Survivorship Forum

Transitional care & shared care: Promoting continuity across settings

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End-of-Life Care Program
November 1, 2013

Purpose

- To celebrate and showcase promising practices related to patient transitions i.e., Fraser Health Service Delivery Model and how we work with the BCCA

- To promote continuity and a smooth transition between specialist care and care provided in other settings; a palliative approach through all the transitions and all settings

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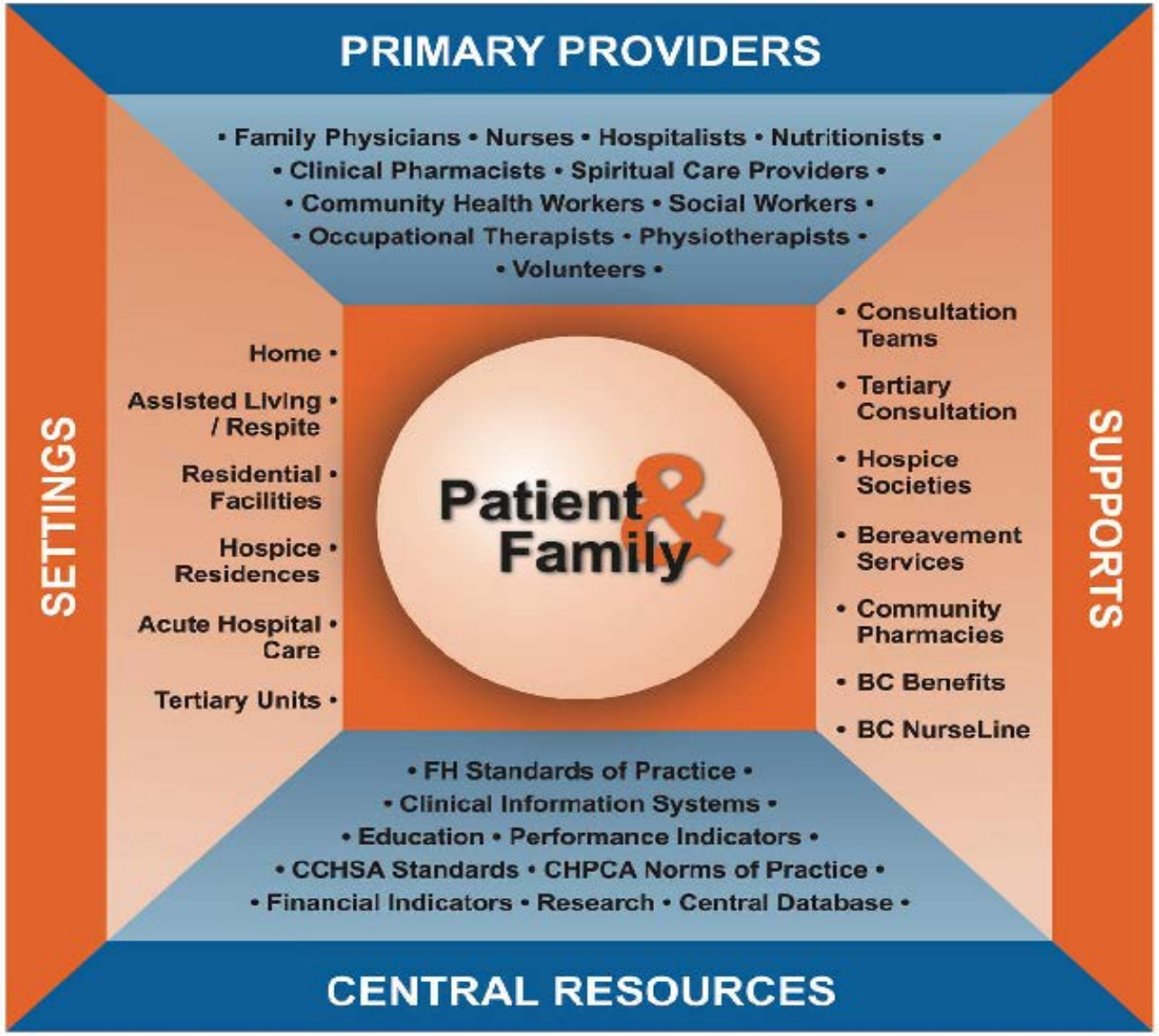
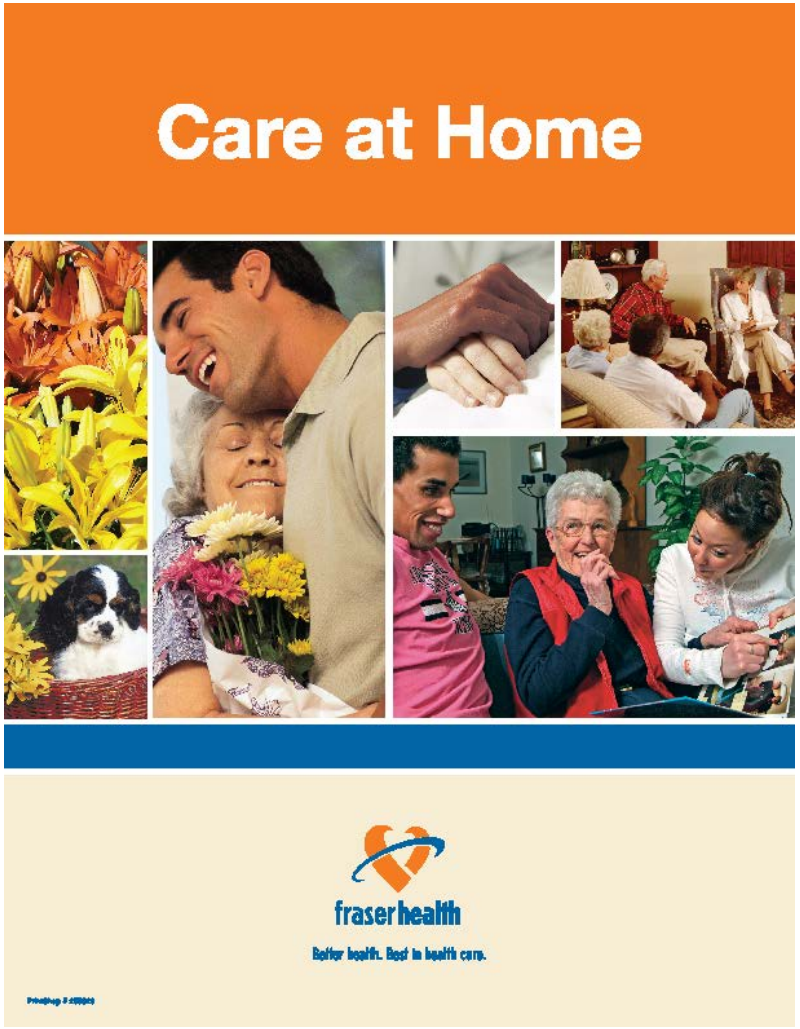
Service Delivery Model for Hospice Palliative Care



Everything in one place… a shared communication resource



The **Care at Home binder**

- Every client registered in the FH End of Life Care Program
- A central storehouse of relevant information
- Communication tool for *After Hours tele-nursing support* (9 pm to 8 am, 7 days a week).
- HCNs teach clients & families to update and share with all care providers (including BCCA in *shared care* or *overlap care).*

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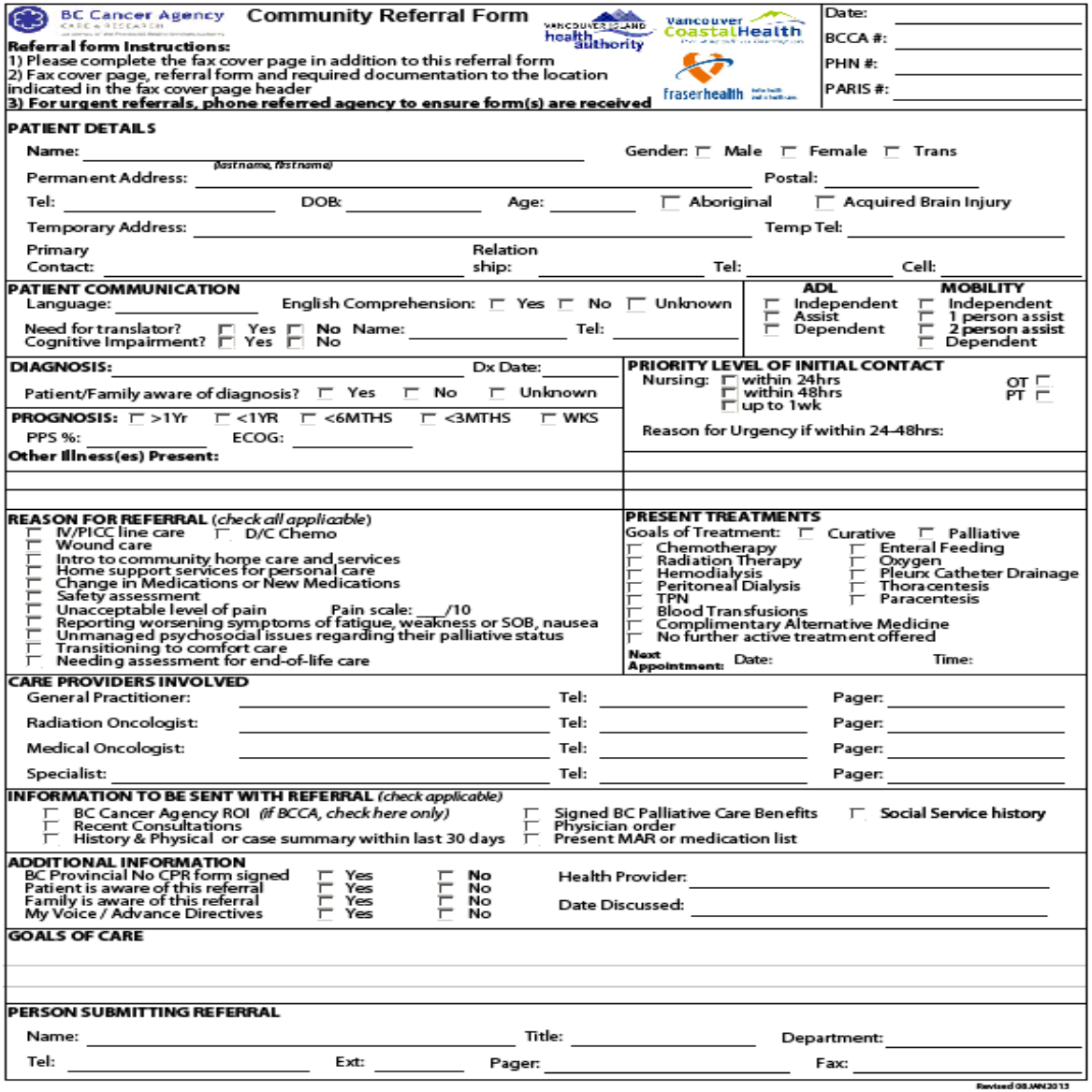
Collaboration, Integration and Partnership in Shared Care



BC Cancer Agency

Community Referral Form

Vancouver Island Health Authority · Vancouver Coastal Health · fraserhealth

Referral form Instructions:
1) Please complete the fax cover page in addition to this referral form
2) Fax cover page, referral form and required documentation to the location indicated in the fax cover page header
3) For urgent referrals, phone referred agency to ensure form(s) are received

Date: _____
BCCA #: _____
PHN #: _____
PARIS #: _____

PATIENT DETAILS

Name: _____ (last name, first name) Gender: ☐ Male ☐ Female ☐ Trans

Permanent Address: _____ Postal: _____

Tel: _____ DOB: _____ Age: _____ ☐ Aboriginal ☐ Acquired Brain Injury

Temporary Address: _____ Temp Tel: _____

Primary Contact: _____ Relation ship: _____ Tel: _____ Cell: _____

PATIENT COMMUNICATION

Language: _____ English Comprehension: ☐ Yes ☐ No ☐ Unknown

Need for translator? ☐ Yes ☐ No Name: _____ Tel: _____
Cognitive Impairment? ☐ Yes ☐ No

ADL
☐ Independent
☐ Assist
☐ Dependent

MOBILITY
☐ Independent
☐ 1 person assist
☐ 2 person assist
☐ Dependent

DIAGNOSIS: _____ Dx Date: _____

Patient/Family aware of diagnosis? ☐ Yes ☐ No ☐ Unknown

PROGNOSIS: ☐ >1Yr ☐ <1YR ☐ <6MTHS ☐ <3MTHS ☐ WKS

PPS %: _____ ECOG: _____

Other Illness(es) Present:

PRIORITY LEVEL OF INITIAL CONTACT

Nursing: ☐ within 24hrs ☐ within 48hrs ☐ up to 1wk

OT ☐
PT ☐

Reason for Urgency if within 24-48hrs:

REASON FOR REFERRAL *(check all applicable)*

☐ IV/PICC line care ☐ D/C Chemo
☐ Wound care
☐ Intro to community home care and services
☐ Home support services for personal care
☐ Change in Medications or New Medications
☐ Safety assessment
☐ Unacceptable level of pain Pain scale: ___/10
☐ Reporting worsening symptoms of fatigue, weakness or SOB, nausea
☐ Unmanaged psychosocial issues regarding their palliative status
☐ Transitioning to comfort care
☐ Needing assessment for end-of-life care

PRESENT TREATMENTS

Goals of Treatment: ☐ Curative ☐ Palliative

☐ Chemotherapy
☐ Radiation Therapy
☐ Hemodialysis
☐ Peritoneal Dialysis
☐ TPN
☐ Blood Transfusions
☐ Complimentary Alternative Medicine
☐ No further active treatment offered
☐ Enteral Feeding
☐ Oxygen
☐ Pleurx Catheter Drainage
☐ Thoracentesis
☐ Paracentesis

Next Appointment: Date: Time:

CARE PROVIDERS INVOLVED

General Practitioner: _____ Tel: _____ Pager: _____

Radiation Oncologist: _____ Tel: _____ Pager: _____

Medical Oncologist: _____ Tel: _____ Pager: _____

Specialist: _____ Tel: _____ Pager: _____

INFORMATION TO BE SENT WITH REFERRAL *(check applicable)*

☐ BC Cancer Agency ROI *(if BCCA, check here only)*
☐ Recent Consultations
☐ History & Physical or case summary within last 30 days
☐ Signed BC Palliative Care Benefits
☐ Physician order
☐ Present MAR or medication list
☐ Social Service history

ADDITIONAL INFORMATION

BC Provincial No CPR form signed	☐ Yes	☐ No
Patient is aware of this referral	☐ Yes	☐ No
Family is aware of this referral	☐ Yes	☐ No
My Voice / Advance Directives	☐ Yes	☐ No

Health Provider: _____

Date Discussed: _____

GOALS OF CARE

PERSON SUBMITTING REFERRAL

Name: _____ Title: _____ Department: _____

Tel: _____ Ext: _____ Pager: _____ Fax: _____

Revised 08 JAN 2013

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Transitioning Clients from BCCA to Fraser Health

Barbara McLeod, Clinical Nurse Specialist (CNS)
End-of-Life Care Program
Hermia Lee, Palliative-Focused Home Care Nurse
Tri-Cities Home Health
June 5, 2013

Location of video-taped presentation

H:\EVERYONE\Presentations\Nursing\2013\BCCA_Palliative Care Presentation_5june2013.wmv

Outcomes June 5 to October 31, 2013
Improved patient care

Earlier referrals: Allows HCNs to see patients when their PPS is higher i.e., time to **develop trust & relationship**; plan goals of care & work toward goals

- PPS is 70 to 60% +/or when treatment has stopped + patient is transitioning to comfort care.
- Preventing crises in the home with a PPS @ 30%

Improved communication: Time to speak with specialists and primary providers, including the Family Physician to highlight concerns and ensure client is known to us.

- Helpful to have the name of person referring, their contact information

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Shared Care Summary: “Overlap of Care”

- Provide a gradual transition to Home Health to maintain trust of patient and family.
- Short, narrative summary of patient’s course, major events and goals for future care:
  - Helps us determine what evaluations/services are needed to ensure that all major parts of a person’s history are properly noted.
- Clarify goals of treatment: Patient’s goals or BCCA’s goals of care?
  - BCCA understands that active treatment is drawing to a close.
  - Is there any future care that BCCA team may be able to provide e.g., radiotherapy. “No more chemo; no more radiotherapy”.

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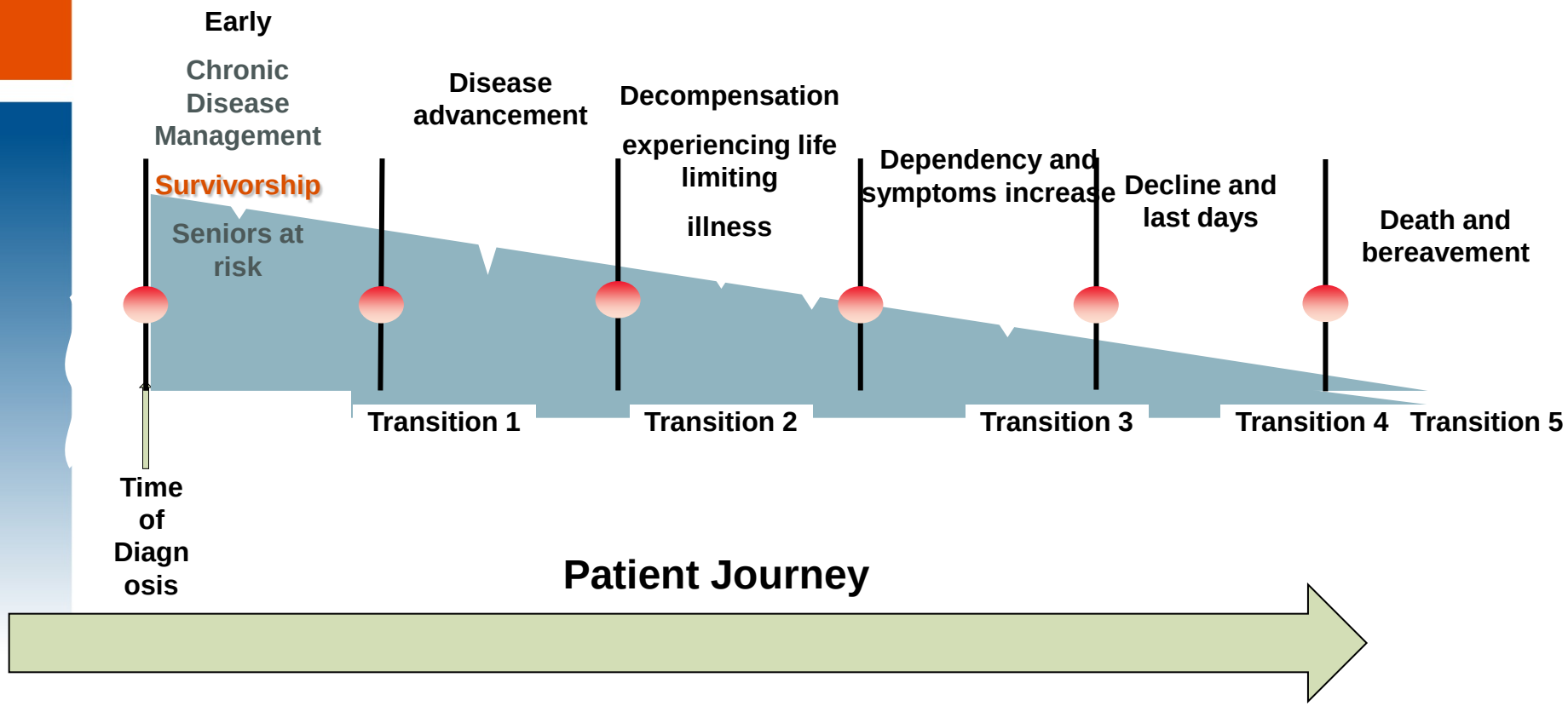
Palliative Approach:
Care through all the transitions



McGregor and Porterfield 2011

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Definition of a Palliative Approach

- An approach to care focused on improving the quality of life of persons living with life-limiting conditions, and their families. It is provided in all health care settings. It involves physical, psychological, social and spiritual care. The palliative approach is not delayed until the end stages of an illness but is applied earlier to provide active comfort-focused care and a positive approach to reducing suffering. It also promotes understanding of loss and bereavement.

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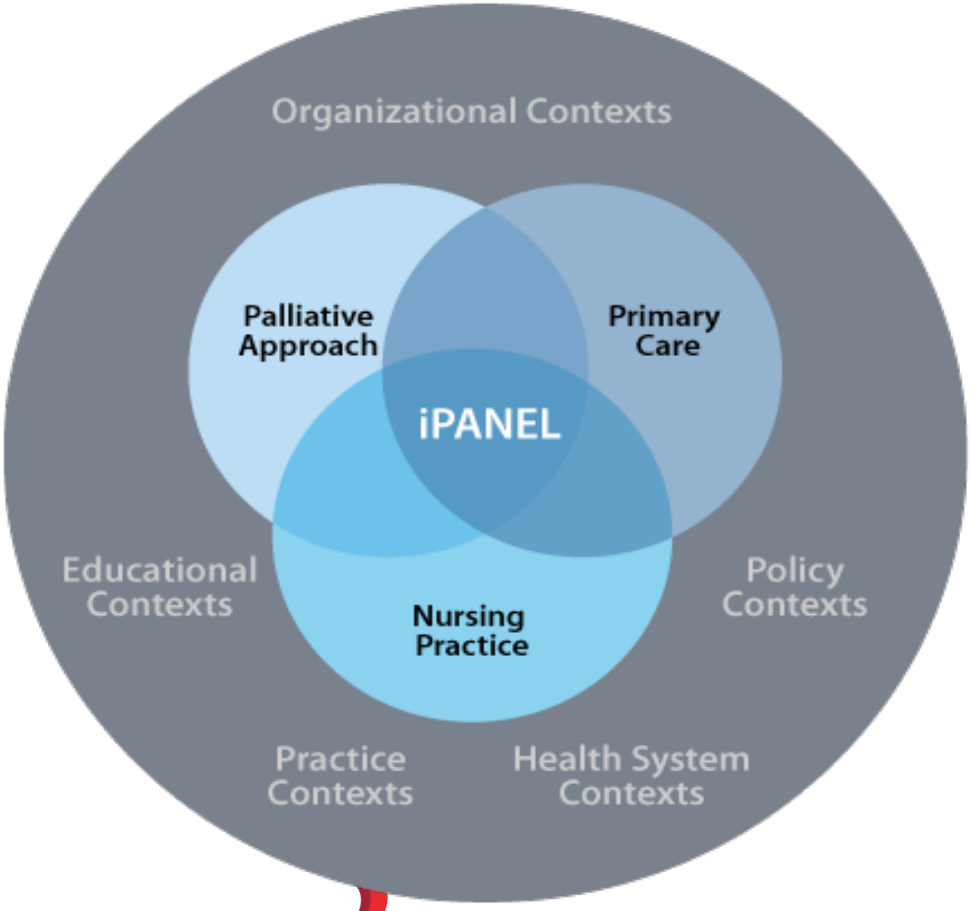
iPANEL
Initiative for a Palliative Approach in Nursing Evidence and Leadership

Our ultimate goal is to advance the further integration of the palliative approach into nursing practice in every care setting.

We know this takes the support & cooperation of many parties including health professionals, employers & health consumers...



Funded by the Michael Smith Foundation for Health Research | BC Nursing Research Initiative

Preparing for a Palliative Approach
Dr. Barb Pesut & Barbara McLeod
Project Leaders

Health System & Policy Innovations

Preparing for a Palliative Approach

Patient & Family-Centered Improvements

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iPANEL Education Symposium Findings

- Held in 2012 brought 52 educators, clinicians, family caregivers, regulators, researchers, administrators and policy makers in BC together
- Asked the question: How can we best educate nurses and nursing care providers to provide a palliative approach to the care of individuals living with chronic illness across contexts of care?

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- “the Lego approach to care whereby an individual is ..labelled as palliative and then specialized palliative care nursing comes to bear has allowed some nurses to abdicate their responsibilities for supportive care of the dying” this is not intentional neglect but a socialized model of care that delegates care to those perceived to be the most prepared.. What is required is a reclaiming to care of the dying at the basic level of preparation of every nurse. Report Author: Dr. Barb Pesut

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Symposium Findings: 2012

- Palliative clinical experience is often equated with specialized palliative care units rather than the many places that nurses work and care for the dying
- Education for a Palliative Approach and Palliative Care are not discrete bodies of knowledge
- Common foundation is recognition of the dying trajectory

http://www.ipanel.ca/

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Reflections

- Awareness that it is important to assess our own level of comfort with advance care planning and having difficult conversations.
- To familiarize ourselves with Advance Care Planning tools developed for cancer patients and families – see the CHPCA website – BC Cancer Agency supported through CHPCA the development of a specific tool for cancer patients and families.
- Surviving as health care providers after the cumulative losses of our patients; taking care of ourselves. How do I replenish myself?
- Importance of the palliative approach in all settings including the oncology setting i.e., advance care planning.

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Thank You

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"The gift is in the story"

Cameron Connor McLeod, Jr.

July 25, 1985 – July 4, 2010

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