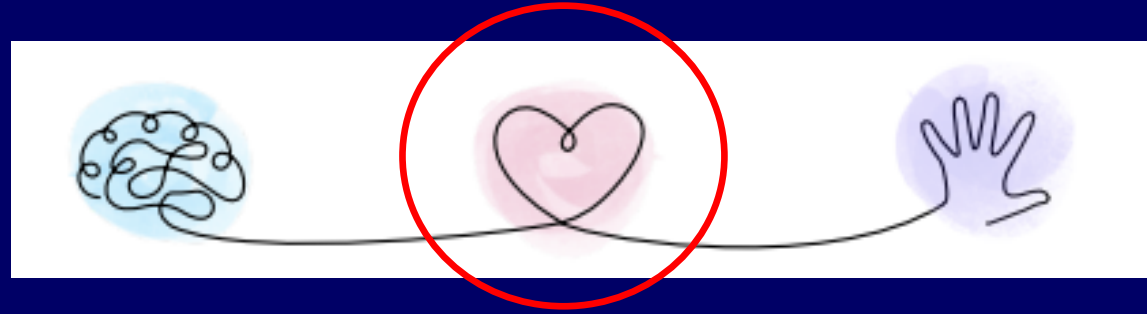
Communication

Managing Potentially Scary Events at end of life: HEAD / HEART / HANDS



- Symptoms becoming more difficult to control
- “Sudden” decrease in level of consciousness
- Dysphagia – inability to swallow
- Loss of oral intake
- Delirium / confusion
- Low oxygen
- Respiratory secretions
- Changes in breathing patterns
- Colour changes
- Dysphasia – inability to speak
- Not voiding

Normalize - Examples



- Loss of Oral Intake
 - Common, expected
- Delirium / Confusion
 - Common, expected
- Respiratory secretions
 - Compare to everyday examples

Normalize:

“to allow or encourage (something considered extreme or taboo) to become viewed as normal”

“Normalize.” Merriam-Webster.com Dictionary, Merriam-Webster, <https://www.merriam-webster.com/dictionary/normalize>. Accessed 9 Feb. 2025.

Management - Examples



- Loss of Oral Intake
 - Allow vs encourage intake; thicken foods; consider carefully the benefits vs harms of any artificial hydration
- Delirium / Confusion
 - Avoid correcting, avoid requesting decisions; create a calm and consistent environment; consider carefully the benefits and risks of medications
- Respiratory secretions
 - Reposition; Lean in; consider carefully the benefits and risks of medications

THE CANADIAN INTERDISCIPLINARY PALLIATIVE CARE COMPETENCY FRAMEWORK

A curriculum guide for educators and reference manual for disciplines providing palliative care.



Be Prepared: Anticipating and Managing Expected End-of- Life Symptoms in Palliative Care



Be Prepared: Palliative Care Emergencies in the Home

Navigating Home Emergencies with Care and Compassion



Be Prepared: Palliative Care Emergencies in the Home

Navigating Home Emergencies with Care and Compassion



Be Prepared: Palliative Care Emergencies in the Home

Navigating Home Emergencies with Care and Compassion



Be Prepared: Palliative Care Emergencies in the Home

Navigating Home Emergencies with Care and Compassion



Be Prepared: Palliative Care Emergencies in the Home

Navigating Home Emergencies with Care and Compassion



Be Prepared: Palliative Care Emergencies in the Home

Navigating Home Emergencies with Care and Compassion

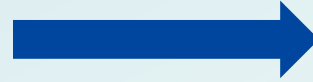


Thank you!

- Questions
- Comments
- Discussion


Be Prepared Conversation Guides

Where we started....



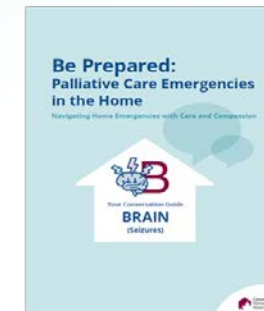




Where we've arrived.

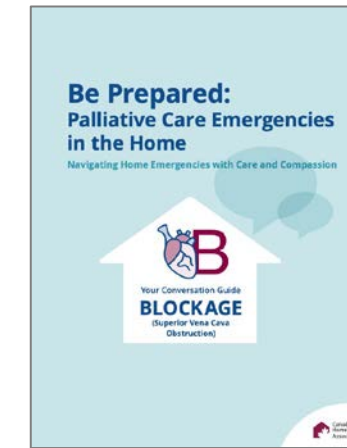
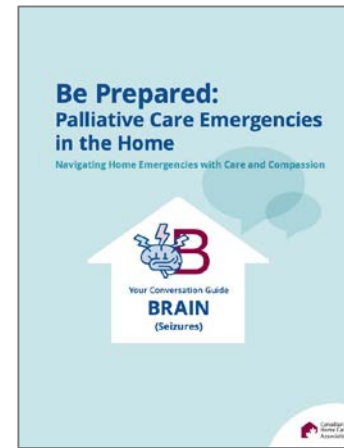
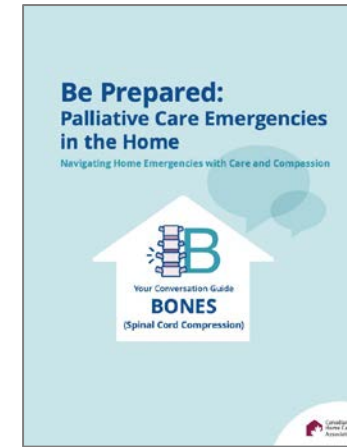
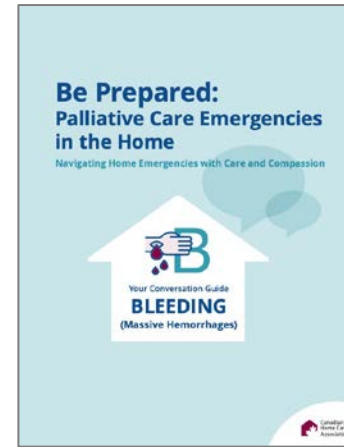
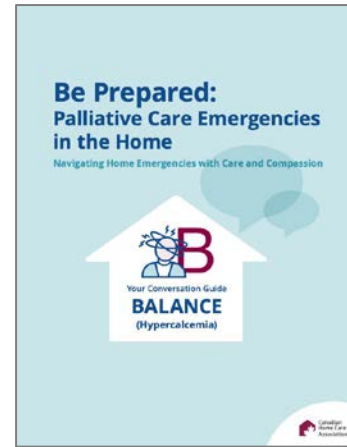
**Pain and Symptom Management at Home:
Managing Emergencies**



Presenter:
Dr. Cornelius Woelk
Southern Health-Santé Sud

Host and Moderator: Jennifer Campagnolo, CHCA
Date: November 25, 2021






cdnhomecare.ca/enhancing-competency-managing-emergencies-with-compassion

Helping navigate home emergencies with care and compassion

1

A Conversation about BLEEDING (Massive Hemorrhages)



Discussing the potential risk for massive hemorrhaging with patients and their caregivers in home-based palliative care is crucial for informed decision-making and preparedness. While the term "emergency" highlights the gravity of the situation, you can frame it in a way that doesn't cause alarm but encourages proactive planning.

With this Conversation Guide, you're better prepared to facilitate reassuring discussions on managing such emergencies at home. These situations require your dual expertise: connecting graciously with patients and their families using emotional intelligence and clinical knowledge.

A Conversation Checklist


This checklist provides actionable steps to ready yourself for difficult conversations, to share clinical insights through the "Head-Heart-Hands" lens, and cultivate trust using emotional intelligence skills, like empathy and active listening.

What to include in your conversation	Helpful phrases for Nurses
<p>Start with the following:</p> <p>a) Introduce the purpose and importance of having the conversation with empathy.</p> <p>b) Assess their readiness to have the conversation with sensitivity (i.e., ask for permission).</p> <p>c) Ask about their fears and/or worries and actively listen to their response(s).</p>	<p>PURPOSE/IMPORTANCE: <i>"I appreciate that you may be facing some challenges. It's important that we talk about some of the situations that could happen at home so that you know how to manage them."</i> <i>"It is really important to have this conversation with you because this information will help you understand what is happening and how to manage in the moment or get help."</i></p> <p>READINESS: <i>"We need to talk about your ability to recognize the signs of a hemorrhage and when it is time to get help. When do you think would be a good time to talk about it?"</i></p> <p>FEARS/WORRIES: <i>"I'm genuinely interested in understanding your concerns. Can you share some of them with me?"</i> <i>"I want to make sure you feel you have the support you need. Is there anything about caring for (person's name) that worries or scares you?"</i></p>

Be Prepared: Palliative Care Emergencies in the Home - Navigating Home Emergencies with Care and Compassion | Your Conversation Guide: BLEEDING (Massive Hemorrhages) |

2

The Palliative Care Emergency-BLEEDING (Massive Hemorrhages)



Most patients in palliative care prefer to stay at home. However, managing a catastrophic hemorrhage at home requires specific interventions and preparedness, including having medications at hand, knowing how to apply pressure, and being prepared for emotional and psychological impacts (Porzio et al. 2009).

What is a Massive Hemorrhage?

Information for Nurses

A massive hemorrhage refers to a rapid and significant loss of blood by a patient. On rare occasions, major bleeding from a primary artery can be fatal and is referred to as a terminal hemorrhage.

Individuals with serious illnesses may occasionally experience minor blood loss. While this is not classified as a massive hemorrhage, and isn't treated as an immediate crisis, it can serve as an indicator of a potentially larger bleed in the future. Although uncommon, a massive hemorrhage can happen rapidly, and family members might find themselves managing the situation alone, as a healthcare professional may not be immediately available.

How to describe hemorrhages to Patients and/or Caregivers

"A massive bleed is when someone loses blood fast."
"Sometimes, a bit of blood might be lost, which isn't an urgent situation, but it should be watched."
"Tell us about any bleeding. It helps us be ready for the future."

Who may be at risk?

Information for Nurses

Some patients may be at risk if they have a blood-related disorder, platelet abnormalities, or problems related to their blood clotting. Medical conditions, such as liver disease or head and neck cancers, can also increase the likelihood of unexpected bleeding. Some types of cancers, especially in the ears, nose, or throat, carry a higher risk of bleeding because metastatic wounds can expose major vessels. For patients with any type of esophageal lesion, erosion can also result in bleeding.

Certain medications might increase the risk of bleeding. These include steroids (e.g., dexamethasone), some non-steroidal anti-inflammatory drugs (NSAIDs), and anticoagulant medications (e.g., warfarin and heparin).


How to describe risk factors to Patients and/or Caregivers

"Some people with blood disorders, liver disease or certain types of cancers may experience unexpected heavy bleeding."
"There are also certain medications that might increase the risk of bleeding, for example, steroids, anti-inflammatories, and blood thinners."







Be Prepared: Palliative Care Emergencies in the Home - Navigating Home Emergencies with Care and Compassion | Your Conversation Guide: BLEEDING (Massive Hemorrhages) |

Be Prepared: Palliative Care Emergencies in the Home

A Tool for Patients and Caregivers



This tool helps you know the actions you can take and reassuring words to use if your loved one is experiencing heavy bleeding. Your healthcare provider will review the actions with you.

Actions you can take	Comforting Words
<p>Use dark towels or sheets (such as black, brown, or red) to mask the appearance of bleeding, helping to prevent distress or alarm for the patient, or others, when seeing a large amount of blood.</p> 	<p><i>"I'm going to clean up a bit, taking away the blood may help you feel better."</i></p>
<p>Apply pressure to the bleeding area(s)</p> <ul style="list-style-type: none"> Carefully apply pressure with towels or dressings to the bleeding area(s). If you have been shown, pack the area with gauze. 	<p><i>"I'm gently pressing here to help the bleeding. Tell me if you're uncomfortable."</i> <i>"I'm going to squeeze your nose to help, just a little pressure, okay?" (e.g., for a nose bleed)</i></p>
<p>Stay with your loved one</p> <p>Try to keep them calm and explain what's happening to them.</p> 	<p><i>"I'm staying right beside you. You are having some bleeding that the nurses have shown me how to help you with."</i> <i>"I'm right here with you. I will not be leaving."</i></p>
<p>Administer medication</p> <p>If prescribed, give any medications as you were shown by the nurse to help with the bleeding or calm your loved one.</p> 	<p><i>"This medication will help you relax and slow the bleeding. The nurse has shown me how to administer it."</i></p>
<p>Adjust positions</p> <ul style="list-style-type: none"> Gently place your loved one on their side to avoid swallowing or choking on blood. If the bleeding is coming from an arm or leg, raise that body part to slow bleeding. If they are in shock, and not bleeding from their mouth, lay them flat on their back with their legs elevated. This position increases blood flow to vital organs, especially the brain. 	<p><i>"Let me gently adjust you, it's to help with the bleeding and make sure you're comfortable."</i></p>
<p>Keep them warm</p> <p>Cover your loved one with a blanket. They can quickly become very cold if they are losing a lot of blood.</p> 	<p><i>"I know that you are feeling cold. I am going to try to warm you up with this blanket."</i></p>

IF:

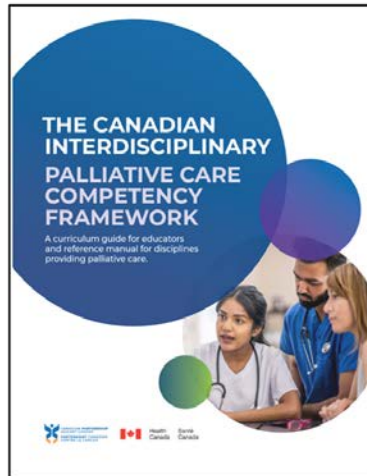
- you feel overwhelmed and need help.
- you feel your loved one is not feeling better after trying different strategies.
- you are worried about heavy bleeding.
- you have questions about what to do.

Call your Healthcare Team
 Day time: _____
 Evening: _____
 Night time: _____

Canadian Home Care Association YOUR LOGO HERE

Be Prepared Conversation Guides

THE CANADIAN INTERDISCIPLINARY PALLIATIVE CARE COMPETENCY FRAMEWORK

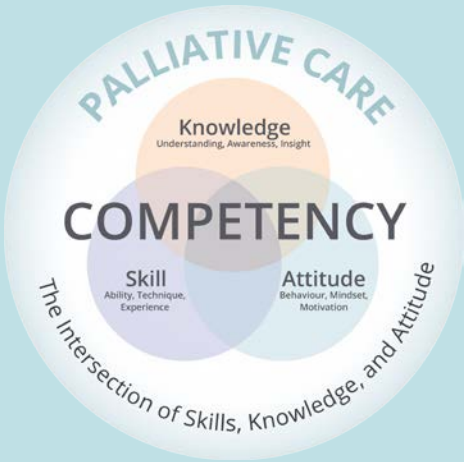


SKILLS + ATTITUDES

Be Prepared Conversation Guides

1 A Conversation Checklist

- Offers guidance on how to have a conversation and share clinical understanding



1

A Conversation about BREATHING (Dyspnea)

Discussing the potential risk for dyspnea with patients receiving home-based palliative care and their caregivers is crucial for informed decision-making and preparedness. While the term "emergency" highlights the gravity of the situation, you can frame it in a way that doesn't cause alarm but encourages proactive planning.

With this Conversation Guide, you're better prepared to facilitate reassuring discussions on managing such emergencies at home. These situations require your dual expertise: connecting genuinely with patients and their families using emotional intelligence and clinical knowledge.

A Conversation Checklist

This checklist provides actionable steps to ready yourself for difficult conversations, to share clinical insights through the "Head-Hearts-Hands" lens, and cultivate trust using emotional intelligence skills, like empathy and active listening.

What to include in your conversation	Helpful phrases for Nurses
<p>Start with the following:</p> <p>a) Introduce the purpose and importance of having the conversation with empathy.</p> <p>b) Assess their readiness to have the conversation with sensitivity (i.e., ask for permission).</p> <p>c) Ask about their fears and/or worries and actively listen to their responses).</p>	<p>PURPOSE/IMPORTANCE: "I appreciate that you may be facing some challenges. It's important that we talk about some of the situations that could happen at home so that you know how to manage them." "It is really important to have this conversation with you because this information will help you understand what is happening and how to manage in the moment or get help."</p> <p>READINESS: "We need to talk about how your health may affect your breathing and the things you can do to help with your dyspnea and when it is time to get help. When do you think would be a good time to talk about it?"</p> <p>FEARS/WORRIES: "I'm genuinely interested in understanding your concerns. Can you share some of them with me?" "I want to make sure you feel you have the support you need. Is there anything about caring for (person's name) that worries or scares you?"</p>
<p>Provide reassurance and genuine hope</p>	<p>"Dyspnea can be frightening, but understanding its signs or symptoms can give you some peace of mind. Let's talk about what you might hear or see." "I realize that witnessing a loved one struggle can be heart-wrenching. Let's talk about how it might feel and ways to cope." "Having a better understanding of what is happening can help you feel more prepared if it happens. There are some really easy hands-on things you can do to help make the situation better."</p>
<p>Encourage reflection, share their feelings, and invite them to share what they have heard and/or understood</p>	<p>"What you feel and think matters. Would you like to tell me how this is making you feel or what you are thinking about at the moment?" "Do we need to take a minute to go over anything we've just spoken about? Is there anything I've said that you are unsure about or can't hear?" "How are you feeling about this information so far? Please let me know if anything feels overwhelming or unclear."</p>
<p>Observe verbal cues and respond with compassion</p>	<p>"Something seems to have (upset/worried/addressed) you. Would you like to talk about it?"</p>
<p>Reiterate support with warmth and connection</p>	<p>"Remember, you're not alone in this. Our team is here to guide, support, and answer any questions you might have."</p>
<p>Wrap-up the conversation</p>	<p>"Thank you for sharing your thoughts and feelings with me. Remember, our team is here to provide the care and support you need."</p>
<p>Document the discussion to help the interdisciplinary healthcare team identify areas needing attention</p>	<p>"I'll write down our talk and share it with the healthcare team, so that everyone is on the same page and we all work together."</p>

Be Prepared: Palliative Care Emergencies in the Home - Navigating Home Emergencies with Care and Compassion Your Conversation Guide: BREATHING (Dyspnea)

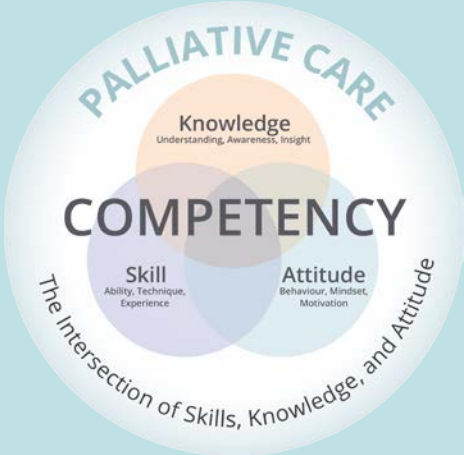
Be Prepared Conversation Guides

KNOWLEDGE + SKILLS

2

Details about the Palliative Care Emergency

- Information for home care providers about the emergency (pathophysiology, identifying at-risk patients, signs and symptoms, pharmacological and non-pharmacological interventions)



Signs and Symptoms
Information for Nurses
When assessing a patient for dyspnea, watch for gasping, increased breathing rate, and visible distress. Note any wheezing, skin colour changes around the mouth or on the fingertips, and grunting on exhalation. Also, observe if the patient leans forward for deeper breaths or if their chest sinks unusually with each breath. These are critical signs to promptly address potential respiratory issues.

What to say about signs and symptoms to Patients and/or Caregivers
Look for these signs if you think someone might be struggling to breathe:
The way they breathe will change:
- Gasping for air

Pathophysiology
Information for Nurses
The sensation of dyspnea arises from the awareness of a respiratory supply-and-demand mismatch. Such a mismatch can result from the perception of increased demand, decreased capacity, or a combination of both. Many aspects of the patient's situation affect the experience of their dyspnea—it's not just physical. Psychological aspects such as anxiety, levels of coping, spiritual aspects (such as the degree of acceptance, meaning, and suffering), and social aspects, including relationships, family experience, and financial situations can all play a role. Dyspnea may not only be due to a lack of oxygen, and this is why reassurance, a calming and supportive presence, and other non-pharmacological strategies can be very helpful for the patient. The primary mechanisms underlying dyspnea involve disruptions in the balance between respiratory supply and demand.

The Palliative Care Emergency-BREATHING (Dyspnea)

For individuals receiving palliative care, dyspnea is one of the most common symptoms, with estimates suggesting that up to 70% of end-of-life patients experience some form of breathlessness. This makes it a major concern for healthcare providers and caregivers alike (Jhu et al., 2021).

What is Dyspnea?
Information for Nurses
Dyspnea, often termed as "shortness of breath", is the subjective experience of breathing discomfort, frequently characterized by sensations such as "chest tightness" or "air hunger". This sensation can arise from a multitude of causes ranging from cardiac and pulmonary conditions to neuromuscular diseases.

How to describe dyspnea to Patients and/or Caregivers
"Dyspnea is when someone has trouble breathing. Imagine feeling like you are out of breath and there's a sharp tightness in your chest. It can feel as if you're gasping for air, being for each breath, or as the weight of a rug on your chest. This sensation can be extremely scary because only the person experiencing it can truly explain how intense it feels."

Who may be at risk?
Information for Nurses
Patients with compromised lung function, due to current conditions or pre-existing diagnoses, like heart disease, lung ailments, or neurological conditions such as amyotrophic lateral sclerosis (ALS) or myasthenia gravis, face a higher risk of dyspnea. Be vigilant to ensure tailored care, early interventions and that plans for potential emergencies are in place for those at risk.

How to describe who may be at risk to Patients and/or Caregivers
"Someone with a history of heart disease, lung issues, or specific neurological disorders, like ALS (amyotrophic lateral sclerosis), may experience increased difficulty in breathing. Being aware that these conditions may impact someone's ability to breathe will help you be better prepared."

Patients and/or Caregivers
Breathe is not enough for what your body and mind need. Stress can amplify the sensation of breathlessness, increasing demand, creating a feedback loop that intensifies the experience.

How to describe who may be at risk to Patients and/or Caregivers

Be Prepared Conversation Guides

KNOWLEDGE +
SKILLS

2 Details about the Palliative Care Emergency

How to describe hypercalcemia to Patients and/or Caregivers

"Hypercalcemia means there is too much calcium in the blood. This may happen when changes occur in the bones of people living with cancer, even if the cancer hasn't spread to the bones. I know this sounds concerning, but recognizing and managing it at home is important for your loved one's comfort and well-being."

How to describe who may be a risk for hypercalcemia to Patients and/or Caregivers

"Because of your specific type of cancer or overactive parathyroid glands] diagnosis, you might experience elevated calcium levels in your blood. Knowing that this could happen is important because, together, we make a plan to help you manage it at home."



2

The Palliative Care Emergency-BALANCE (Hypercalcemia)

Hypercalcemia can result in a range of symptoms that severely impact quality of life. Around 50% of patients with hypercalcemia may be asymptomatic, but the other half can exhibit symptoms such as fatigue, constipation, polyuria, cognitive changes, and even coma. These symptoms can significantly reduce quality of life, especially in palliative care settings (Tebben et al. 2016).

What is Hypercalcemia?

Information for Nurses

Hypercalcemia refers to the condition where there are elevated levels of calcium in the bloodstream. It is usually caused by primary hyperparathyroidism or certain types of cancer. It is crucial to recognize and manage, especially in home-based palliative care, as it can affect a patient's comfort and overall well-being.

How to describe hypercalcemia to Patients and/or Caregivers

"Hypercalcemia means there is too much calcium in the blood. This may happen when changes occur in the bones of people living with cancer, even if the cancer hasn't spread to the bones. I know this sounds concerning, but recognizing and managing it at home is important for your loved one's comfort and well-being."

Who may be at risk?

Information for Nurses

Hypercalcemia, or high calcium levels in the blood, is seen in 10-20% of patients with advanced cancer. It's especially common among those with bone metastases and in cases of breast, lung, and kidney cancers. Additionally, patients with diagnoses of lymphoma, multiple myeloma, or tumours in the kidney or genitourinary region are at risk. Other cancers associated with hypercalcemia include those of the head and neck, thyroid, esophagus, skin, cervix, and bladder.

There are two primary causes for hypercalcemia:

- Overactive parathyroid glands: Known as primary hyperparathyroidism, this condition arises when the four parathyroid glands in the neck produce too much parathyroid hormone. This hormone increases calcium levels in the bloodstream.
- Certain cancers: These cancers might raise calcium levels either because they produce substances resembling parathyroid hormone or because they cause the bones to break down, releasing more calcium.

How to describe who may be a risk for hypercalcemia to Patients and/or Caregivers

"Because of your specific type of cancer or overactive parathyroid glands] diagnosis, you might experience elevated calcium levels in your blood. Knowing that this could happen is important because, together, we make a plan to help you manage it at home."

Be Prepared: Palliative Care Emergencies in the Home – Navigating Home Emergencies with Care and Compassion

Your Conversation Guide: BALANCE (Hypercalcemia)

KNOWLEDGE + SKILLS

For Patients and Caregivers

Be Prepared Conversation Guides

3 A Tool for Patients and Caregivers

- Customizable and designed to be left in the home
- Provides patients and families essential information and most importantly immediate access to helpful actions they can take (including what to say to someone)



5 things you should know about Dyspnea

- 1 What is Dyspnea (shortness of breath)?**
Dyspnea is when someone has trouble breathing. Imagine feeling like you are out of breath and there's a sharp tightness in your chest. It can feel as if you're gasping for air, battling for each breath, or on the verge of suffocation.
- 2 What causes someone to experience shortness of breath?**
- 3 How can we treat shortness of breath?**
When someone has trouble breathing, there are several ways to help. Medicines can ease pain, improve breathing, and reduce anxiety. If someone isn't getting enough air, they might need a prescription for oxygen. In emergencies, a combination of medicines can provide quick relief. It's vital to understand that anxiety can worsen breathing problems, so staying calm is very important.
- 4 When should I call the healthcare team?**
In any of these situations, you should call your healthcare team immediately for guidance and assistance.
 - Sudden breathlessness: If the person starts having a really hard time breathing out of nowhere, and it's much worse than before.
 - Increased pain: If the person has new chest pain or if the pain gets worse when they're short of breath.
 - Change in behaviour: If the person seems very sleepy, is hard to wake up, or acts confused when they have trouble breathing.
 - Blue or grey lips or nails: If their lips or nails change to a blue or grey colour because they're not getting enough air.
 - Medicines not working: If the things that usually help them breathe aren't working or if they keep having trouble breathing even after taking them.

Be Prepared: Palliative Care Emergencies in the Home

A Tool for Patients and Caregivers

This tool helps you know the actions you can take and reassuring words to use if your loved one is having difficulty breathing. Your healthcare provider will review the actions with you.

Actions you can take	Comforting Words
Use a fan Try directing a fan towards the face or cheek for relief.	"Let's turn on the fan and see if it helps. Can you tell me if it improves your breathing?"
Change positions Recommend changing positions 145 degrees.	"It looks like you are struggling to breathe. Can I gently lean you forward to see if it helps?"
Breathing techniques Try breathing through pursed lips.	"Let's try this breathing technique together. First take a normal breath in. Now, bring your lips together like you are blowing out a candle and breath out. Let's keep repeating that pattern and see if it helps."
Stay calm Be present and help manage stress—focus on deep breathing.	"Take a deep breath through your nose, letting your belly expand. Now exhale, pushing your belly in, and breathe out through your mouth." Consider saying, "I'm here with you" or "Let's breathe together" rather than telling them, "Please calm down" or "Don't worry."
Airflow Ensure proper ventilation of the room and consider eliminating "irritants" (e.g., cigarette smoke). Ask them if there is anything in the air that might be bothering their breathing (e.g., smoke, dust, smells, etc.).	"Sometimes things in the air can affect your breathing. Let me open the window or turn on the fan to see if that helps."
Give medication (if prescribed) • MEDICATION: administer dosage (only if you were shown how to do so) • OXYGEN: Put on the oxygen mask or nose cannula <small>See your doctor about using oxygen therapy with inhalers. If it's not working or you're not sure, call your doctor. Do not use oxygen therapy unless you have been instructed to do so by your doctor. Do not use oxygen therapy unless you have been instructed to do so by your doctor.</small>	"This medication will help you breathe easier. The nurse has shown me how to administer it." "Let me check your oxygen mask. I want to see if it's limiting your skin or drying out your mouth/nose. It's important that this is comfortable for you."

IF:

- ✓ you feel overwhelmed and need help.
- ✓ you feel your loved one is not feeling better after trying different strategies.
- ✓ you are worried about symptoms.
- ✓ you have questions about what to do.

Call your Healthcare Team

Day time: _____
Evening: _____
Night time: _____

YOUR LOGO HERE

Canadian Home Care Association

Be Prepared Conversation Guides

How can you access this resource?

- Available in both English and French
- Download from the CHCA website
- Conversation guide roleplay demonstration video
- jcampagnolo@cdnhomecare.ca



Discussion / Q&A



Dr. Cornelius J. Woelk MD, CCFP(PC), FCFP

Assistant Professor, Dept of Family Medicine, Univ of Manitoba
Medical Director of Palliative Care – Southern Health-Santé Sud
Medical Director - Boundary Trails Regional Cancer Program hub
Family Physician – C.W.Wiebe Medical Centre – Winkler, MB

Upcoming TeleECHO Sessions

CHCA Project ECHO Home-Based Palliative Care

All Teach, All Learn
Bridging the Knowledge Gap in
Home-Based Palliative Care



Compassionate Care in Last Days and Hours

Holistic Spirituality and Care at End of Life

June 11, 2025 12 – 1pm ET

Simon Lasair, Spiritual Care Practitioner and Robert Steane
Holistic Research Chair, St Paul's Hospital, SK

CHCA Project ECHO Integrated Seniors Care

All Teach, All Learn
Bridging the Knowledge Gap in
Home and Primary Health Care



*Integrated Dementia Care: Equipping Teams for Early
Recognition and Action*

March 27, 2025 12 – 1pm ET

Dr. Robert Lam, MD, MS, CCFP, FCFP (Care of the Elderly),
Family physician in the Home-Based Primary Care Team at
Unison Health & Community Services, ON

Register: cdnhomecare.ca/chca-project-echo