

Provincial Integrated Palliative Care Program Newsletter

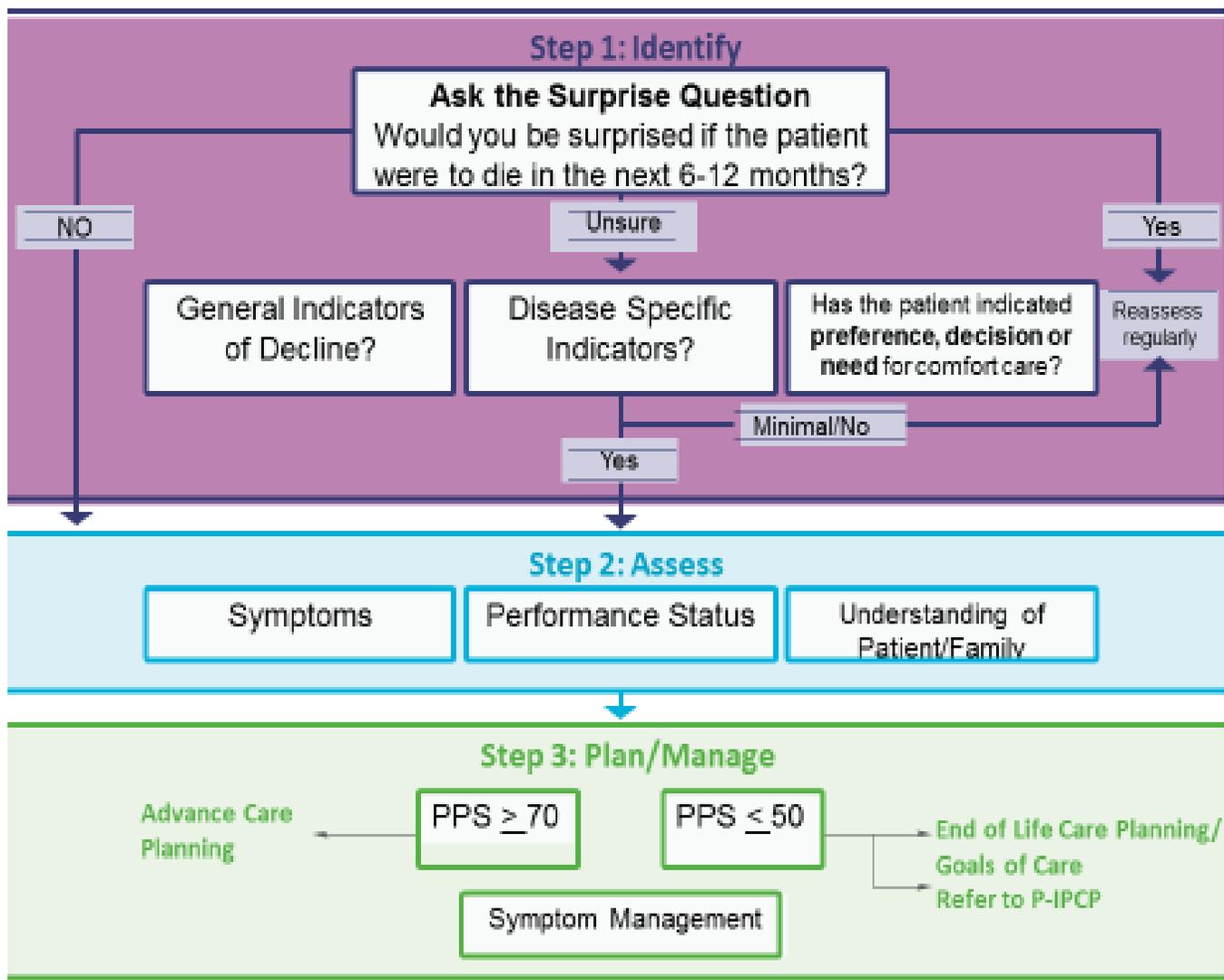
Spring 2019



Dear Health Care Provider,

Since our last newsletter, we continue to make progress building our Provincial Integrated Palliative Care Program by focusing on palliative care competency and capacity of our providers. In March, we began visiting Charlottetown/East medical centres to conduct project sessions with staff introducing the Palliative Approach to Care Algorithm (below). This tool will be used to embed the palliative approach to care into clinical practice. During June, we will continue project sessions for Summerside/West medical centres.

Palliative Approach to Care Algorithm



(adapted from the Gold Standards Framework)

The 3-Step Algorithm

STEP 1: IDENTIFY – SURPRISE QUESTION AND SPICCT™

The **Surprise Question (SQ)** is “Would you be surprised if the patient were to die in the next 6-12 months?” It is used alongside other “trigger” tools such as General Indicators of Decline (The Supportive and Palliative Care Indicators Tool, known as **SPICCT™**) to increase the identification of people who would benefit from palliative care.



STEP 2: ASSESS – ESAS-r, PPSv2 AND PRFS

Next, the Edmonton Symptom Assessment System Revised (**ESAS-r**) and the Palliative Performance Scale (**PPSv2**) are tools used to assess patient symptoms. The ESAS-r assesses nine (9) common symptoms and the PPSv2 assesses a person’s ability to perform activities of daily living. In addition, the Patient Reported Functional Status (**PRFS**) is used to help patients identify their functional decline.

Health PEI

One Island Health System | Edmonton Symptom Assessment System (ESAS-r)

Edmonton Symptom Assessment System:

ESAS-r

Please circle the number that best describes how you feel NOW:

No Pain	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Pain
No Tiredness (Drowsiness = feeling sleepy)	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Tiredness
No Drowsiness (Drowsiness = feeling sleepy)	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Drowsiness
No nausea	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Nausea
No lack of appetite	0	1	2	3	4	5	6	7	8	9	10	Worst possible lack of appetite
No shortness of breath	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Shortness of Breath
No Depression (Depression = feeling sad)	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Depression
No Anxiety (Anxiety = feeling nervous)	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Anxiety
Best Wellbeing (How do you feel overall)	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Wellbeing

Patient's Name _____ Time _____

Date _____

Completed by (check one):

- Patient
- Family Caregiver
- Health Care Professional Caregiver
- Caregiver-assisted

Palliative Performance Scale (PPSv2)

PPS 100%	Full	Normal Activity No Evidence of Disease	Full	Normal	Full
PPS 90%	Full	Normal Activity Some Disease	Full	Normal	Full
PPS 80%	Full	Normal Activity with Effort Some Disease	Full	Normal or Reduced	Full
PPS 70%	Reduced	Unable Normal Job/Work Some Disease	Full	Normal or Reduced	Full
PPS 60%	Reduced	Unable Hobby/House Work Significant Disease	Occasional Assistance	Normal or Reduced	Full +/- Confusion
PPS 50%	Mainly Sit/Lie	Unable to Do Any Work Extensive Disease	Considerable Assistance	Normal or Reduced	Full +/- Confusion
PPS 40%	Mainly in Bed	Unable to Do Any Work Extensive Disease	Mainly Assistance	Normal or Reduced	Full or Drowsy +/- Confusion
PPS 30%	Total Bed Bound	Unable to Do Any Work Extensive Disease	Total Care	Reduced	Full or Drowsy +/- Confusion
PPS 20%	Total Bed Bound	Unable to Do Any Work Extensive Disease	Total Care	Minimal Sips	Full or Drowsy +/- Confusion
PPS 10%	Total Bed Bound	Unable to Do Any Work Extensive Disease	Total Care	Mouth Care Only	Drowsy or Coma
PPS 0%	Death		X	X	X X

Cancer Care Ontario
Action Cancer Ontario

Patient Reported Functional Status (PRFS) Tool

Activities & Function: Over the past month I would generally rate my activity as:

- normal with no limitations (0)
- not my normal self, but able to be up and about with fairly normal activities (1)
- not feeling up to most things, but in bed or chair less than half the day (2)
- able to do little activity & spend most of the day in bed or chair (3)
- pretty much bedridden, rarely out of bed (4)

Patient's Name _____
Date _____ Time _____

- Completed by (check one):
- Patient
 - Family caregiver
 - Health care professional caregiver
 - Caregiver-assisted

PRFS - English

Used with Permission from FD Ottery, 2011

STEP 3: PLAN/MANAGE – SYMPTOM MANAGEMENT AND CARE PLANNING

The third step encompasses the management of identified symptoms by use of symptom guidelines such as the BC Guidelines at <http://www.bc-cpc.ca/cpc/symptom-management-guidelines/>. This step uses functional status to prompt care planning and assess needs in home/community. The introduction of Advance Care Planning and Goals of Care are conducted during this step. Connection with the Provincial Integrated Palliative Care Team and other community services such as Hospice PEI may need consideration to support patients and families.

BUILDING PALLIATIVE CARE CAPACITY AND COMPETENCY FOR PROVIDERS



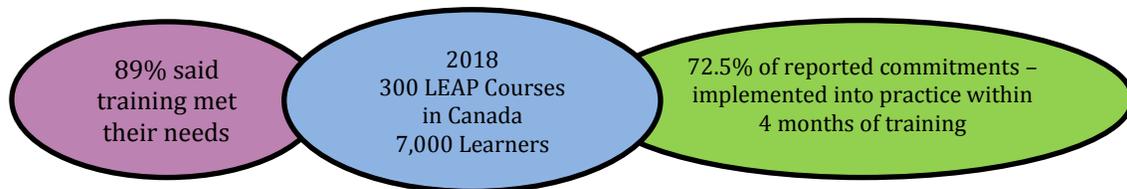
2-day Course for Healthcare Professionals Working in the Community

Course Modules include: Being Aware, Respiratory Symptoms, Taking Ownership, Psychosocial & Spiritual Care, Decision-Making, Grief, Pain, Essential Conversations, Gastrointestinal Nutrition & Hydration, Last Days & Hours, Advance Care Planning, Palliative Sedation, Delirium, Resources & Quality Improvement

LEAP training by facilitation experts from Pallium Canada has begun and will continue over the next six months. The first training session for physicians and nurse practitioners was conducted by Dr. David Henderson and Lisa Weatherbee from Truro, NS, on April 26 and 27 for 23 participants. The second session for GPs/NPs will be conducted in October, as well as a training session for Emergency Physicians in November.

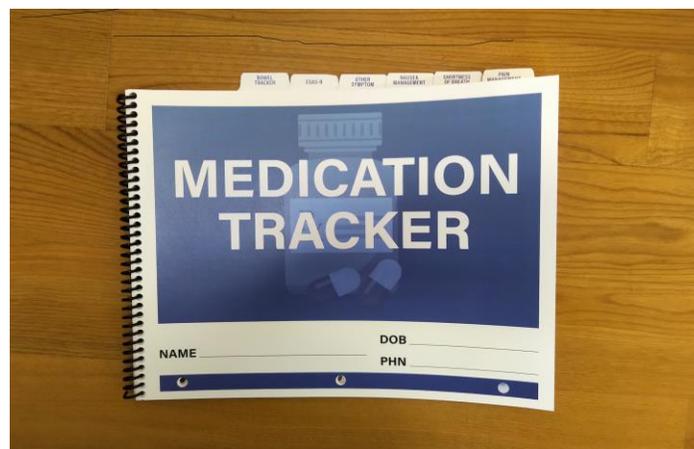
This year, in replace of our annual Provincial Palliative Care Conference, we have decided to offer a 2-day LEAP training session for a maximum of 140 participants. To-date we have more than 120 participants registered for this session. The Provincial Palliative Care Conference will return next year.

EVIDENCE FOR LEAP CHANGING BEHAVIOR (Pallium Canada)



NEW PALLIATIVE CARE RESOURCE – MEDICATION TRACKER

A new resource called the **Medication Tracker** has been developed and is being used by patients to track symptoms.



As we continue to build capacity of our Provincial Integrated Palliative Care Program, we look forward to advancing the palliative approach to care in all healthcare settings within our system.

Dr. Mireille Lecours
Provincial Palliative Care Medical Consultant