Community-Based Primary Palliative Care Community of Practice Series

Organizing Practices to Provide Primary Palliative Care

Project ECHO
Palliative Care - Canada
BY Pallium Canada

Facilitator: Dr. Nadine Gebara

Guest Speakers: Dr. Frances Kilbertus & Ruth Guy NP

Date: July 6th, 2022

Territorial Honouring

The Palliative Care ECHO Project

The Palliative Care ECHO Project is a 5-year national initiative to cultivate communities of practice and establish continuous professional development among health care providers across Canada who care for patients with life-limiting illness.

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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.

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Project ECHO Palliative Care - Canada BY Pallium Canada

LEAP Core

- Interprofessional course that focuses on the essential competencies to provide a palliative care approach.
- Taught by local experts who are experienced palliative care clinicians and educators.
- Delivered online or in-person.
- Ideal for any health care professional (e.g., physician, nurse, pharmacist, social worker, etc.) who provides care for patients with life-threatening and progressive life-limiting illnesses.
- Accredited by CFPC and Royal College.

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LEAP CORE

Learn more about the course and topics covered by visiting

www.pallium.ca/course/leap-core

Overview of Sessions

Session #	Session Title	Date/ Time
Session 1	Symptom Management	Feb. 16, 2022 from 1-2pm ET
Session 2	Managing Complex Pain	Mar. 2, 2022 from 1-2pm ET
Session 3	Managing the Last Hours of Life in the Home	Mar 16, 2022 from 1-2pm ET
Session 4	Beyond the Essential Communication Skills- Part 1	Mar 30, 2022 from 1-2pm ET
Session 5	Beyond the Essential Communication Skills- Part 2	Apr 13, 2022 from 1-2pm ET
Session 6	Beyond the Essential Communication Skills- Part 3	Apr 27, 2022 from 1-2pm ET
Session 7	Grief and Bereavement: Identifying and Managing Complex Grief	May 11, 2022 from 1-2pm ET
Session 8	Teamwork in Primary Palliative Care	May 25, 2022 from 1-2pm ET
Session 9	Grief in Children	Jun 8, 2022 from 1-2pm ET
Session 10	Community Palliative Resources	Jun 22, 2022 from 1-2pm ET
Session 11	Organizing Practices to Provide Primary Palliative Care	Jul 6, 2022 from 1-2pm ET

Welcome & Reminders

- Please introduce yourself in the chat! Let us know what province you are joining us from, your role and your work setting
- Your microphones are muted. There will be time during this session when you can unmute yourself for questions and discussion.
- You are welcome to use the chat function to ask questions and add comments throughout the session
- This session is being recorded and will be emailed to registrants within the next week.
- Remember not to disclose any Personal Health Information (PHI) during the session
- This 1-credit-per-hour Group Learning program has been certified by the College of Family Physicians of Canada for up to **11 Mainpro+** credits.

Disclosure

Relationship with Financial Sponsors:

Pallium Canada

- Not-for-profit
- Funded by Health Canada

Disclosure

This program has received financial support from:

- Health Canada in the form of a contribution program
- Generates funds to support operations and R&D from Pallium Pocketbook sales and course registration Fees

Facilitator/ Presenters:

- Dr. Nadine Gebara: Nothing to disclose
- Dr. Frances Kilbertus: Nothing to disclose
- Ruth Guy NP: Nothing to disclose

Disclosure

Mitigating Potential Biases:

- The scientific planning committee had complete independent control over the development of course content

Introductions

Facilitator:

Dr. Nadine Gebara, MD CCFP- PC
Clinical co-lead of this ECHO series
Palliative Care Physician at Toronto Western Hospital, University Health Network
Family Physician at Gold Standard Health, Annex

Panelists:

Dr. Haley Draper, MD CCFP- PC
Clinical co-lead of this ECHO series
Palliative Care Physician at Toronto Western Hospital, University Health Network
Family Physician at Gold Standard Health, Annex

Amanda Tinning, MN NP
Nurse Practitioner for the home Transitional Heart Failure Clinic
Division of General Internal Medicine
QEII Health Sciences Centre
Halifax, NS

Dr. Roger Ghoche, MDCM CCFP-PC, MTS
Palliative Care and Rehabilitation Medicine, Mount Sinai Hospital- Montreal

Introductions

Panelists (continued):

Elisabeth Antifeau, RN, MScN, CHPCN(C), GNC(C)
Regional Clinical Nurse Specialist (CNS-C), Palliative End of Life Care
IH Regional Palliative End of Life Care Program
Pallium Canada Master Facilitator & Coach, Scientific Consultant

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Care Coordinator, Integrated Palliative Care Program
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Support Team

Rachel Costanzo
Education Research Officer, Pallium Canada

Holly Finn, PMP
National Lead, Palliative Care ECHO Project, Pallium Canada

Introductions

Guest Speakers:

Dr. Frances Kilbertus MD, CCFP(PC), FCFP, MMed Ed, Associate Professor NOSM University

I am a Rural generalist family physician…"therefore I practice palliative care," mother, daughter, sister & friend. I love the outdoors and have a great need to move by all non-mechanized means available. The concept, learning , and practice of palliative care are a deeply rooted part of my professional identity. After 30 years of living, teaching, and practicing in the urban inner-city environment, I now live on Manitoulin Island and practice exclusively in small rural, northern communities. I have never looked back!

Ruth Guy NP

I have been the Palliative Care Nurse Practitioner for the past year in very Rural Manitoulin Island, Ontario. I started out nursing in the last century and have had numerous positions including ICU/CCU/Recovery Room, Nurse Educator, Manager, Community Nursing, College Professor and the last 14 years, NP. Palliative Care is a relatively "new" term to most of my patients, and I have to admit, to some of my colleagues as well, while I had practiced this care in my Family Health Team Clinic for the previous 10+ years. I like hockey and baseball and quilting. Fun fact, I can TAT!

Introductions Continued

Dr. Frances Kilbertus and NP Ruth Guy—our relationship in the practice of rural palliative care:

Frances is the palliative care physician consultant for Ruth's home and community care palliative practice. The great majority (i.e., about 99%) of Ruth's patients have an on-island family physician who is the MRP and actively involved in their care. Frances acts as Ruth's back up if the MRP is not available or there are issues to discuss. We also engage around general management issues, adaptations required for the rural context, and share practice experience to learn from each other.

We are part of the Manitoulin Island Hospice Palliative Care Resource Team, a group that represents all agencies and providers across the island, both Indigenous and non-Indigenous, with goal of enabling coordinated and seamless movement for patients with life limiting illness across all sectors of care and in all settings on our island. In collaboration with colleagues across the island, we tackle system issues that impact our ability to provide quality palliative care to our clients in their rural communities.

Organizing Practices to Provide Primary Palliative Care:

Lessons from the rural world

Session Learning Objectives

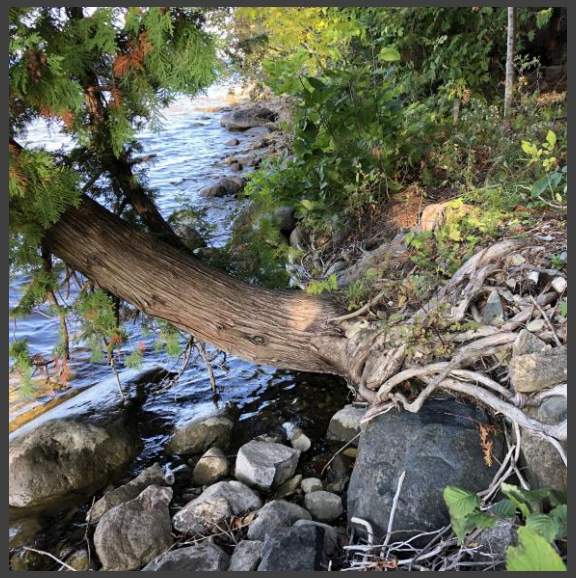
Upon completing the session, participants will be able to:

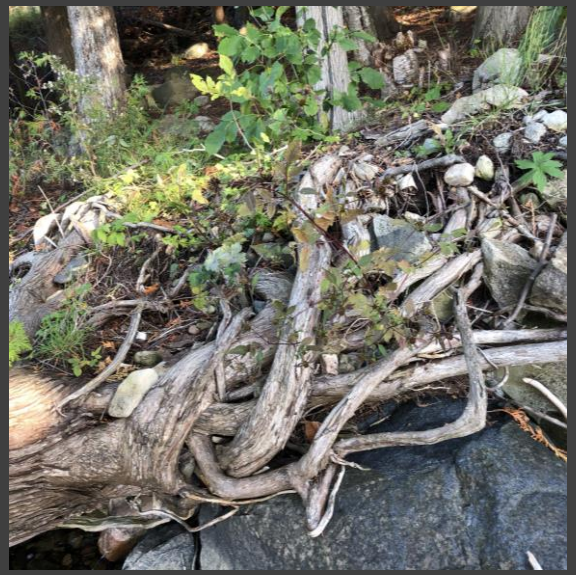
- Describe how to navigate the barriers and rewards of building a community practice that can provide palliative needs for their patients.
- Describe some of the lessons learned from existing palliative care community practices.
- Identify why excellent palliative care in a rural or low resourced context may not look like the idealized urban model

We will center our presentation around 3 cases and welcome your stories

- Squamous Cell Ca “A Stellar Case”
- Chronic Renal Failure “Stealth Volunteerism”
- Pain Management in Bone mets “Does Anybody Care?”

Assumptions or
The lens through which we will consider the topic of ‘Organizing Practices to Provide Primary Palliative Care’ and our case examples





Assumption: Challenges to integrate palliative care into primary care practice are not about ‘what to do’ (medical expert role) but about how to get things done with the available resources (communication, collaboration, advocacy and determination)

(supported by Pereira et al 2022 and data from LEAP participants)


Assumption: Palliative care is a **cultural shift** in the practice of healthcare away from disease focused interventions of acute care and chronic disease management…..

...toward a holistic and patient centered approach.

The Way Forward, Canada

World Health Organisation

Assumption: Rural HCPs have a wide scope of practice, large workloads and responsibilities, fewer and more widespread resources, and a generalist model of care

Strasser 2016

Assumption: In rural practice geography and relationships are different from urban practice and are consequential

Simpson & McDonald, 2017

Pesut et al 2014

A unique descriptor for a good rural death in Canada is that the dying person is not removed from their home community.

Wilson et al 2009, Veillette et al 2010

Palliative Care Done Well in Rural Setting “A Stellar Case”

65 yr old Male patient on First Nation’s reservation

- Dx 2 years prior with a deforming head and neck Squamous Cell Ca
- Req*uest for PC-NP* quite late, ongoing care by family doctor
- Tube feeding/CADD pump/*frequent* dressing changes/Flagyl Powder/Methadone powder managed at home on reserve by First Nations Home Care Staff
- Frequent communication between PC-NP and patient’s daughter
- End of life description by daughter: “We [are] all grieving here, it was beautiful, Ruth. We had 3 DOS here, because the Priest had COVID and couldn’t make it. He took his last breath mid prayer with all the family gathered around him. Wow, it was perfect.”

Chronic Renal Failure – “Stealth Volunteerism”* in rural practice and PRONOUNCEMENT dilemmas

92 yr old woman with eGFR 4

- Referred to PC-NP with anticipated survival of about 1-2 months, family doctor involved in care including home visits, SRK obtained for the home
- Numerous family members as informal caregivers assisting to keep her in her home
- Very little Home Care nursing support available
- Frequent after hours visit by PC-NP to start sub cutaneous ports, help family manage with medication delivery (e.g. drawing up syringes of meds) * Hanlon et al 2011
- Patient called each family member (children and grandchildren and even some friends) around her about a week before her death to “bless them all”
- Passed away peacefully, with children around her bedside
- BUT who to call for PRONOUNCEMENT?

Pain Management and bone mets – “Does Anybody Care?”

73 yr old male patient dx with Prostate Ca with mets to spine

- Many oncologists involved, at regional centre, family doctor involved in the community
- PC-NP consulted to assist with care about 6 months ago
- Pain not under control
- Referral to pain specialist at regional hospital– long time response (COVID blamed)
- Finally decided to use CADD pump for pain relief – but who’s going to start this with lack of nursing support in the home
- Patient and wife wanting complementary treatment (Traditional Medicine offered here to people of all backgrounds)


Questions , comments, dialogue , discussion….

Summary

- Context matters
- Who needs to be in this conversation?
- Identify barriers that can be addressed
- Be realistic, start with something attainable
- Be patient
- Use ’common sense’

This is a culture change in healthcare

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Session Wrap Up

- Please fill out our feedback survey a link has been added into the chat
- A recording of this session will be emailed to registrants within the next week
- Thank you for your participation during our first series, we hope you will join us for our second series in the fall! Please keep an eye out for our needs assessment survey

Thank You

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