Community-Based Primary Palliative Care Community of Practice Series 3

Managing the last hours of life

Facilitator: Dr. Nadine Gebara
Guest Speaker: **Elisabeth Antifeau, RN, MScN, CHPCN(C), GNC(C), CNS(C)**
Date: December 20, 2023

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 and their families.

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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.

Health Canada Santé 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 the CFPC and Royal College.

Learn more about the course and topics covered by visiting

www.pallium.ca/course/leap-core

Objectives of this Series

After participating in this series, participants will be able to:

- Augment their primary-level palliative care skills with additional knowledge and expertise related to providing a palliative care approach.
- Connect with and learn from colleagues on how they are providing a palliative care approach.

Overview of Sessions

Session #	Session Title	Date/ Time
Session 1	Communication: Part 1	Oct 25, 2023 from 12:30-1:30pm ET
Session 2	Communication: Part 2	Nov 29, 2023 from 12:30-1:30pm ET
Session 3	Managing the last days and hours of life	Dec 20, 2020 from 12:30-1:30pm ET
Session 4	Palliative care for the structurally vulnerable	Jan 24, 2024 from 12:30-1:30pm ET
Session 5	Procedural management of complex pain: Nerve blocks, vertebral augmentation, radiotherapy	Feb 21, 2024 from 12:30-1:30pm ET
Session 6	Terminal Delirium and Palliative Sedation	Mar 27, 2024 from 12:30-1:30pm ET
Session 7	Creative art therapy in palliative care	Apr 24, 2024 from 12:30-1:30pm ET
Session 8	What in store for Palliative Care in Canada: policy, advocacy and implementation	May 29, 2024 from 12:30-1:30pm ET
Session 9	Grief and Bereavement: Beyond the Basics	June 26, 2024 from 12:30-1:30pm 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 **9 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

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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

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

Jill Tom, BSN CHPCN ©
Nurse Clinician for palliative Home Care
Mount Sinai Hospital, Montreal

Introductions

Panelists (continued):

Thandi Briggs, RSW MSW
Care Coordinator, Integrated Palliative Care Program
Home and Community Care Support Services Toronto Central

Claudia Brown, RN BSN
Care Coordinator, Integrated Palliative Care Program
Home and Community Care Support Services Toronto Central

Rev. Jennifer Holtslander, SCP-Associate, MRE, BTh
Spiritual Care Provider

Guest Speaker:

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

Support Team

Aliya Mamdeen
Program Delivery Officer, Pallium Canada

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Delivering Goal Concordant Care: Essential Planning for a "Good" Home-based Death at End of Life

Session Learning Objectives

Upon completing the session, participants will be able to:

- Identify essential planning considerations to support a home-based death
- Describe common sign and symptom management strategies in the home;
- Utilize effective family and caregiver teaching strategies to support a home based death.
- Three Stories of Home-Based Death:
  - Rural (Elisabeth)
  - Small town (Jill)
  - Urban (Thandi)

Dying at Home – Is it for Everyone?

Planning Considerations:

1. Where does the Person wish to be at the end of their life?
2. Caregiving Capacity and Sustainability
3. Home Environment and Resources
4. Sign and Symptom Management at EOL
5. After the Death – Follow-up and Sense-Making

Funk *et al. BMC Palliative Care* (2022) 21:139
https://doi.org/10.1186/s12904-022-01023-1

BMC Palliative Care

RESEARCH

Open Access

Where would Canadians prefer to die? Variation by situational severity, support for family obligations, and age in a national study

Laura M. Funk[1*], Corey S. Mackenzie[2], Maria Cherba[3], Nicole Del Rosario[2], Marian Krawczyk[4], Andrea Rounce[5], Kelli Stajduhar[6] and S. Robin Cohen[7]

Palliative Care & Social Practice

Original Research

'The beauty and the less beautiful': exploring the meanings of dying at 'home' among community and practitioner representatives and advocates across Canada

Laura Funk, Marian Krawczyk, Maria Cherba, S. Robin Cohen, Carren Dujela, Camille Nichols and Kelli Stajduhar

Palliative Care & Social Practice

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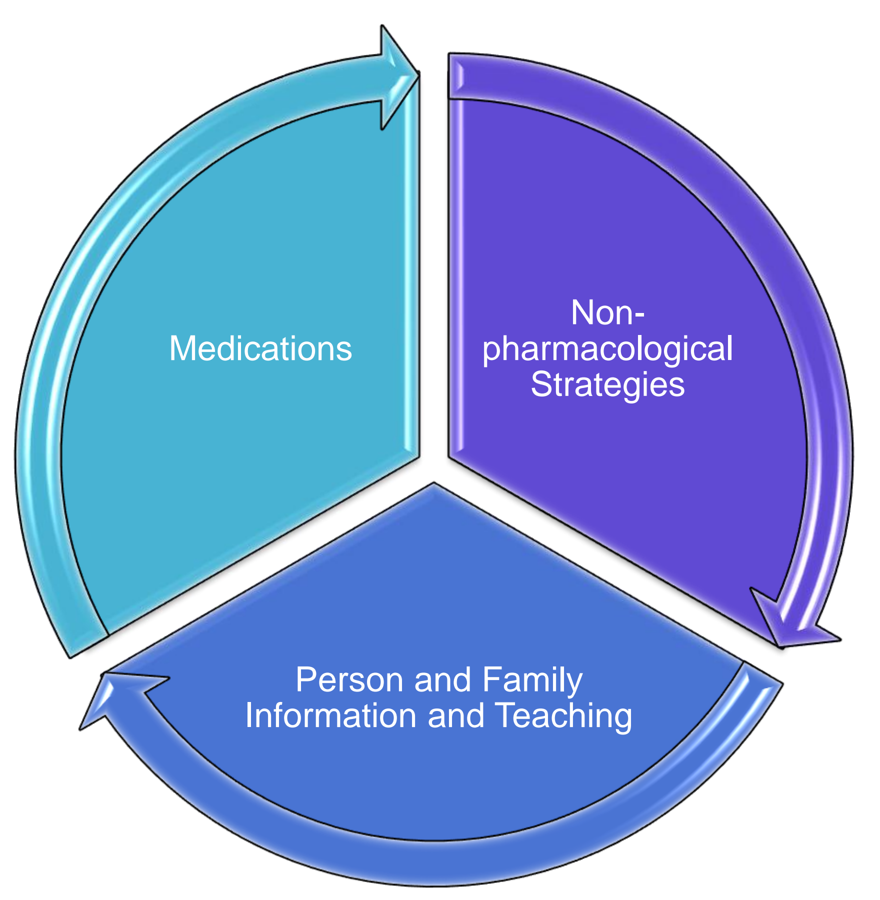
It starts with Planning.. Kitchen Table Essentials

- Explore desired Goals of Care
- Assess Caregiving Capacity & Sustainability
- Discuss Home Environment/Resources
- Determine feasibility
- *Always* make a “Plan B”

Key Home Supports & Resources

- Green Sleeves in the Home:
  - MOST (no CPR)
  - EDITH
  - Just in Case Prescription (copy)
- Just in Case Symptom Management Kit (JIC-SMK)
- Medical Equipment & Supplies

Use of a Three-Prong Care Planning Approach for Meticulous Symptom Management



Common Signs and Symptoms at End of Life

- Pain (multi-domain)
- Dyspnea and/or changes in breathing pattern and sounds
- Delirium and/or Nearness-to-Death Awareness
- Anxiety (Person and Family)
- Progressive Organ shut down – brain, heart, lungs, kidney, bowels, skin
- Other (seizures/ risk of severe bleeding, etc)

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Medications

- JIC –SMK is contingency only;
- Less is more
- Prescriptions (duplicates) for subcut:
  - Opioids for pain and dyspnea
  - Antipsychotic for nausea and/or delirium
  - Anxiolytic
  - Glyco for respiratory congestion
  - Other based on need (seizures/severe bleeding risk, etc)
- Opioid risk screen/no lock box/monitor

Anticipate needs:

- Know the trajectory
- Monitor the rate of falling PPS
- 30% PPS = loss of swallow reflex
- pre-order based on local pharmacy

- Keep it simple:
  - One line = one med = one symptom
  - Label and date everything
  - Pre-draw and store based on visits
- Use an in-home Medication Record with embedded ESAS/PAINAD scoring

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Non-Pharm Comfort Strategies

- Clean, Warm and Dry
- Positioning
- Touch
- Human Voice
- Presence and Reassurance
- Calm, Familiar environment

Person/Family Teaching and Knowledge Exchange

- Knowledge of common symptoms of dying
- Build skills and confidence: direct care-giving techniques, medications, shift to PAINAD
- “Sense making” of changes/dying
- Reassurance, praise, compassion, support
- Saying the Final Goodbye – After Death Care, bereavement visit and sense making of the death

Questions, Discussion
Examples from your Practice

Case Based Discussion

Rural Based Case

- 46 yo woman with advanced cervical cancer, mets to lungs, bowel, thoracic spine
- Married, 3 children ages 10-14; lives in small rural community
- Goals of care: ambivalent and worried, die at home or not (undecided)
- Multi-symptom burden: Pain 7-10, dyspnea 5-6, fatigue 8, tiredness 6, loss of appetite 5, anxiety 6 and depression 7
- Complex and Fulsome Symptom Management:
  - Opioids, anxiolytic
  - Hospice volunteer; legacy work; OT nesting; RT positioning, no SW avail, grief support for children
  - Teaching, ACP, multiple SIC, caregiver and family supports
- CADD pump – “5 good days”; “a game changer”; falling PPS, made decision to go to hospital
- Died 2 days later in hospital; comfortable, family in attendance
- Home Health visited in follow-up bereavement call

Was this rural death a failure or a success?

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Small Town Case

- 81 year old woman diagnosed with breast cancer with liver mets. She was known to home care (not to palliative/hospice care). She was not declared palliative by the treating physician therefore the homecare team did not consult with the palliative home care team.
- PMH: sleep apnea; dementia
- Social: widow; 2 children who lives out of town. Private caregivers 24/7.
- Goals of care not discussed; no signed level of care. Wishes was never discussed with the family previously. 1 daughter agrees that patient should be kept comfortable without prolongation of life. However, the son on the other hand is asking why we are not “giving his mother IV hydration”; also inquiring about feeding since the patient has not been eaten for the past 3 days.
- Last chemo 2 weeks ago. Since her last chemo she has been deteriorating, now unable to swallow. SQ medications for EOL initiated by homecare team after contacting the on-call physician. (opioids, versed and ativan)
- Over the past 24 hour; patient lethargic; unable to communicate. Grimacing +++; moaning and showed signs of restlessness despite starting the SQ medications.
- versed 2.5mg sc given q2h regular; dilaudid 0.25mg sc q1h regular; ativan 1mg sl q8h regular with no relief.
- *What was done?*
- Get to know the patient and family.
- teaching was done regarding terminal delirium. (pharmacological vs non-pharmacological); teaching about physiological changes at end of life.
- Change medications and added Nozinan to treat for terminal delirium.
- Elastomere pump was initiated to decrease the burden on the family.
- Patient passed away peacefully the following day at home.

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Urban Based Case

Non- cancer death: Last weeks, days, and hours of life supported by an integrated team

- 99-year-old female referred for home palliative care in mid-September 2023 due to 2 week history of functional decline, weight loss and decreased oral intake. Patient known to have Osteonecrosis jaw and difficulty eating. Referral indicated prognosis of <6m. No dementia. Supported at home by niece, neighbor and family friend.
- Sept 22nd initial joint visit & active symptoms: frailty, functional decline, nausea, constipation and poor sleep.
- Discussion/ Outcome of initial visit : Palliative care goals & DNR status confirmed. End of Life at home preferred. Patient accepted by integrated palliative team. In home services changed to palliative service providers (Palliative Nursing, OT & PSW). MD made medication changes for symptom management and ordered Symptom Management Kit (SMK) to have at home on stand-by.
- Post medication changes for nausea, patient started having persistent/worsening agitation and further functional decline. MD initiated 3 medications changes during this week to address agitation.
- Oct 3rd: home services changed: hospital bed ordered due to functional decline. Unfortunately, patient had a fall at home prior to it being delivered (no significant injury). Patient now bedbound, minimal oral intake and sleeping most of the time. Non-essential medications stopped. Family/ caregivers provided with education & support around new symptoms. ** distress around irregular breathing.
- Oct 18th: Extra ordinary PSW hours started to provide enhanced support. Palliative nursing visits increased to daily. Family provided with ongoing education and support around end of life at home.
- Oct 24th (last hours): SMK accessed at home and palliative MD ordering additional sc medications. CADD pca to be ordered as needed. Palliative nursing visits increased to bid.
- Oct 25th: Patient died at home with family.

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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.
- We hope to see you again at our next session taking place **January 24th, 2024 from 12:30-1:30pm ET** on the topic of **Palliative care for the structurally vulnerable.**
- Thank you for your participation!

Thank You

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