

End-of-life symptom management

A kit for use in the home in Northwestern Ontario

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Ontario

Local Health Integration
Network

Réseau local d'intégration
des services de santé

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Northwest Ontario Context

- Multiple rural communities, large distances from city center
 - 460, 000 square km with a population density of just 0.5 people per square km
- Healthcare practitioners are often isolated with varying degrees of palliative care expertise
- Varied availability of medications and supplies last minute
- Region overseen by the Northwest Local Health Integration Network
 - Government organization, oversees the integration and coordination of local health services



Project goals

- Ensure necessary medications and supplies are readily available in the home, in order to treat the most common end of life symptoms
- Establish consistent practices for EOL care across the region, minimize discrepancies
- Limit medical supply wasted
- Support increase of planned, in-home deaths

EOL Kit development

- Guided by best practice and evidence-based research
- Considerations
 - availability of medications on short notice
 - elimination of redundant medications to prevent waste
 - cost effectiveness
- Stakeholder involvement through a working group
 - Physicians, Nurse Practitioners, Clinical Care Coordinators, remote First Nations' representatives

EOL Kit Contents

- Obtained through a standardized order-set
- Medications include:
 - Scopolamine, acetaminophen, methotrimeprazine, midazolam, metoclopramide, morphine/hydromorphone
- Medical Supplies:
 - Subcutaneous administration sets, indwelling/intermittent catheters, dressing supplies
- Instructions on order-set for process of ordering

Distribution

- Incorporated into LHIN policy and utilized by all HPCNPs
- Provided to local and regional palliative care teams/working groups through NW LHIN representatives
- Used to guide EOL order sets in hospitals and long term care facilities in our regional catchment area
- Forwarded to local pharmacies

Impact

- In general home care is known to be more cost effective, though there is no direct evidence for NWO
- Multiple reports of patients and families who have had successful at home deaths and utilized the medications and supplies
- Helping ensure that all health care organizations in our region are providing end of life symptom management based on best practices and in a consistent regional manner

Sustainability

- Integration into organization policy
- Significant time savings for medical practitioners when prescribing
- Networking with pharmacies, medical suppliers to ensure stock from form maintained

Questions?



**“Good news.
Your cholesterol has stayed the same,
but the research findings have changed.”**