Palliative Approach to Care

Presentation #2

PEI Provincial Integrated Palliative Care Program

Health PEI

One Island Health System

Our Vision – The Way Forward National Framework

http://hpcintegration.ca/resources/the-national-framework.aspx

VISION:

All people in PEI who are aging and/or have chronic life-limiting conditions will have the opportunity to benefit from the **palliative approach to care** within their primary health care.

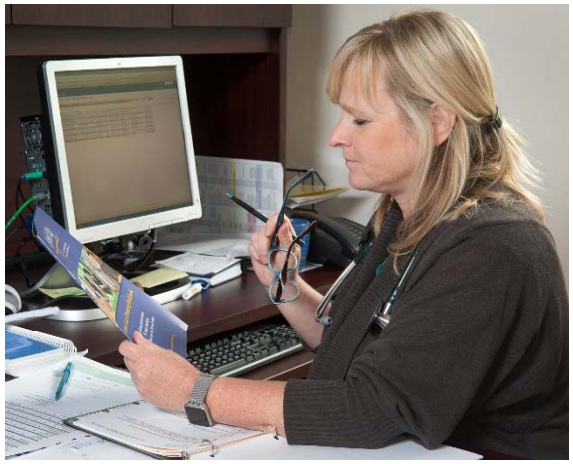
What you will learn?

At the end of this presentation, you'll have an understanding of:

1. Current landscape of palliative care
2. Perceptions of palliative care among patients
3. Creating a health care system culture shift
4. What is "The Palliative Approach to Care"
5. Australian Palliative Approach Model
6. Characteristics of Palliative Approach to Care

Current Landscape

- Aging population living longer with multiple chronic conditions
- Medicalized aging & dying can get in the way of living well & dying well (Gawande: Being Mortal)
- Access to specialized Palliative Care is low across Canada <30%



Canadian Context

- Most Canadians would prefer to die at home if they could get the support they need
- Fewer than 1 in 6 people (15%) who died in 2016/17 received publicly funded palliative home care
- Very few physicians(less than 200) practice full time palliative care in Canada (CSPCP 2015)
- Across care settings, most people who had palliative care received it only in the last month of life (CIHI 2018)
- Those who received palliative care earlier on were less likely to visit EDs frequently or receive aggressive treatment at the end of life
- 94% of patients/families who died in hospital could potentially have benefited from palliative care during their final stay
- 88% of people who died in hospital had no record of palliative needs when they were first admitted to hospital (CIHI 2018)

Perceptions: Two Solitudes

GENERAL MEDICINE	PALLIATIVE CARE
❑ Curative therapies ❑ Clinical trials, scientific basis ❑ "High–tech" therapies ❑ Algorithms ❑ Disease oriented ❑ ACTIVE ❑ Life prolonging ❑ Aggressive treatment	❑ Grass-roots movement ❑ Dissatisfaction with modern medicine's way of caring for terminally ill patient ❑ An alternative system of whole person care ❑ PASSIVE ❑ "Nothing more we can do" ❑ End-of-Life ❑ "Death Panels"

What do patients think when they hear "palliative care"?

- Death, end of life
- Comfort care
- No more choices, nothing left to do
- Loss of autonomy
- A place to die
- Unsure of meaning

Initial Reactions

- Shock and fear
- Resistance to palliative care
- "Not relevant for me"

Zimmermann et al. CMAJ 2016
http://www.cmaj.ca/content/188/10/E217

Creating a Culture Shift

- A **Palliative Approach to Care** asks us to think differently about how we care for people who are aging or have chronic and life-limiting diseases
- Watch video: http://www.nationalframework.ca/creating-a-health-care-system-culture-shift/#video-4
- As we develop an **Integrated Palliative Approach to Care** and more primary care providers in different settings have the confidence and skills to integrate palliative services into their patients' care, the expert team (Provincial Integrated Palliative Care Team) will continue to work with you in a Shared-Care Model, but will also be more available to manage more complex patients
- We need to develop a common language and clearly defined terms that embody dignity, compassion and empathy, as well as respect for cultural attitudes towards dying

culture/SHIFT

Health PEI

One Island Health System

Creating a Culture Shift

To shift attitudes within the health system, we must educate and support health care providers and start the conversation about how loss, dying, and death are part of life

Health PEI

One Island Health System

Creating a Culture Shift

Primary Care – a Palliative Approach to Care can increase skills and knowledge and enable primary care providers to effectively use resources for advance care planning and EOL care

Home Care – home care teams are often not assigned until a person is deemed "palliative". Those clients who could die suddenly due to frailty or life-limiting illness do not have access to a palliative approach. We can change that by promoting a culture shift.

Long-Term Care – LTC staff have good relationships with residents and would prefer to provide care at the EOL themselves rather than transfer the resident to another facility. A palliative approach will help.

Acute Care – By adopting a palliative approach, acute care teams and other health professionals can help a patient and their family make informed decisions and plans earlier in the course of an illness.

Health PEI

One Island Health System

The Palliative Approach to Care

- An approach that makes key aspects of palliative care available to individuals and families at appropriate times in their lives or during an illness.
- Regardless of the setting of care, the patient and family would receive:
  - Communication about prognosis and illness trajectory,
  - Advance care planning in a culturally safe way,
  - Psychosocial and spiritual support,
  - Pain and symptom screening and management
  - Referral to expert palliative care services if required for more complex needs.
- The components of the palliative approach to care:
  - Patient identification
  - Symptom screening
  - Functional status monitoring
  - GOC/ACP discussion/documentation
  - Addressing psychosocial/spiritual needs
  - Information sharing
  - Proactive thinking: Plan for emergencies

The Palliative Approach To Care

This Approach is:

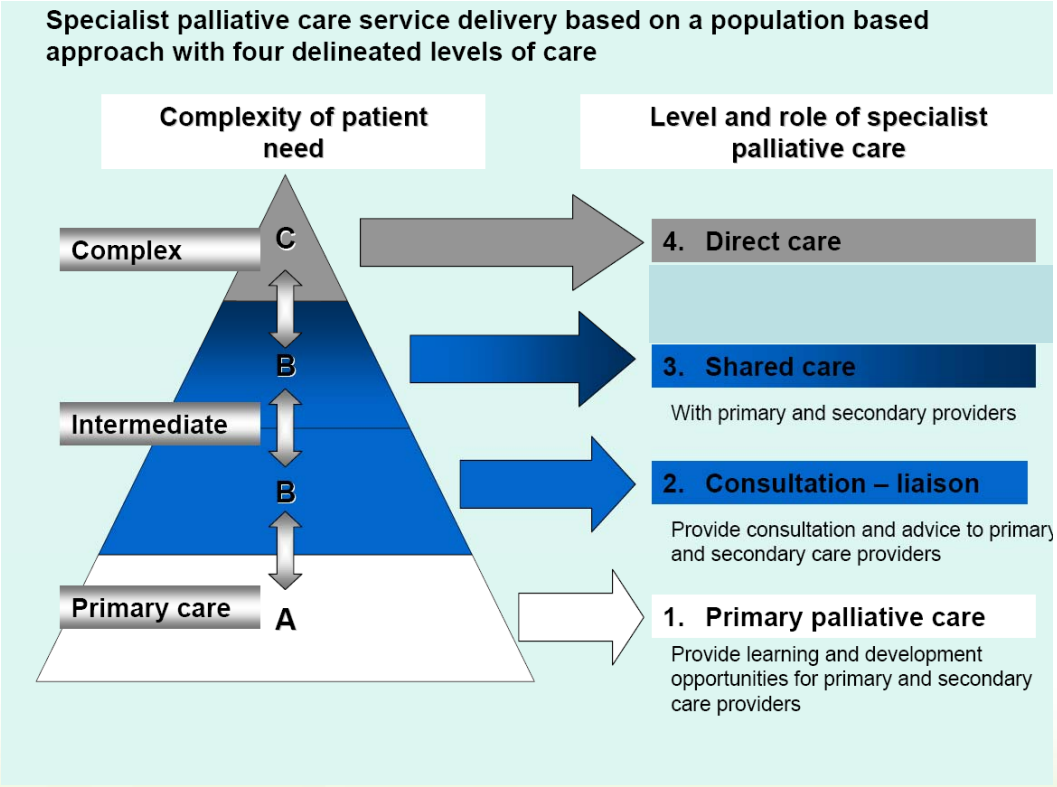
- A Shared-Care Model – shared responsibility for patient care and joint provision of clinical services
- A way of providing care in all settings but primarily where person lives or is receiving care including primary care provider's office, chronic disease management programs, at home, in long-term care facilities, and in hospitals. It is not a specialized set of services.
- Seamless – the patient receives standardized care even when they have to move from one setting to another
- NOT restricted to end-of-life but seeks to identify people with life-limiting illnesses "early" and initiates important discussions including Advance Care Planning and Goals of Care
- Integrated with chronic disease management in primary, community and home care
- Provided by patient's care providers in all care settings – including primary care physicians and nurse practitioners, home care nurses, long-term care staff, hospital staff

This Approach requires:

- A culture shift – we must start the conversation
- Common language that supports living well but preparing for the eventuality of dying
- Educate and support of clinicians
- Engaging Canadians earlier with a strong focus on Advance Care Planning
- Creating compassionate communities

Australian Population-based Palliative Approach Model

- Emphasizes the palliative approach to provide palliative care in all settings
- Integrates aspects of palliative care with chronic disease management



Group C (Complex)
Patients having complex needs requiring skilled specialist practitioners

Group B (Intermediate)
Patients having sporadic exacerbations requiring access to specialist palliative care services for consultation and advice. Will continue to receive care from their primary care provider

Group A (Primary Care)
Patients not requiring specialist care as needs are met through primary care providers

Primary Care Level - Generalist

- Palliative care provided as an integral part of standard clinical practice by any health professional who is not part of a specialist palliative care team
- Available in every care setting
- Primary care providers have a basic understanding of palliative care:
  - Able to identify patients, refer to specialized service as needed
  - Integrate core competencies for palliative care in their practice
  - Able to address physical, emotional, social, cultural and spiritual needs
  - Provide clinical management of patients with basic palliative care needs

Intermediate Care Level
Local Palliative Care Teams

- Health care providers with basic training and particular interest for palliative care:
  - Provide consultative support to their local teams, information and mentorship to their peers
  - Able to identify, and refer, patients requiring specialist care
  - Care for patients/families whose needs exceed the capacity of primary care providers, but are still within their scope (e.g., sporadic exacerbations of pain and other symptoms)

Complex Care Level
Provincial Integrated Palliative Care Team

- Palliative care provided by those who have undergone specific training, have acquired accreditation and/or have significant experience in palliative medicine, working in the context of an expert interdisciplinary team
- Includes experts in palliative care available to:
  - Consult with Local Care Teams/Generalists on difficult cases
  - Educate and mentor Local Care Teams/Generalists
  - Conduct research, QI initiatives
  - Develop advocacy strategies
- Provides a level of service for:
  - Specialized, frequent and skilled assessments
  - Complex interventions over a short period of time
  - Diagnostic tests, complex treatments or invasive procedures

Palliative Approach

"One way of conceptualizing care for those with advancing chronic illnesses who may not require specialized palliative care services and who would benefit from having their end of life care concerns identified much earlier in the illness trajectory"

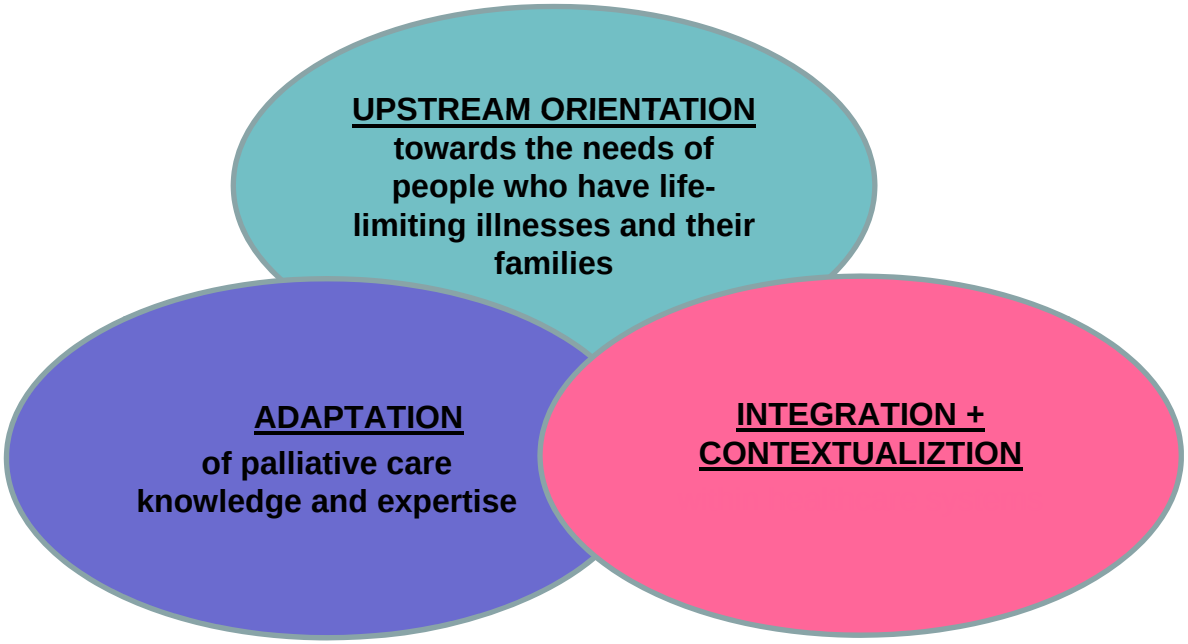
Sawatzky et al, BMC Palliative Care 2016

Essential Characteristics of Approach

- **An upstream orientation to care**
  - Recognition & understanding of different chronic illness trajectories
  - Identification of where people are on those trajectories
- **Adaptation of palliative care knowledge & expertise**
  - Which principles and practices from palliative care should be applied to people with chronic life-limiting illnesses more generally?
  - How do these principles and practices need to be adapted to ensure their fit with the needs of disease-specific patient populations?
- **Operationalization of a palliative approach through integration and contextualization within healthcare systems**
  - Greater capacity within the healthcare system to fully address the evolving end of life care needs of people with chronic life-limiting illnesses
  - Partnerships with a range of healthcare providers – generalists, palliative care specialists, chronic disease specialists, community partners, people with lived experience

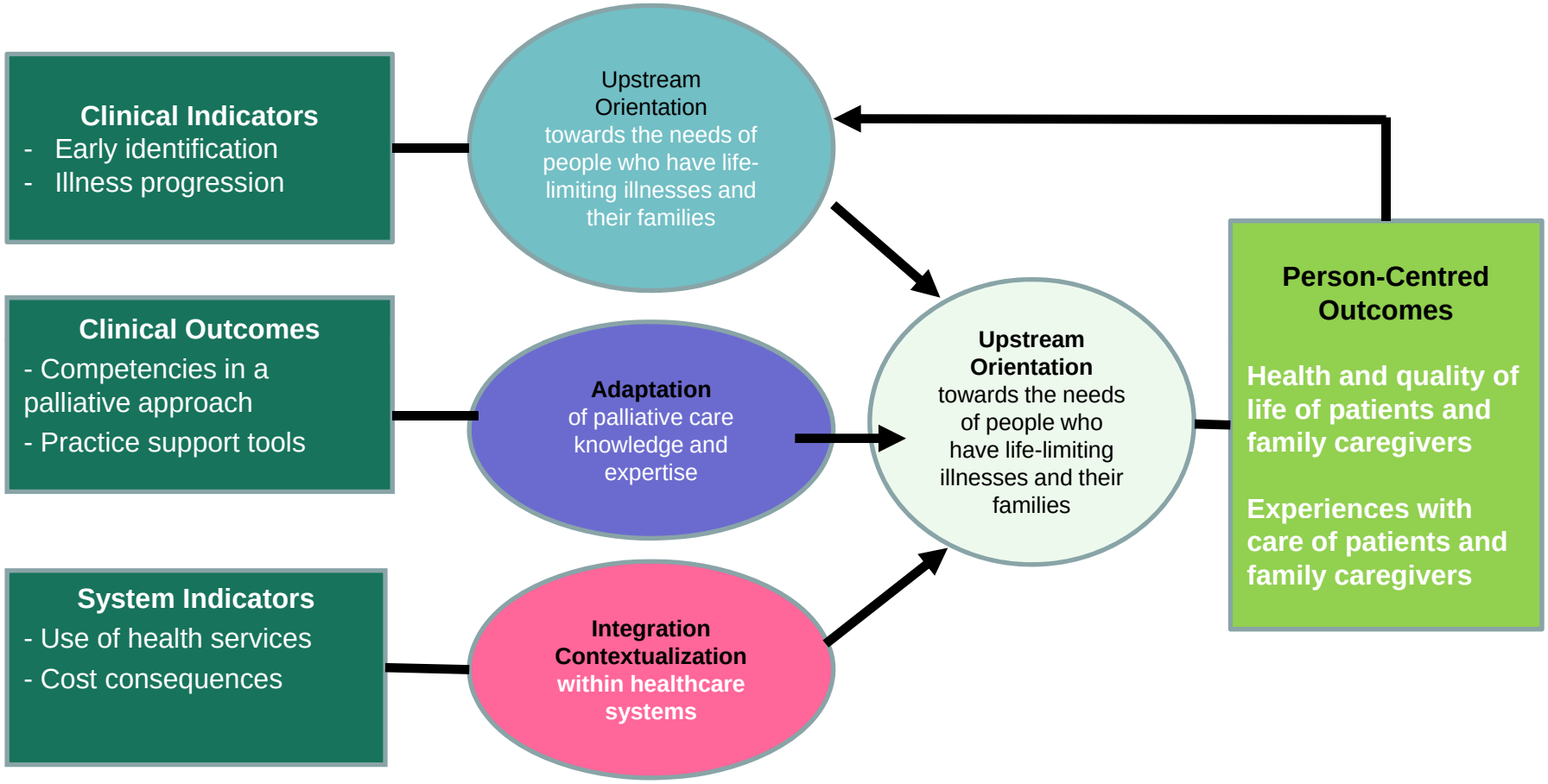
Sawatzky et al, BMC Palliative Care 2016

Knowledge Synthesis



1. Sawatzky, R., Porterfield, P., Lee, J., Dixon, D., Lounsbury, K., Pesut, B., Roberts, D., Tayler, C., J., & Stajduhar, K. (2016). Conceptual foundations of a palliative approach: A knowledge synthesis. BMC Palliative Care, 15(5). doi: 10.1186/s129040160076

Relating outcomes and indicators to palliative approach conceptual foundations

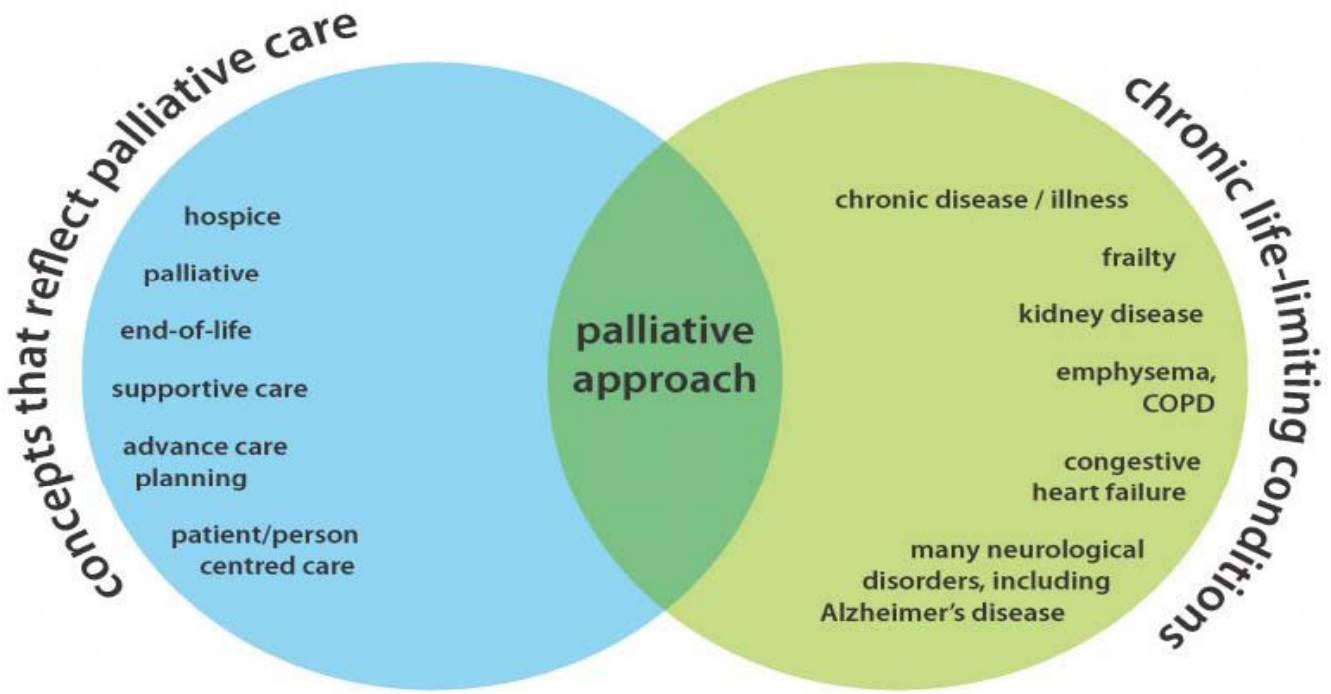


Dr. Rick Sawatzky

Health PEI

One Island Health System

A Palliative Approach to Care



Sawatzky et al. 2016

Health PEI

One Island Health System

Adopts – Adapts - Embeds

Takes the principles of palliative care and **ADOPTS, ADAPTS, EMBEDS**

ADOPTS principles early (as soon as diagnosis) in the course of a person's life-limiting condition

ADAPTS strategies to meet patient and family needs, blend principles of palliative care with chronic disease management

EMBEDS practices into usual care in settings not specialized in palliative care

An Provincial Integrated Palliative Approach to Care

With an integrated palliative approach to care, more people in PEI will receive the palliative services they need – such as open and sensitive communication about their illness and prognosis, advance care planning, psychosocial and spiritual support, and pain or symptom screening and management – from their primary providers in the settings where they receive care.

Health PEI

One Island Health System

The Project
"Early Integration of Palliative Care"

Health PEI

One Island Health System

References and Resources

- The Way Forward National Framework

https://hpcintegration.ca/resources/the-national-framework.aspx

- Sawatzky, R., Porterfield, P., Lee, J., Dixon, D., Lounsbury, K., Pesut, B., Roberts, D., Taylor, C., J., & Stajduhar, K. (2016). Conceptual foundations of a palliative approach: A knowledge synthesis. BMC Palliative Care, 15(5).doi:10.1186/s129040160076
- Health PEI Palliative Care Framework and Action Plan, 2015
- Canadian Hospice Palliative Care Learning Institute

https://conference.chpca.net/join-us-2018-chpca-learning-institute/