The Office of Lifelong Learning & the Physician Learning Program

# Palliative Care in Practice: Strategies for community management and referral insights for Family Physicians | Pearls for practice

Community Palliative Care Resources Dr. Ingrid de Kock

## Palliative Care Approach

- Utilizes the principles of palliative care the physical, social, emotional, and spiritual aspects of holistic care to meet the needs of the person/caregivers at all stages of chronic diseases, not just at the end of life. (Gamondi, Larkin, & Payne, 2013, Canadian Hospice Palliative Care Association, 2015)
- Can be delivered by health care practitioners regardless of training, role, and work setting (Touzel & Shadd, 2018)
- Is provided at any stage of a life-limiting illness, regardless of age, setting or medical diagnosis
- Is beneficial from the time of diagnosis to end-of-life and bereavement

### Home Care Services

#### • Calgary: • Palliative/End of Life care services in community both • North: 1-403-943-1920 or urban and suburban/rural areas of Edmonton and 1-855-371-4122 1-888-943-1920 Calgary • Teams vary across Alberta: Integrated and Palliative • Edmonton: • South Zone: **Home Care** 1-780-496-1300 1-866-388-6380 • Services delivered by interdiscipllinary team all with palliative care focus • Central: Patients, family, friends, neighbours 24 hour on call nursing support 1-855-371-4122 and health professionals can call on Need to complete Prescriber Orders for Admission to patient's behalf Adult Care for Palliative Patients

### Edmonton Zone Palliative Community Consult Team (PCCT)

- Specialized team of MDs, NPs, RN Consultants
- Provides palliative care consultation (symptom management and hospice assessment) for patients in any EZ community setting, including community hospitals
- Collaborates with referring MD/NP by providing suggestions for management of symptoms/issues; does not take over care
- Works closely with Home Care/facility staff
- Stays involved until symptoms/issues stabilized
- An EZPCP palliative physician available 24/7 to provide support

### When to call PCCT

- Difficult to manage symptoms related to the underlying illness
- Complex family issues/conflicts relating to the patient's illness
- Complex or complicated goals of care discussions
- Complex care/symptom situation that might need to be dealt with in a hospice

## How to refer to Edmonton Zone PCCT

Home Care Services

- Physician or Nurse Practitioner can do referral
- Central Access number for referrals: 780-496-1300
  PCCT will contact the site within 24-48 hours and arrange to do consult





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### Palliative Care advice/consultation after hours

Palliative Care MD on call 24/7 for each Zone through RAAPID or SpecialistLink, or directly with local programs

### Edmonton:

- Weekdays: PCCT MD available 24/7 for community advice
- Weekends: Zone-wide PC MD available for urgent issues

### Call:

- Community Care Access (780)496-1300
- OR alternatively through RAAPID

### Mobile Integrated Health MIH

- Pre-booked (including IV meds, such as antibiotics and pamidronate), urgent lab tests
- Involvement dependent on MIH availability
- Not emergency service
- <u>Alberta Referral Directory</u> <u>https://www.albertahealthservices.ca/info/Page14282.aspx</u>

### Dying at Home EDITH

- Palliative and End-of-Life Care Alberta Provincial Framework 2014
- "Expected Death In The Home (EDITH) Guidelines for Home Care Staff
- EDITH only if Healthcare provider is involved
- Needs to be in place to obviate the need for pronouncement in the home
- Able and 24/7 available family members (more than 1 preferably)
- Patient and family education: what to expect
- Undetermined length of care/dying process
- Symptoms often present at the end-of-life e.g. dyspnea, delirium, constipation
- Medications for EDITH: glycol, haloperidol, sc meds (be proactive)

### **Process after death**

- Home Care as first contact
- Home Care will contact Family Practitioner
- If EDITH process in place, no need for HC pronouncement in the home
- Family to contact funeral will collect body
- If tissue donation, family calls CTC
- Death certificate

### ATR AHS EMS PEOLC Assess, <u>T</u>reat, <u>R</u>efer Program

- Supports Palliative End of Life Care PEOLC) patients/their families in community
- Non-lights and sirens response
- Collaboration between paramedics and patient's HCP medications
- Can help with transferring onto hospital bed in home or assist with falls
- Aims to avoid transfer to the ER
- Not as well covered in rural areas

### **Thoracentesis/Chest PleurX**

• ATOP (Alberta Thoracic Oncology Program) in Edmonton and Calgary – referral details available on internet

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Alberta Health C		First Name	
		Date of Birth Joop Man 40	Press
Expected D	eath in the Home	Address	
-		City/Town	Phone #
Home care cas	e manager completes this form with th	e patient and family.	
Sleeve which n advance (if des	red and page 2 is optional. Page 1 is 1 imains with the patient. The patient/fa ired by patient/family and if a funeral h home staff after death has occurred. I	mily can give the yellow copy o tome has been pre-selected) or	I page 1 to a funeral home give the yellow copy of the
	Emergency Medical Services (EMS to this section.	i), Law Enforcement and/or O	fice of the Chief Medical
Information for Service Providers	Do not call \$11 to notify the ambulance or police for polients with an M1, M2, C1, or C2 G0 Call \$11 for patients with an R1, R2, R3 or no GCD order.		
	For pediatric patients, please contact Pediatric ASS/II/T (Ad for Symptoms and Serious liness Support Team) north/Edmonton (780-407-8822) or soull Cargary (433-965-5502) or primary ca provider as below.		
	In Alberta, when expected deaths of paliative and end of also patients occur at home as a nati- result of their progressive, life limiting this investigation of the police medical examiner. It is also not necessary to a hear provide the pronounce death at home		
	Death is an expected or natural outcome of this patient's liness. Home is the preferred location death.		
	This form will enable the funeral home to remove the deceased body prior to signature of the Medical Certificate of Death.		
	Pallative and end-of-the care diagnosis *		
	Is the patient in using to supported to be infected with a communicable disease?     No     To     Decards		
	Comments or additional information (Farge		
	Attending Physician Contact Information		
	Physician Last Name	Physician First N	ame
	Phone Number	Phone Number A	ter Hours
Home Care Case Manager	Last Name	First Name	
	Phone	Date gooy-Mon-do	
	Signature (Home Care Case Manager)		
			Page

### **Other Resources**

- Palliative care Health Benefits Alberta
- <u>Alberta Organ and Tissue Donation Registry</u>
- Medical Certificates and Death certificates
- <u>OneCarePath</u>
- Virtual Hospice



