

Community-Based Primary Palliative Care Community of Practice Series

Teamwork in Primary Palliative Care



Facilitator: Dr. Nadine Gebara

Guest Speakers: Elisabeth Antifeau RN, Nadine Lusney CNS,
Erin McFee RN & Dr. Alysha Mackenzie-Feder

Date: May 25th, 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.



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.



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 for questions and discussion.
- You are welcome to use the chat but also please also feel free to raise your hand!
- A recording of this session and slides 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
- Elisabeth Antifeau: nothing to disclose
- Nadine Lusney: nothing to disclose
- Erin McFee: nothing to disclose
- Alysha Mackenzie-Feder: 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- **and one of today's presenters!**

IH Regional Palliative End of Life Care Program

Pallium Canada Master Facilitator & Coach, Scientific Consultant

Claudia Brown, RN BSN

Care Coordinator, Integrated Palliative Care Program

Home and Community Care Support Services Toronto Central

Thandi Briggs, RSW MSW

Care Coordinator, Integrated Palliative Care Program

Home and Community Care Support Services Toronto Central

Support Team

Rachel Costanzo

Support Desk Coordinator, Pallium Canada

Holly Finn, PMP

National Lead, Palliative Care ECHO Project, Pallium Canada

Primary Team Work in Rural BC: Supporting Children and Families with Palliative Needs



Canuck Place
CHILDREN'S HOSPICE

AND



Interior Health



Welcome and Introductions

Collaboratively Presented by:

Dr. Alysha MacKenzie-Feder, Pediatrician, Interior Health (IH)
Erin McFee, CNS, IH Maternal Newborn Child and Youth Network (MNCY),
Nadine Lusney, CNS, BC Canuck Place Children's Hospice (CPCH)
and

Elisabeth Antifeau, CNS, IH Palliative Care & End of life Services (PCEOLS) Team (Adults)



Land Acknowledgement – Interior Region

We recognize and acknowledge that we are collectively gathered on the traditional, ancestral, and unceded territories of the seven Interior Region First Nations. This region is also home to 15 Chartered Métis Communities. It is with humility that we continue to strengthen our relationships with First Nation, Métis, and Inuit peoples across the Interior.



Land Acknowledgement - Vancouver

We acknowledge the land on which we live, work, and play is the unceded territory of the Coast Salish peoples, including the territories of the xʷməθkwəy̓əm (Musqueam), Skwxwú7mesh (Squamish), Stó:lō and Səlílwətaʔ/Selilwitulh (Stolo and Tsleil-Waututh) Nations.



Objectives:

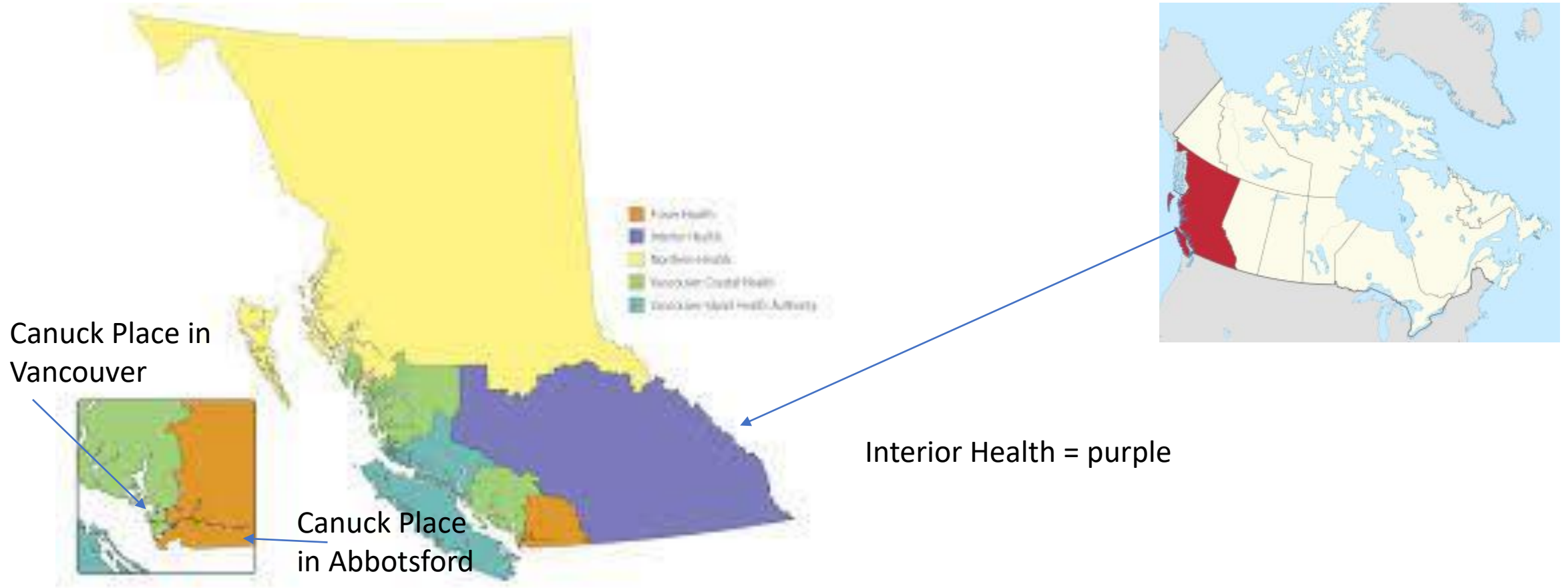


1. Describe how different professions and agencies can partner well and collaborate to provide palliative pediatric care in the community.
2. Recognize when to consult a specialized pediatric palliative care team.
3. Question/answer and discussion opportunity

Identifying the Issue



Providing Palliative Pediatric Care in rural BC: A story of many partnerships across great distances





Supporting the Complexity of
Comfort Care Needs of Children
and Families Living with Serious
Illness who live in Rural BC

Providing Palliative Pediatric Care at Home

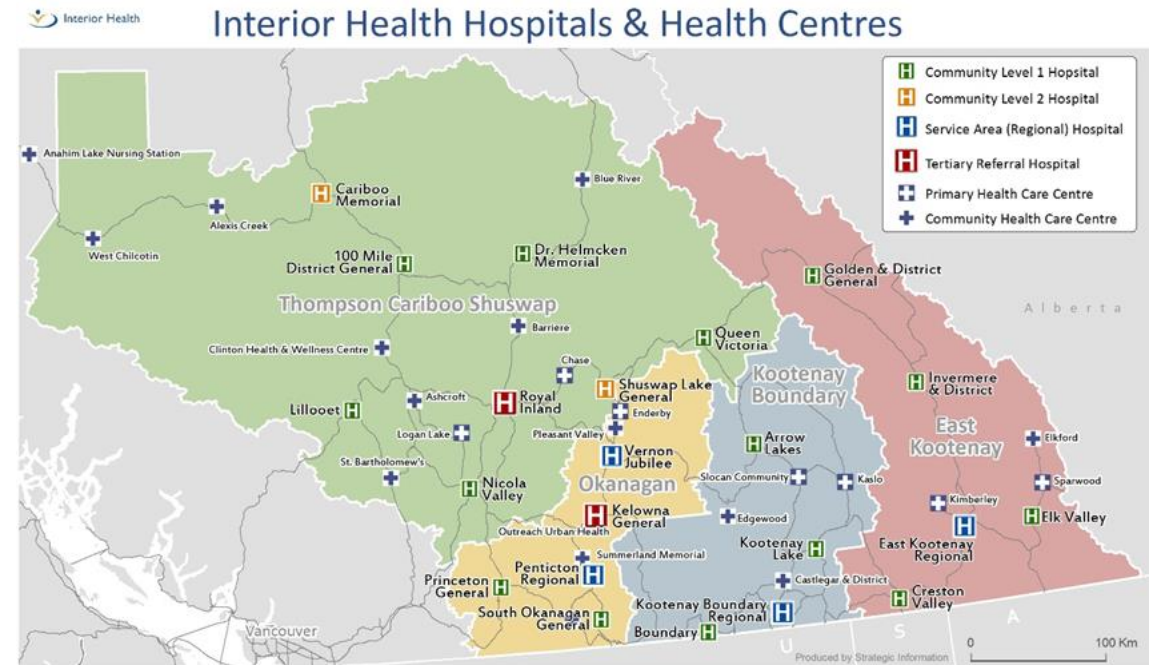
- Large Health Authority with vast expanses of rural and remote geography, a few urban corridors
- Expertise in Pediatric Palliative Care is on the BC Coast and Fraser Valley (3-16 hours away)
- Some families choose to come home and support comfort care goals for their child
- Pediatric care outside the lower mainland is provided through various partnerships, agencies, contractors
- How to best support the palliative needs of children and youth in rural BC?

How big is this issue? (a few numbers)



Children and Interior Health

- The Interior Health region covers approximately 215,000km²
- In 2020, the estimated population of Interior Health was 817,100 including an estimated 139,600 children between (0-18years)
- Children comprise 17% of Interior Health's population



Canuck Place/Interior Health Statistics

IHA Info	2017/18	2018/19	2019/20	2020/21	2021/22	Totals
On Program	42	45	47	56	73	
New Referrals	14	17	17	18	26	92
Mortalities	9	16	6	6	13	50
Location Mortalities						
CPCH	4	3	1	1	4	13
Home	1	4	1	1	2	9
BCCH/W	2	6	4	3	4	19
Community Hospital	2	3	0	0	2	7
Other	0	0	0	1	1	2

- Canuck Place provided 372 family/clinician interactions from IH
 - These consults were shared between 42 unique IH children

Introducing the Partners:

1. IH Maternal Newborn Child and Youth Network



IH Maternal Newborn Child and Youth (MNCY) Network

The MNCY Network supports the provision of high quality evidence based care for maternal, newborn and pediatric patients and their families across IH, at every stage of their illness journey; through collaboration with local, regional and provincial partners.



MNCY Network Role

The MNCY Network has an overarching role in supporting complex children with serious illness needing palliative supports includes:

- Establishing relationships with stakeholders, in both acute care and community
- Support local, regional and provincial partners in accessing education and/or resources to aid in the provision of high quality care
- Identify gaps in resources, and work with partners to develop and implement creative solutions
- Advocating for children and families

Introducing the Partners:

2. Pediatric Services, Interior Health

Dr. Alysha Mackenzie-Feder
Pediatrician & Pediatric Champion



Pediatrician's Role

The “Quarterback” of Care

Developmental and routine health

Family Support

Connection with community and subspecialty supports

Patient Advocacy

What does Pediatric Care look like in Rural BC?



- Management of health condition and developmental needs
- Family Supports
- Many partnerships are needed

Cross-agency care coordination, communication and planning:

- Pediatrician
- Physio / Speech / Occupational therapies
- Nursing care, care planning & supports
- School supports
- Respite / Medical supplies
- Inpatient / outpatient care

Introducing the Partners:

3. IH Palliative Care and End of Life Services (Adults)



IH Palliative Care and End of Life Services (PCEOLS) Adults

- IH Palliative Care is delivered in a ***primary generalist palliative model*** across the vast geography of Interior Health.
- Our focus is to provide people/families living with advancing illness with timely and appropriate diagnosis, and goal-concordant treatment options, support and care services.
- In using a palliative approach, our interdisciplinary focus is on alleviating symptom burden and distress, and improving quality of life for people to live well for whatever time they have left.

What is Whole Community Palliative Rounds (WCPR)?

- WCPR is a network of 13 hub communities that gather weekly with interdisciplinary, cross-sectoral and external partners to use a palliative approach for active symptom burden (ESAS 4+);
- The 13 hubs support 50+ smaller communities in IH.
- The weekly focus is to address active symptom burden and distress through collaborative care-planning
- Focus is to help people who are suffering to live well/better to the end of their lives, regardless of their diagnosis, prognosis, program or location.

IH WCPR Hub and Spoke Model

- Weekly PC rounds
- Interdisciplinary
- Cross-sector
- Inter-agency
- Care-planning focus for symptom distress



Introducing the Partners:

4. Canuck Place Children's Hospice



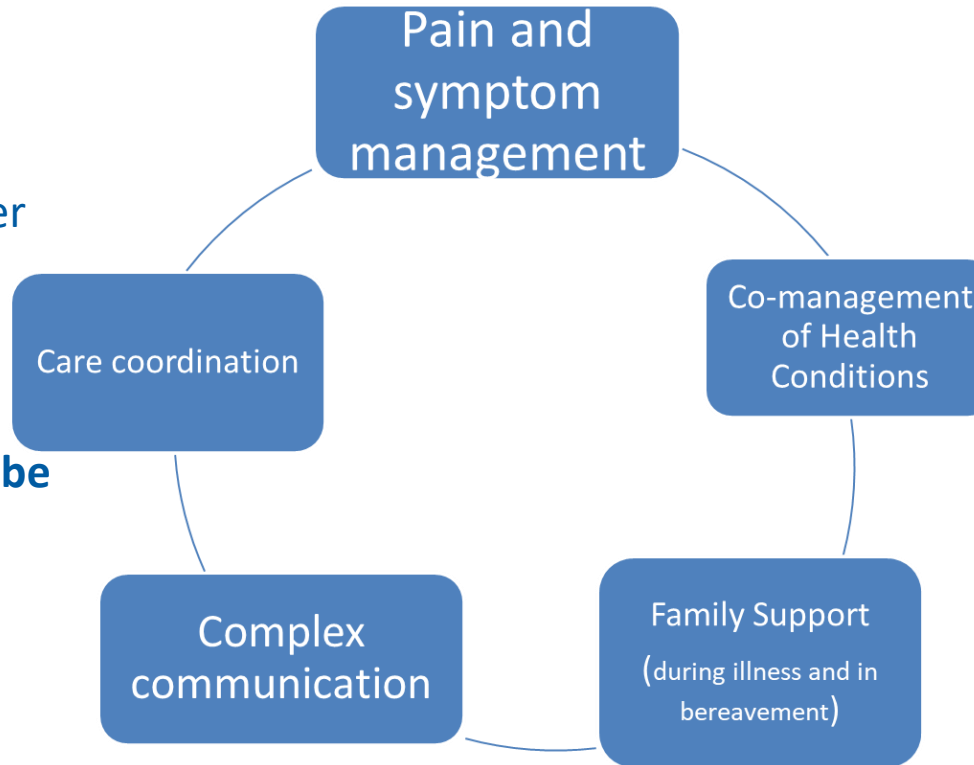
How Canuck Place supports Children and Families with Palliative Needs in BC

Role may be as a:

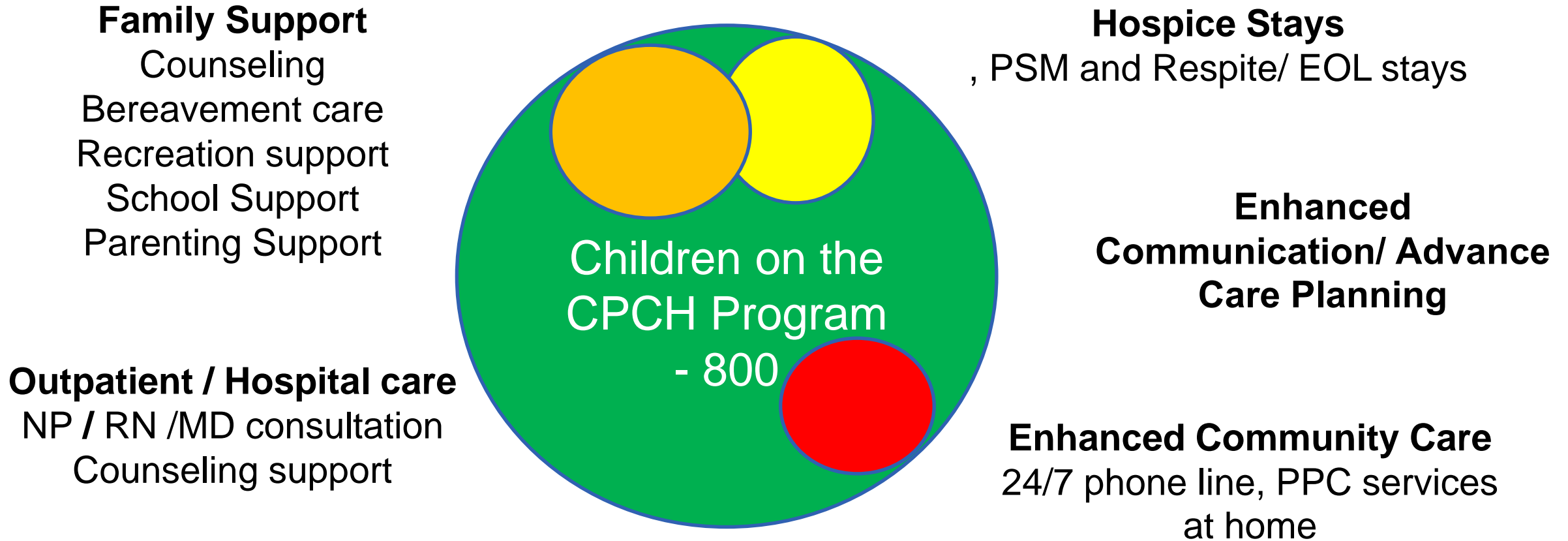
- Consultant
- Collaborative partner
- Primary Provider

Location of contact may be

- In hospice
- In hospital
- In home
- On the phone
- Or virtual



What Can Families / Children Receive?



*Average length on program is 7 years for the child. Following death, parents and siblings receive bereavement support for an average of 3 years



Canuck Place
CHILDREN'S HOSPICE

Which children should receive pediatric palliative care (PPC)?

- For children living with a **life-threatening condition** or **life-limiting illness** with **progression**
 - **Life-limiting:** Conditions for which there is a likelihood of death *before* adulthood
 - **Life-threatening:** those for which curative treatments may be feasible but may fail
 - **Progression:** on-going deterioration of health and/or functional status (in NICU this can be uncertain in the first year)
- } = Serious illness

Identifying a Child with a Serious Illness

- Does this child have a life-limiting, life-threatening or serious illness diagnosis?
- Would I be surprised if this child died before reaching full adulthood?
- Would I be surprised if this child died in the next year?

Anticipate complexity of child and family care needs and
consult with specialized palliative teams

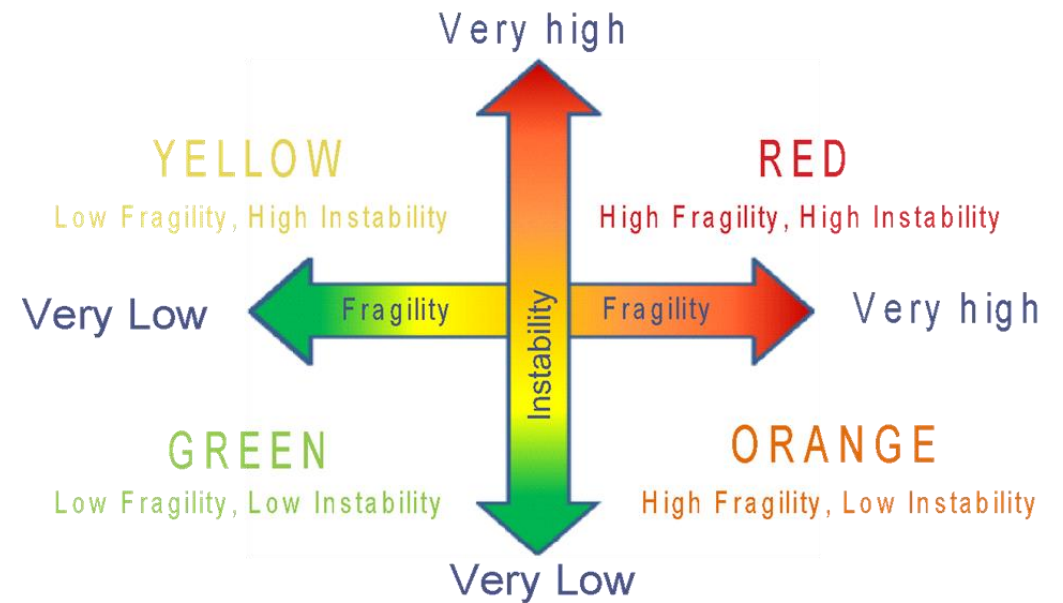
Identifying and Considering the Seriously Ill Child

Two intersecting constructs:

- **Fragility:** Risk for deterioration or progression of health condition or disease
- **Stability:** Rate of change in child well-being (symptoms, function,) and care



Reference: Together for Short Lives (UK)



Interested in Learning More?

- Watch the pre-recorded CPCH You tube: <https://www.youtube.com/watch?v=ccUze6RTnPQ>

Session Objectives:

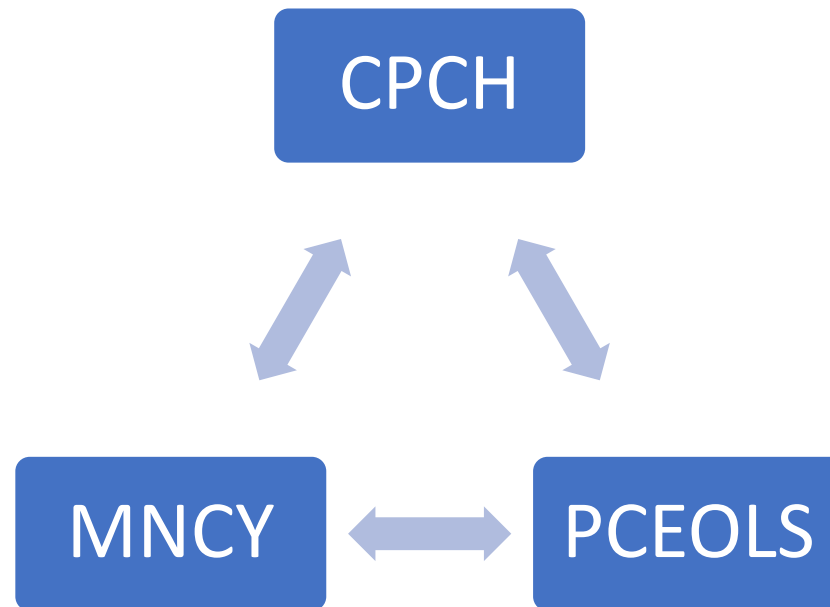
- Outlines the various conditions and serious illnesses in pediatrics and identifies the populations appropriate for a specialist palliative consultation/referral
- Discusses tasks and services involved in the care of children who require pediatric palliative care
- Reviews a BC process for primary care–specialist engagement to best serve children and youth (young adults) at various points in their illness journey

How We Partner in Primary Palliative Pediatric Care



Complex Journeys and the Intersections of Care – Partnering Well

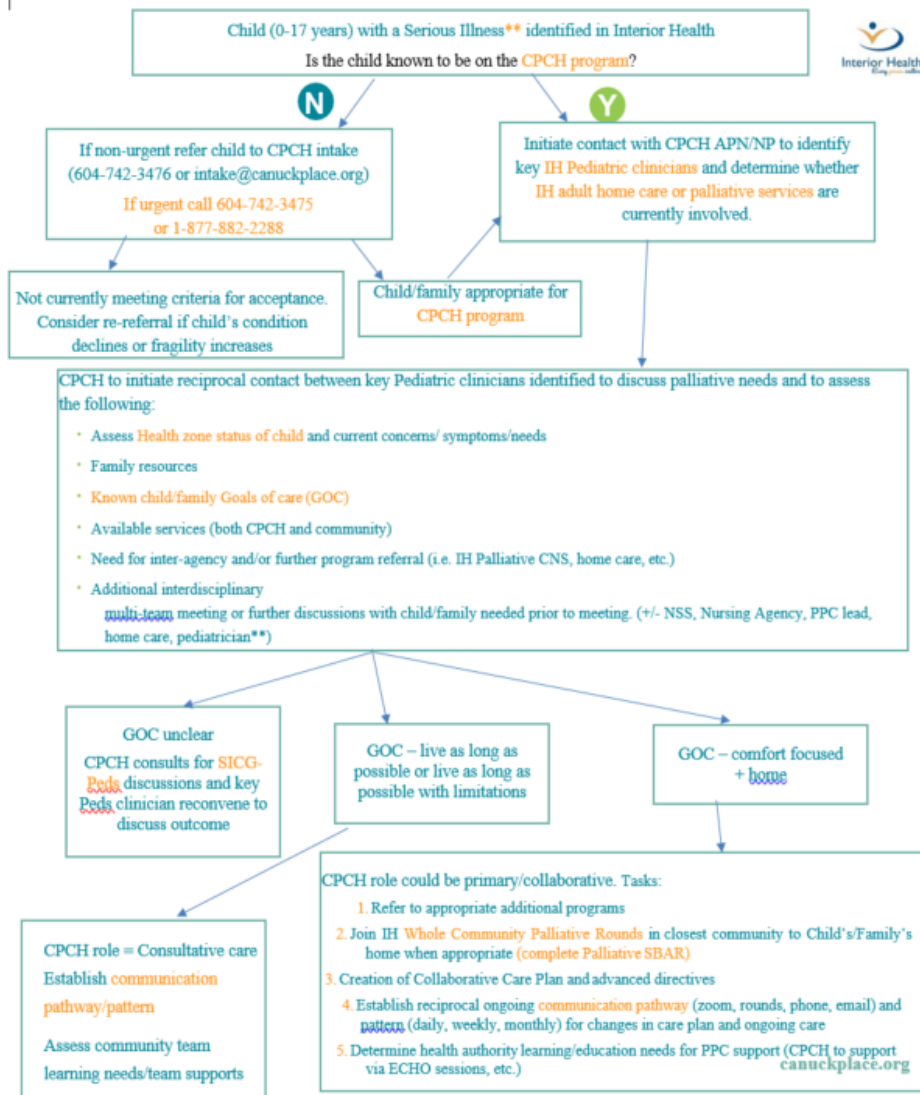
CPCH and Interior Health (MNCY & PCEOLS)



A New Partnership: Intersection with IH Adult PCEOLS

- Child/ youth/ young adult has comfort-focused goals and family has capacity and preference to be at home
- Family would benefit from ongoing 'in-person', and local community based connections and support
- Collaborative care can include PSM support, family and Pediatric team supports, ACP planning, care coordination.
- The IH WCPR rounds becomes the relational "bridge" between Pediatric and Adult Palliative Care





Collaborative Pediatric Palliative Care Pathway for 0-17 years

Collaborative Pediatric Palliative Care Pathway for 0-17 years

GOC of Care (GOC) – Unclear

- CPCH conducts a Serious Illness Conversation to determine GOC with family and family determined supports.
- Key clinicians reconvene to discuss outcome and plan following discussion with child/family.

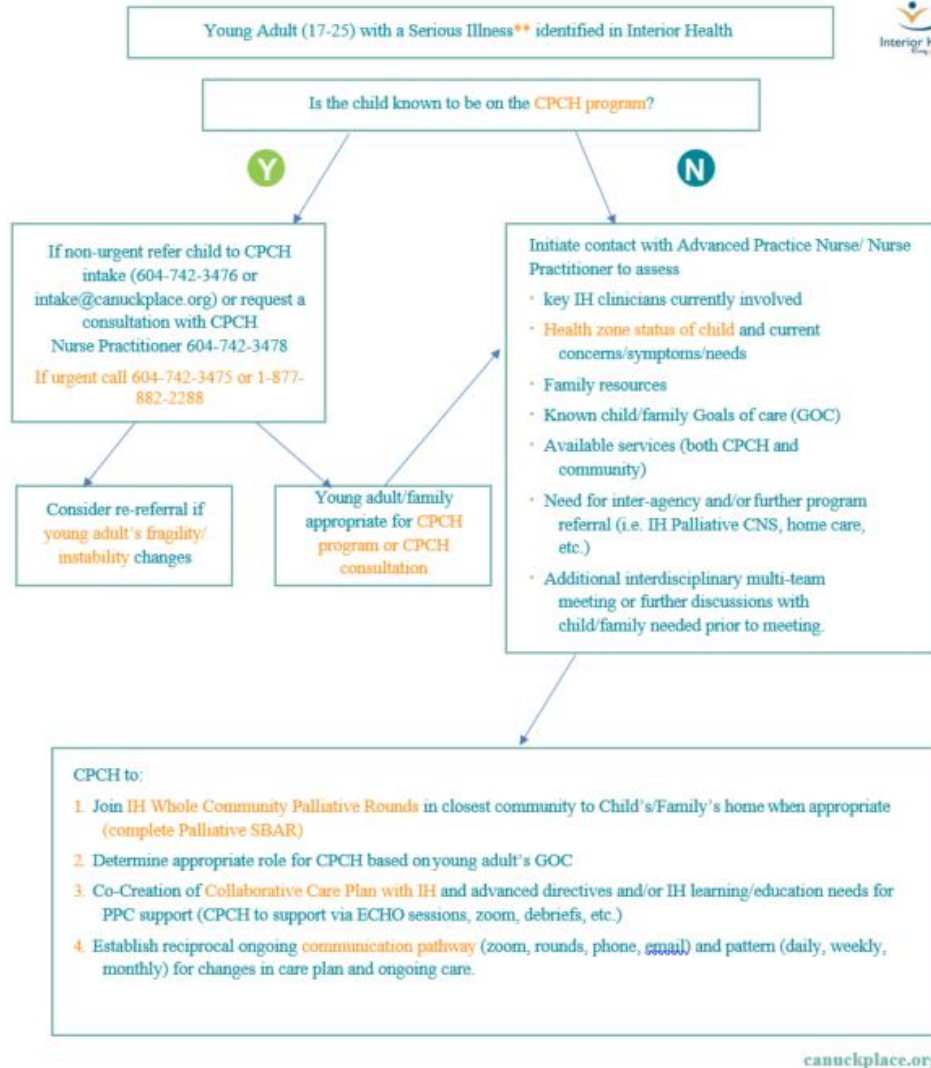
GOC – Live as long as possible or live as long as possible with limitations

- Collaborative care between CPCH and child's key clinician(s)
- CPCH provides consultative care, and supports the establishment of regular communication pathways; can help to assess community team's learning needs and required supports

GOC – Comfort focused and staying home

- Collaborative care between CPCH, child's key clinician(s) or CPCH can assume primary provider role
- CPCH can join the IH Whole Community Palliative Rounds (WCPR) to support the creation of a Collaborative Care Plan and Advanced Directives; Optimize local community connections and resources
- CPCH can help to establish communication pathways, support referrals to additional programs, and assess community team's learning needs





Collaborative Young Adult Palliative Care Pathway for 17-25 years

- Pediatrician/Specialist/Community Physician/Nurse Practitioner is often the primary provider;
- CPCH and IH PCEOLS (Adults) can support in a collaborative and/or consultative role
- IH PCEOLS and CPCH can join WCPR and support the co-creation of a Collaborative Care Plan, Advanced Directive
- Help to establish reciprocal communication pathways between care providers, the young adult and their family
- If the young adult is already known to CPCH, consider re-engagement if their fragility or instability has changed
- If the young adult is not known to CPCH, but may benefit from joining the program, consult the CPCH Advanced Practice Nurse/Nurse Clinician for assessment



Partnering Well: Focus on Child and Family-Centered PPC

- Listen
- Assess
- Form relationships
- Adjust care and services – Lean in!
- Maintain contact and be available
- Be neither a fortune-teller or an avoider-of-truth





Interior Health

Thank you!

Questions and Discussion



Canuck Place
CHILDREN'S HOSPICE



Case Study



Case

9 year old Male living in rural British Columbia Parents and younger sister

Presented with 2 weeks of Headache, Vomiting and progressive left facial droop

CT scan showed enhancing mass, was transferred to BC Children's Hospital



Case

Debulking surgery

6 weeks of radiation with oral chemotherapy

Scans showed progressive disease

Clinically ongoing signs and symptoms of raised intracranial pressure and brain stem dysfunction

Focus on comfort, palliation and symptom management

Patient and Family wished to be at home



Case

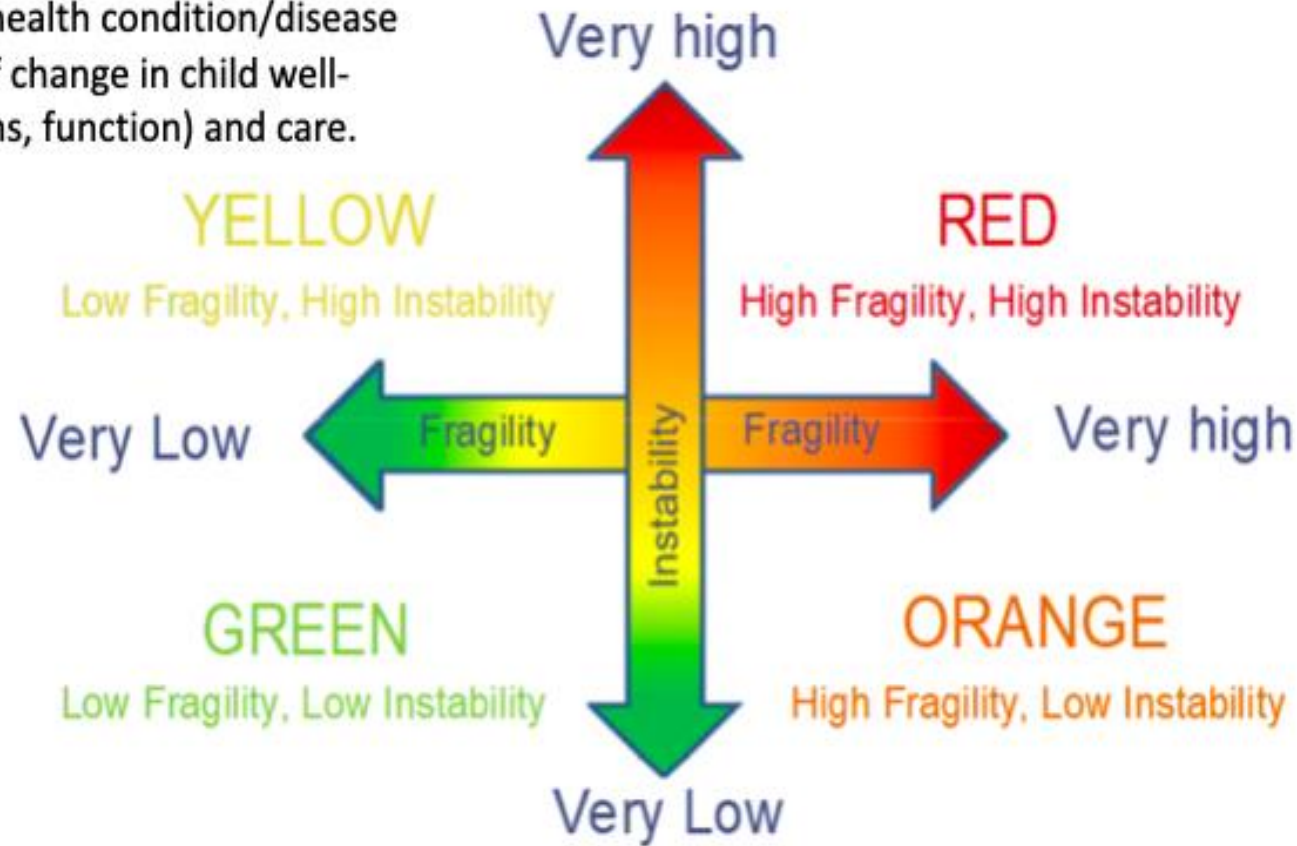
Palliative therapy with Bevacizumab (Avastin) to be provided by Regional Cancer centre (2 hour drive) every 2 weeks

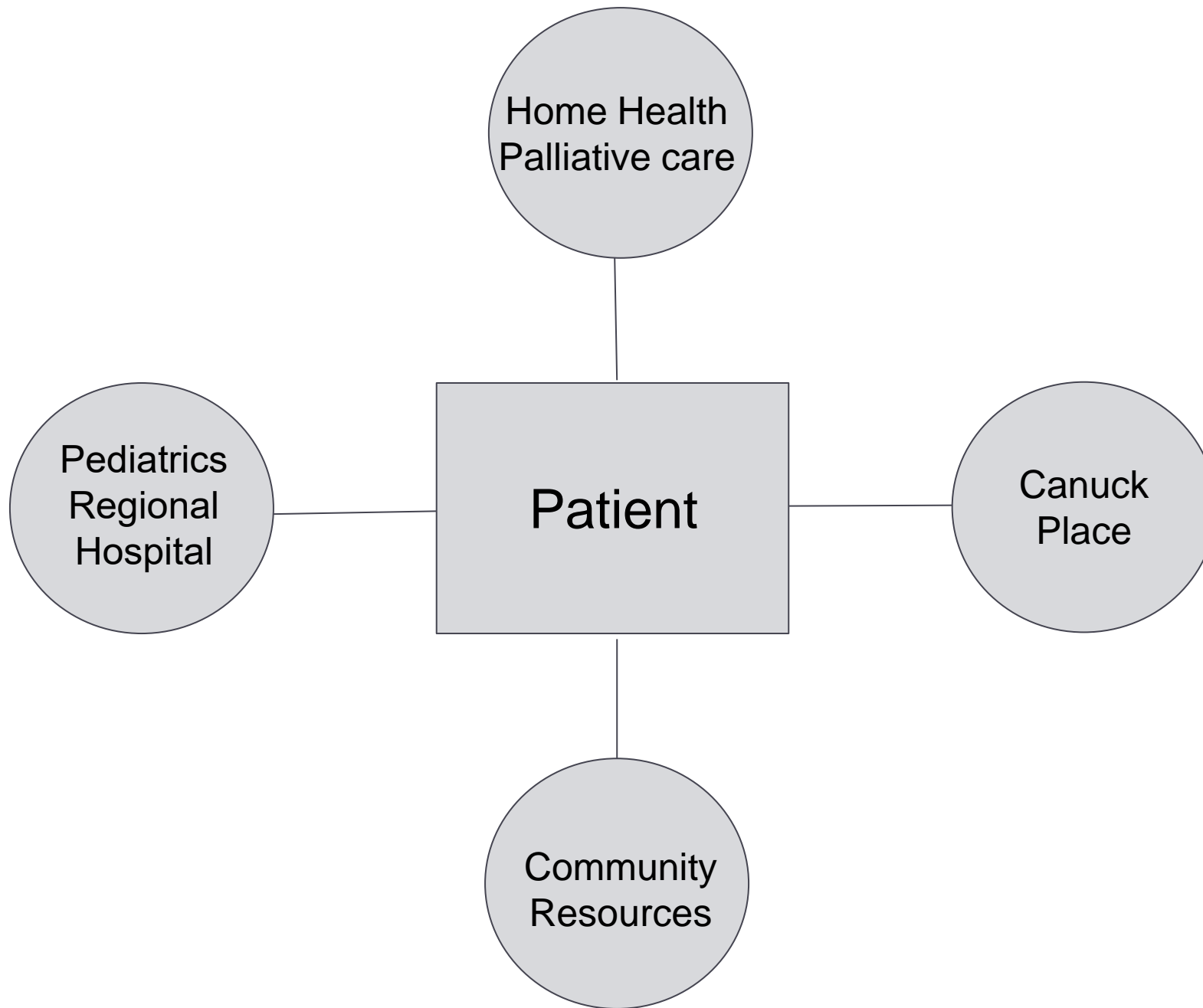
Connected to Canuck Place program shortly after diagnosis

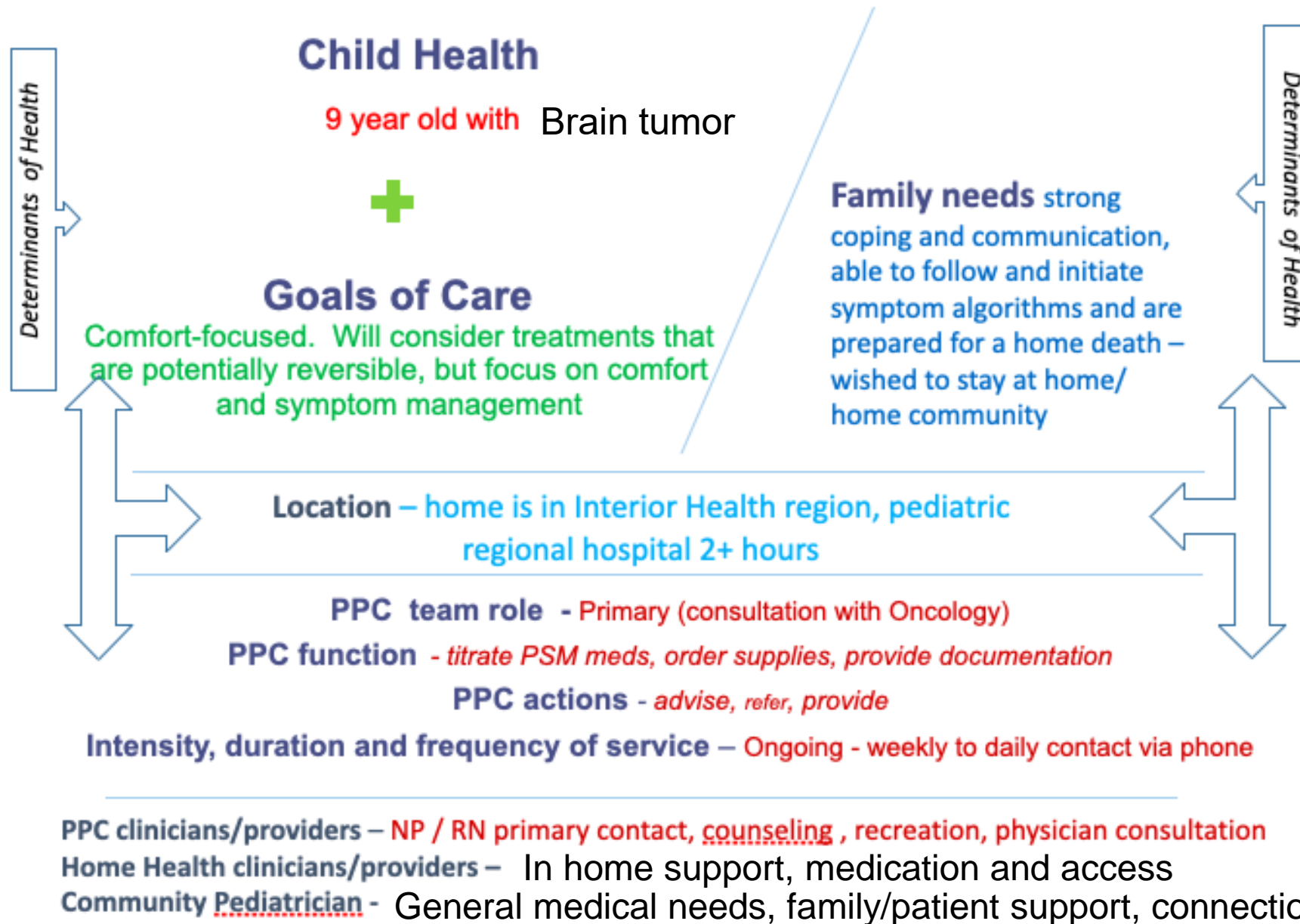
Connected to Local/Regional Pediatrics and community resources

Two intersecting constructs:

- Fragility: Risk of deterioration or progression of health condition/disease
- Stability: rate of change in child well-being (symptoms, function) and care.







Case

Passed peacefully at home with support of Canuck Place and Home Health
Palliative care program (Interior Health)

“Let the beauty we love be what we do”

-Rumi

Opportunity for Reflection

1. What experiences have you had interfacing between pediatric and adult palliative care services?
2. How do you envision working collaboratively with palliative care services or other primary care partners to deliver collaborative care where you live and work?
3. What questions do you have?



Session Wrap Up

- Please fill out the feedback survey following the session! Link has been added into the chat
- A recording of this session will be emailed to registrants within the next week
- Please join us for the next session in this series:
 - **Grief in Children**
 - Presenter: Andrea Warnick, RN, MA, Registered Psychotherapist
 - June 8th, 2022 from 1-2pm ET

Thank You



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