

Paramedic Community of Practice

Switching to a palliative care mindset: Not just saving lives, but changing lives



Presenter: Lisa Weatherbee

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Panelists: Dr. David Henderson,

Dr. Jitin Sondhi

Stuart Woolley, Paramedic

Kristina Anton, Paramedic

Karen O'Brien, Paramedic

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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Introductions

Facilitators:

Lisa Weatherbee

BN RN CHPCN©

Pallium Master Facilitator/Coach

Panelists:

Kristina Anton, BScN, ACP

Paramedic Specialist, BC Emergency Health Services

Karen O'Brien

Frontline Paramedic since 1999, with a side of community paramedicine.

SWORBHP Associate Instructor

Pallium Facilitator

Dr. Jitin Sondhi, MD, CCFP (PC), FCFP

Regional Clinical Co-Lead, Palliative Care, OH West Adult and Pediatric Palliative Care

Stuart Woolley

Paramedic since 2003 in UK & Canada, current Paramedic Practice Leader in BCEHS leading Palliative Care, Low Acuity Patient management & Paramedic Specialist support.

Dr. David Henderson

Senior Medical Director Integrated Palliative Care NSHA
Medical Director Colchester East Hants Palliative Care Service

Welcome and Reminders

- Please introduce yourself in the chat!
- 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 at any time to ask questions and add comments
- Remember not to disclose any Personal Health Information (PHI) during the session
- This session is being recorded and will be emailed to registrants within the next week

Session Learning Objectives

Upon completing the session, participants will be able to:

- To *review* what a Palliative Care mindset looks like in practice
- To *develop* and *adapt* our mindset to meet patient/family needs
- To *acknowledge* ways of slowing down when you are programmed to run
- To *continue to forage* “ A New Professional Identity” that incorporates and supports the value of what Paramedics bring to patients/families and the entire team when providing a palliative approach to care

What was a traditional call?

- Paramedics primarily filled a life-saving role, resuscitating severely ill and injured patients
- Getting “a save” was seen as the goal
- Transport to hospital was a norm

What is happening now?

- A palliative approach/mindset to care looks to where the “save” is quality of life not necessarily quantity
- Clinical situations that do not have clear protocols
- Settings of care vary
- Resources are stretched
- Longer time on site

What is Palliative Care?

- the relief of suffering, the treatment of symptoms, and the overall support of patients/families **at any stage of illness.**
- is applicable to **medical illnesses of all types.**
- includes **hospice care** but it also serves a broader population of patients including those **receiving disease modifying therapy** and those who have prognoses of months who are generally not served by hospice care.
- focus on **the multidimensional nature of suffering** and the goal of palliative care to improve this **throughout the trajectory** of illness.

What Patients/Families Tell Us

- Symptom management
- Comfort care
- Emotional support/reassurance
- Family/caregiver dynamics
- Caregiver burden
- Primary Care Support

Potential Barriers for Paramedics

- What if goals of care are often not congruent with paramedic training and protocols.
- Citing conflicting/unclear goals of care (No Goals of Care available).
- Family dynamics.
- Legal issues.
- Fear associated with working outside of standard guidelines.
- Organization and team support/acceptance.

Patient/Family Experience

- Fulfilling care wishes.
- Family/caregiver peace of mind.
- Feeling prepared for emergencies.
- Professionalism and compassion of paramedics.
- Relief of symptoms.

Why is role clarity for Paramedics providing Palliative Care important?

- A discordant or unclear professional identity not only hinders professionalization but may impair the health, wellbeing, and career longevity of paramedics.
- Impacts the delivery of patient/family centered care.

A Paramedics Professional Identity

1. Evolution of paramedicine as a skilled clinical profession
2. Helping people and communities
3. Paramedic skill set aligns with work in palliative care
4. Changing paramedic mindset

Changing Mindset

“an active process of cognitive reframing to find meaning and establish boundaries so as to enhance a sense of purpose and better define their roles in the practice of palliative care.”

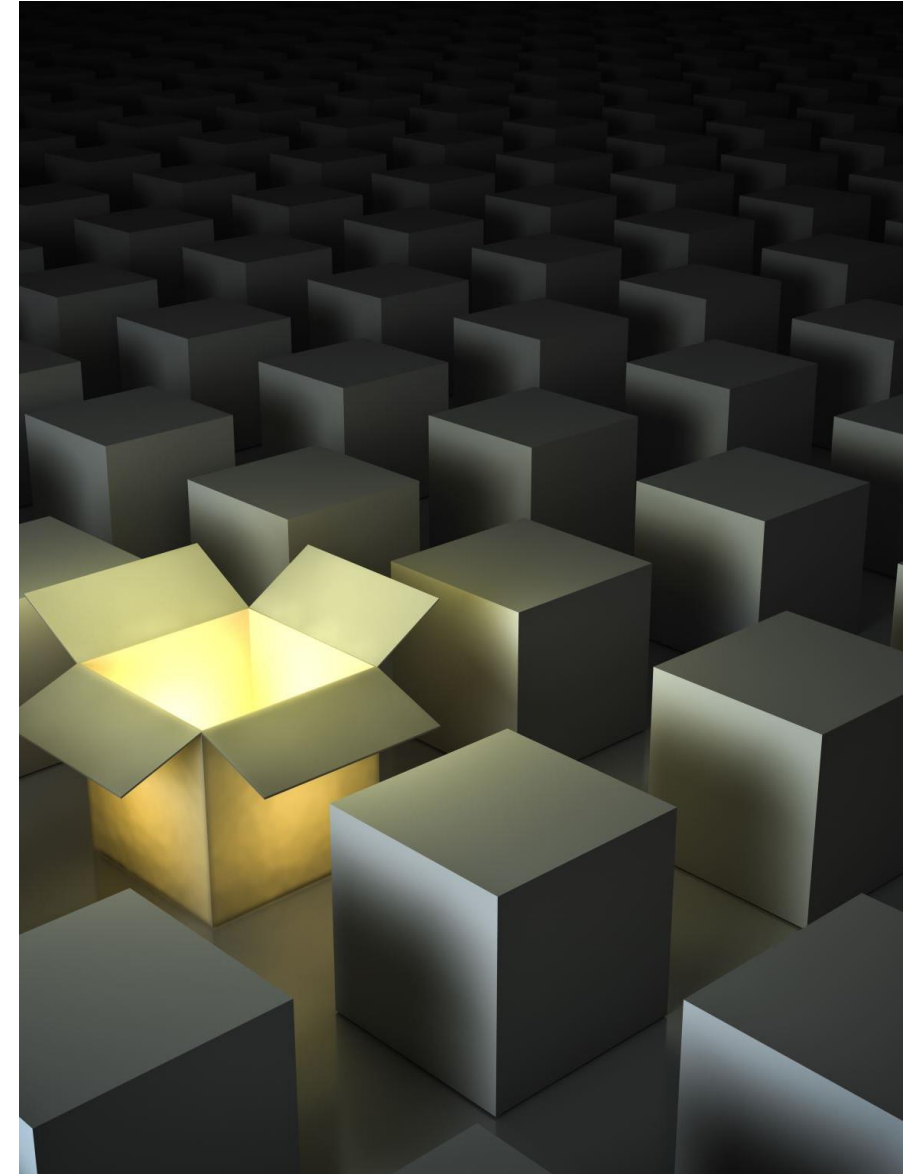


Implications For Practice

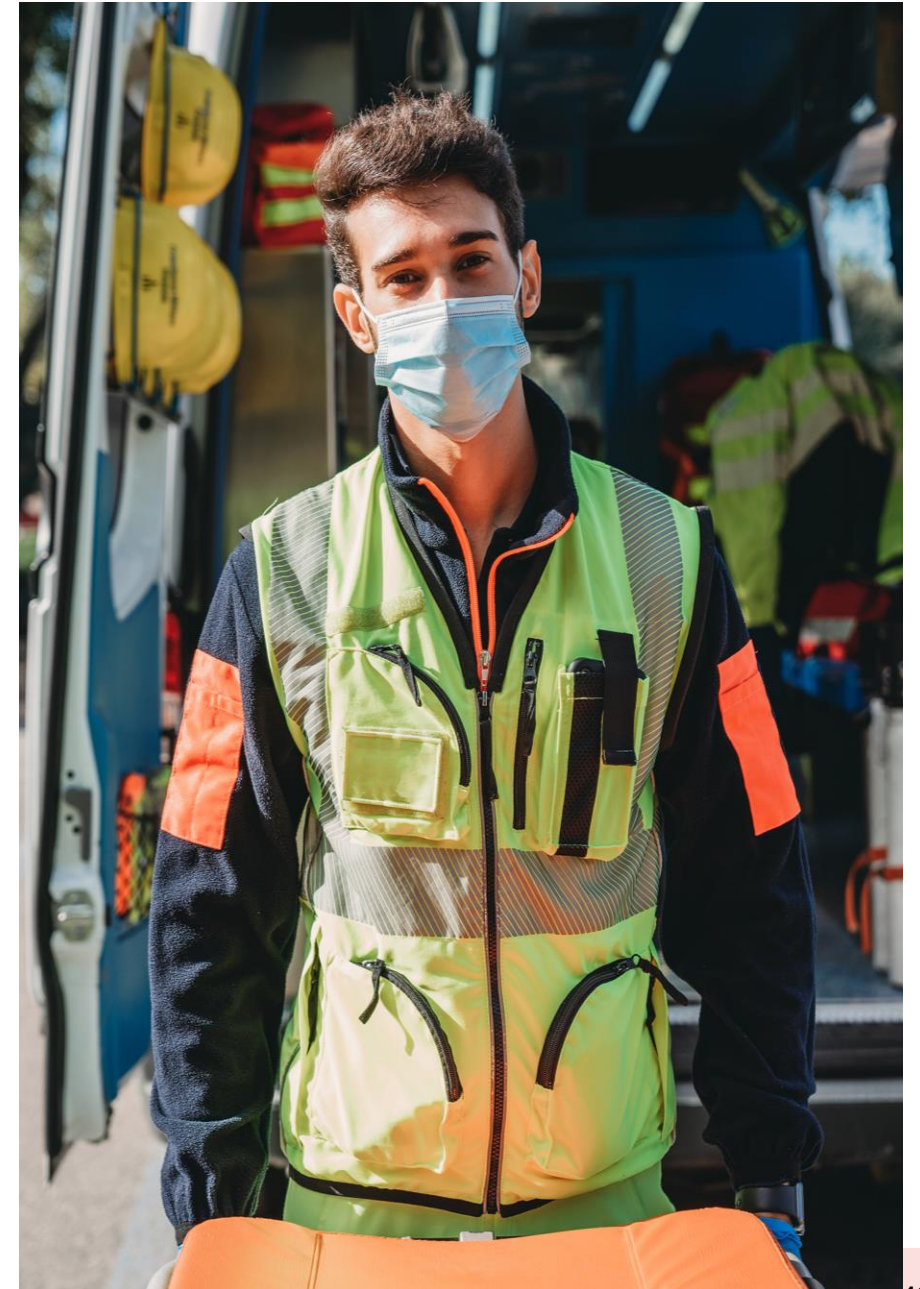
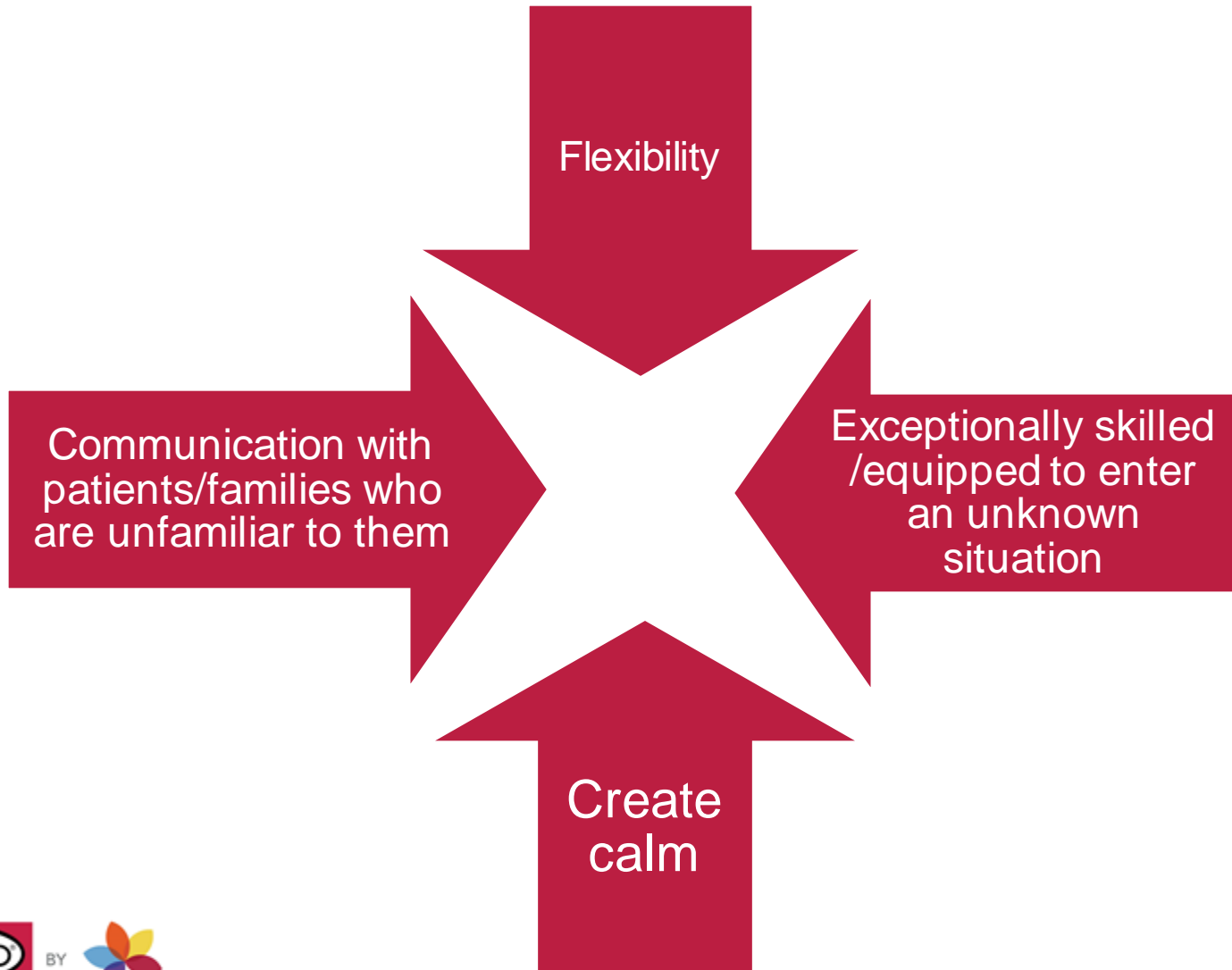
- Need to be facing and discussing professional struggles
- To be self aware and take time to reflect on the emotions
- Changing mindsets
- Adapt and utilize self care strategies
- Leadership/Admin involvement with programs that support providers

What Does A Change In Mindset Look Like

- Running a Palliative call differently
- Slowing down
- Consider patient/family goals of care
- Not automatically initiating routine care
- Source out the details



Paramedics Strengths



Paramedics Specialized Skills

- Clinical confidence
- An authoritative stance
- Rapid assessment
- Clear decision making
- Strong communication skills

Paramedics Say They Need

- To receive more palliative and end of life care education.
- Communication skills in end-of-life care.
- The exploration of advance care planning discussion/documentation.
- Instruction in the writing of care plans.
- In-depth exploration of the care goals of symptom control in dying patients.

Paramedics Say They Need

- Simulation training
- Systems to enable paramedics better access to patients documented palliative care plans/notes
- Resources
- Team support/care
- Research to support what paramedics need

The System Needs You

“Novel roles like this are important in the evolution of our health care system faced with increasing pressures to get the right care with the right provider at the right time”
(Carter et al.,2022).



Case based discussion

CASE

Details: You are dispatched to see Maria, a 49 year old female with SOB who is receiving Palliative Care. Other details are unavailable. Upon arriving you are met by several people in the driveway including multiple children. When you go inside you find Maria crying.

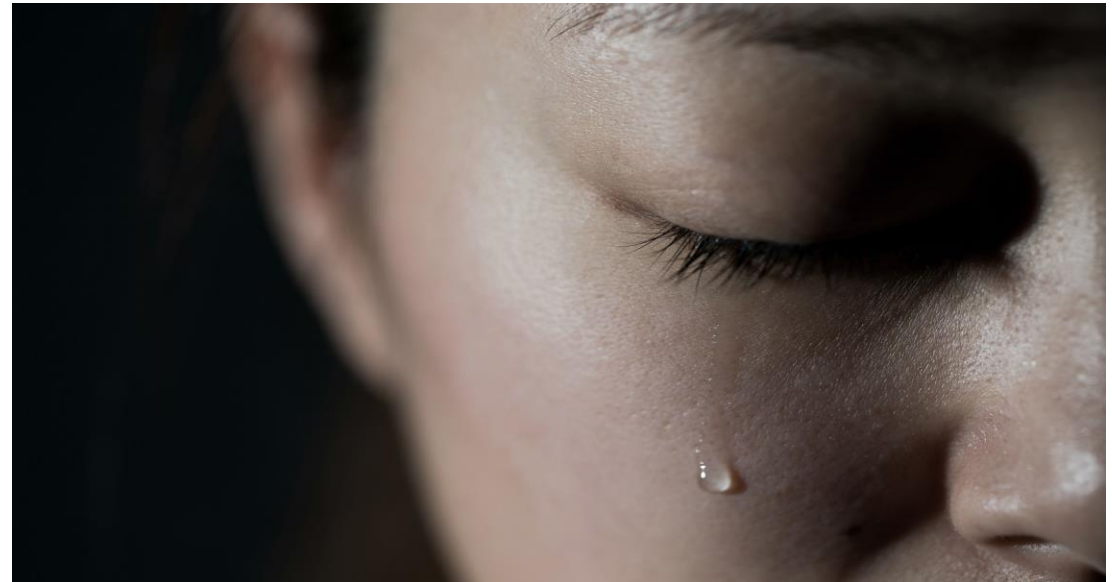
Her medication list is located next to her and includes: Synthroid, Ativan, Hydromorphone, Versed, Lactulose (Note: the list may be outdated compared to the bottles and preloads you see sitting nearby as they do not match)

History: ALS, hypertension, Anxiety

Allergies: none

Social situation: unknown

- **How do you apply a palliative mindset ?**
- **What are the challenges you currently face?**
- **What can we aim to do differently?**



Considerations

- Are there changes you see are that are needed where you work to be able to follow through on a palliative care mindset?
- Do you have advice for what is working well in your community?
- Do you have other suggestions?
- Do you have any successes to share?

Session Wrap-Up

- Please fill out our feedback survey! A link has been added to the chat.
- Help us spread the word! A copy of our flyer for this COP has also been added to the chat.
- Join us for our next session on February 3rd 2023 from 12-1pm ET.

Thank You



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