Canadian Home Care Association
canadienne de soins et services à domicile

Advancing Excellence in Home Care

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Building Capacity... Improving Performance

VIRTUAL LEARNING SERIES

ADVANCING OPERATIONAL EXCELLENCE IN HOME-BASED PALLIATIVE CARE

RURAL PALLIATIVE CARE IN-HOME FUNDING PROGRAM – CALGARY ZONE

A flexible approach to enhancing care for rural patients nearing end of life

WELCOME

4, June 2019

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ADVANCING OPERATIONAL EXCELLENCE IN HOME-BASED PALLIATIVE CARE

Jeanne Bank

Project Lead

Canadian Home Care Association

Advancing Operational Excellence in Home-Based Palliative Care

- Update on CHCA Project
- Showcasing: *Rural Palliative Care In-Home Funding Program – Calgary Zone: a flexible approach to enhancing care for rural patients nearing end of life*

Jeanne Bank, Project Lead, CHCA

June 4, 2019

Project Overview

Purpose:

To explore opportunities for operational process improvement in home-based palliative care, specifically in:

1. assessment and care planning
2. inclusion of advanced care plans and service delivery
3. effective communication strategies and tactics
4. management of equipment, supplies and medications

Project Background

- Builds on the "*The Way Forward: An Integrated Palliative Approach to Care*"
- Pan Canadian multi-phased engagement process to learn about palliative care experiences (summer 2018) :
  - One- on- one interviews with caregivers and patients
  - Key informant interviews
  - Interviews with cultural group representatives
  - 4 regional stakeholder workshops (Vancouver, Edmonton, Charlottetown and Ottawa)
  - Online survey of caregivers and patients
  - 2 round E Delphi process to identify priority areas for improvement

Advance Care Planning
Key Gaps and opportunities

- Hold early and ongoing conversations about end of life wishes and values
- Understand and consistently communicate end of life wishes
- Ensure care plans, documentation and other legal requirements reflect wishes and values
- Gaps between rural and urban

Assessment and Care Delivery
Key Gaps and opportunities

- Use a palliative approach to care in identifying and responding to patient needs
- Involve patients and caregivers and providers in developing and updating care plans
- Understand and use assessment tools early in the process
- Rural and remote communities access

Communications
Key Gaps and opportunities

- Recognize and communicate with all members of palliative care team members
- Consistently communicate changes in the patient's condition and needs
- Communicate with patients, family and caregivers in a manner that is appropriate, timely and practical

Management of Equipment, Supplies & Medications

Key Gaps and opportunities

- Ensure medications and supplies and equipment are available without duplication and delay
- Organize and manage use of supplies and medications
- Ensure removal of supplies, equipment and medications from the home

Project Status & Next steps

- Palliative Care Experience Maps developed to share the stories and show opportunities for innovation
- 5 projects have been identified to showcase as High Impact Practices (HIPs) and will be published this summer. These 5 were identified at 2018 Home Care Summit 2018 and selected by panel of home care leaders
- Launch a 7-month Sprint Implementation Collaborative to support teams in testing, adapting and implementing one of the profiled innovations, *Whole Community Palliative Rounds*
- Development of Implementation Framework and User Guide to help organizations put HIPs into practice

Status of HIPS

2 published in Eng. & French – available for download

1) Whole Community Palliative Rounds - an innovative approach to inter-professional care planning and delivery in Interior Health

Whole Community Palliative Rounds is a strategy to enable rapid clinical problem-solving for symptom burden in high-risk individuals, purposeful and timely communication, shared decision-making and collaborative care planning among members of an inter-professional care team. **This High Impact Practice showcases how Interior Health in British Columbia has successfully implemented this strategy**

2) Rural Palliative Care In-Home Funding Program–Calgary Zone - A flexible approach to enhancing care for rural patients nearing end of life

Home care programs across the country are challenged with providing responsive, high-quality services to individuals residing in rural communities. **This High Impact Practice showcases an augmented service model in rural Alberta that is supporting clients nearing end of life to stay at home when desired, while ensuring they receive the required additional care.**

Coming soon …

The INSPIRED COPD Outreach Program™: Role of the Advance Care Planning Facilitator – As part of the INSPIRED COPD Outreach Program a trained advance care planning facilitator provides in home psychosocial/spiritual support, assisting patients/families in completing personal directives if desired.

Virtual Palliative Care: Right Patient, Right Time, Right Place, Right Care – The RELIEF (Remote self-reporting of symptoms by patients) application allows for patients with palliative care needs to self-report their symptoms daily, in their homes, using electronic standardized assessment tools. Their status is monitored in real time and thus allows for more timely and appropriate responses by health care providers.

Integrating a Palliative Approach to Care by Having Conversations Early (IPACE)- Facilitating early conversations using Ariadne Lab's Serious Illness Conversation Guide (SICG) or other conversation tools to respect individual's these wishes regardless of the setting of care and to foster this change in practice as part of the clinician's daily work.

For more information:

Dedicated webpage on CHCA website

www.homecarekn.ca/operational-innovations

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RURAL PALLIATIVE CARE IN-HOME FUNDING PROGRAM – CALGARY ZONE

A flexible approach to enhancing care for rural patients nearing end of life

Bev Berg
Director, Palliative and End of Life Care (PEOLC)
Alberta Health Services, Calgary Zone

Linda Read Paul
Clinical Nurse Specialist, Rural Palliative Care Consult Service
Alberta Health Services, Calgary Zone

Pauline Yaremichuk
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Alberta Health Services, Calgary Zone

Rural Palliative Care In-Home Funding Program–Calgary Zone

A flexible approach to enhancing care for rural patients nearing end of life

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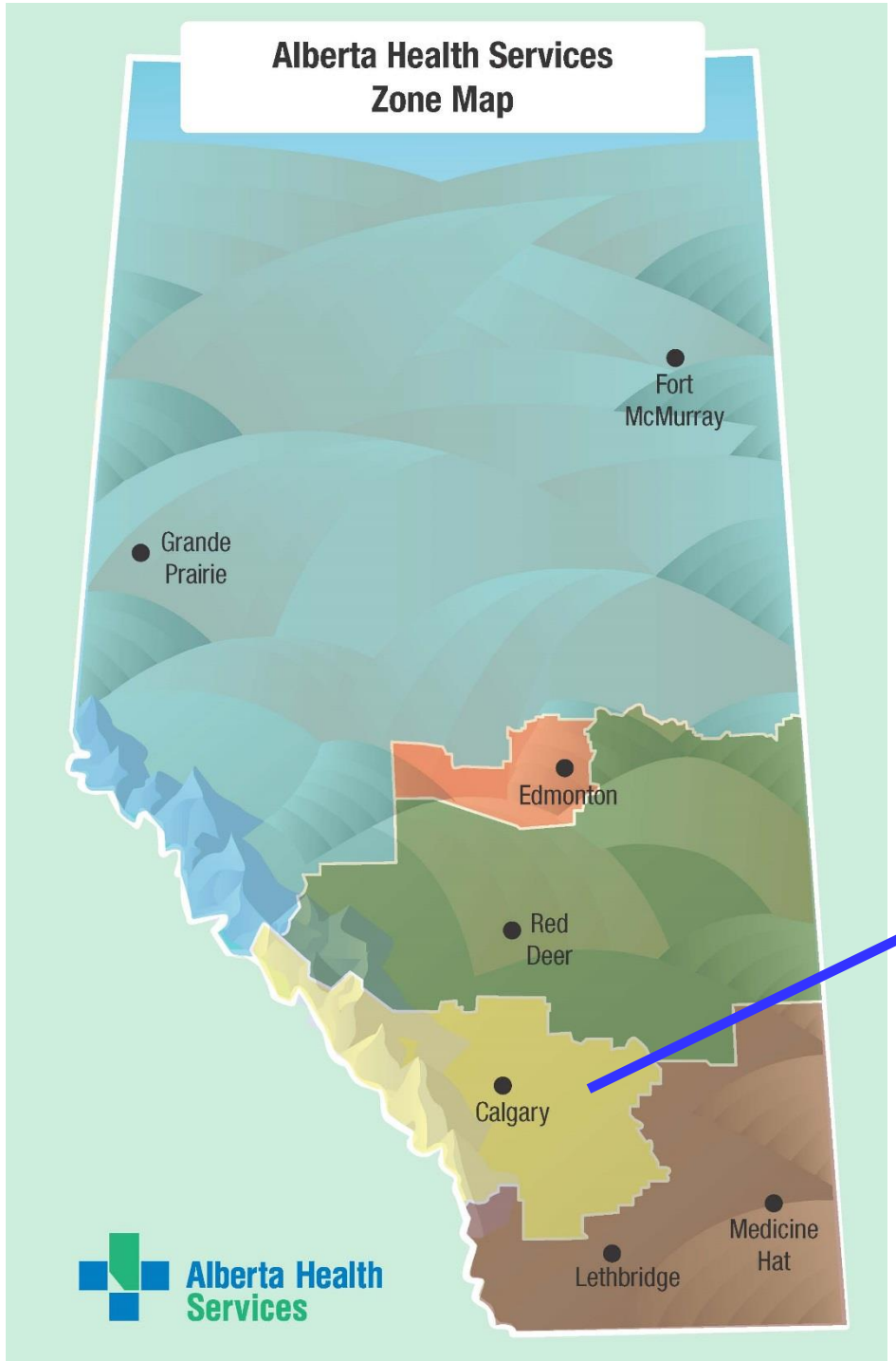
Alberta Health Services
Calgary Zone

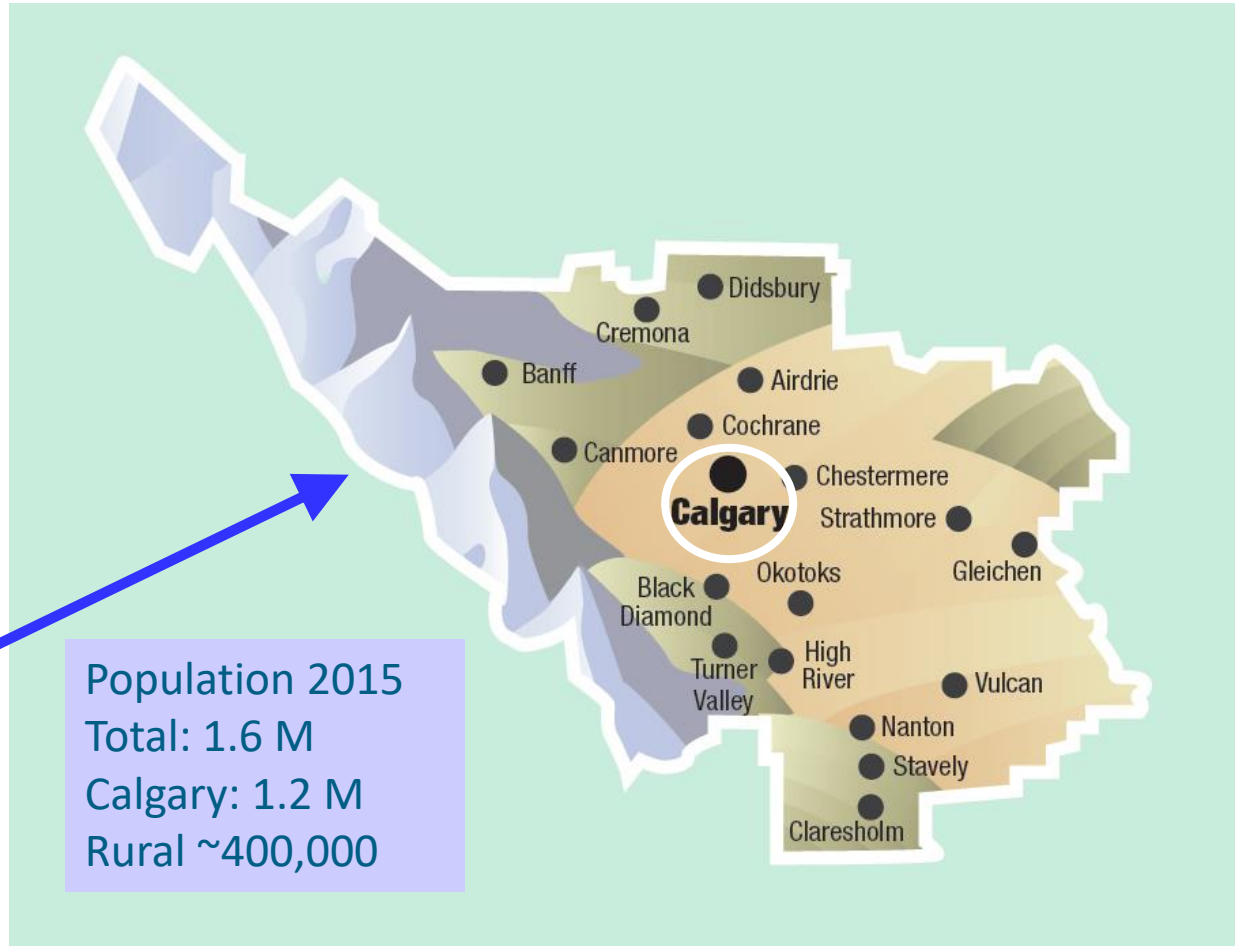
Learning Objectives

After attending this presentation, learners will be able to:

1. Outline the components and principles of an innovative rural funding model to augment in-home palliative care services.
2. Explain processes required for successful program development, implementation, and evaluation.
3. Describe early program outcomes.
4. Identify barriers and opportunities within their own care settings with regard to adoption of presented program components and processes.

Where?





Population 2015
Total: 1.6 M
Calgary: 1.2 M
Rural ~400,000

Why?

1. Limited AHS Home Care services in rural areas
2. Other augmentation models don't fit - Self-Managed Care, Vendor Contracts, Casual staff
3. Rural Primary Care Network in-home funding discontinued

→ New AHS strategy needed to support rural palliative clients to remain at home when desired

Who?

- Funder – AHS Calgary Zone (CZ) Palliative and End of Life Care (PEOLC)
  - AHS Enhancing Care in the Community initiative
- Recipient – any client with a progressive, life-limiting illness living at home in rural CZ

What?

- Additional in-home direct client care services
  - Personal care, respite, nursing care
  - HCA, LPN, RN, Other (e.g. friend, relative) contracted care providers
  - up to $10,000 maximum per client

When?

- Unmet care needs
- Existing resources exhausted
- Desire to stay home and more care needed to do so
- End of life phase of illness
- Launch: October 1, 2017

How?
Program Development

Working Group

- Home Care, PEOLC, Rural Health, Business leaders
- Local / Rural, Zone, Provincial representation
- Rural Centric, Client and Family-centered focus

Keys to Success

- Permanent funding
- Inclusive, collaborative, innovative program development process
- Emphasis on honoring rural values and culture
- Involvement of accounts payable and legal departments
- Dedicated business intelligence team
- Leadership endorsement
- Committed program leadership and dedicated administration office
- Flexible approach, openness to unique circumstances, responsive administrative office

Constraints – Concessions

- Only AHS funding for direct care
  - ➢ no funding for equipment, medication, transportation, etc
- AHS unable to pay care providers directly
  - ➢ client / family must assume responsibility for payment processes

Innovations – Wins

Principle	Innovation
Clients / Families: • Are not employers	Contractual relationship
• Do not pay for care out of pocket	Expedited AP processes
• Can find care providers easily	Legal endorsement of care provider list and rates brochure
• Can be cared for by those they know and trust	Flexibility in contracting with local individuals and relatives
• Can access funding for EOL care regardless of eligibility for AHS Home Care	Inclusion of indigenous clients on First Nations communities

Program Development

How?
Program Implementation

PEOLC Office

Rural Home Care / Palliative Consultant

Client / Family

Care Provider

Payee

Rural Home Care / Palliative Consult team

- Identifies unmet care needs
- Confirms existing resources exhausted
- Explains CRPHF & care plan to client/family
- Authorizes amount / level of care needed
- Adjusts authorized care as needs change

Client / family

- Signs Funding Agreement
- Identifies Payee to manage funding
- Recruits, contracts, directs, and monitors Care Provider
- Verifies Care Provider invoices

Payee

- Sets up payment method with AHS Accounts Payable (AP)
- Receives verified invoices from Care Provider
- Totals Care Provider invoices on Payee Invoice
- Submits Payee Invoice to PEOLC → AP
- Receives funds from AP
- Pays Care Provider and obtains proof of payment

Care Provider

- Signs Funding Agreement
- Provides care as directed by client / family
- Provides invoices to and is paid by Payee
- Provides proof of payment to Payee

Office of PEOLC Director

- Oversees funding processes
- Approves payment of funds
- Maintains funding database
- Evaluates outcomes / impact of program
- Monitors spending limits

How?
Program Evaluation

Program Utilization – Database and Tableau Dashboard

User Feedback – Online surveys

- Client/Family and AHS Home Care
    - *What worked well?*
    - *What didn't work well?*
    - *Suggestions for improvement*

Outcomes

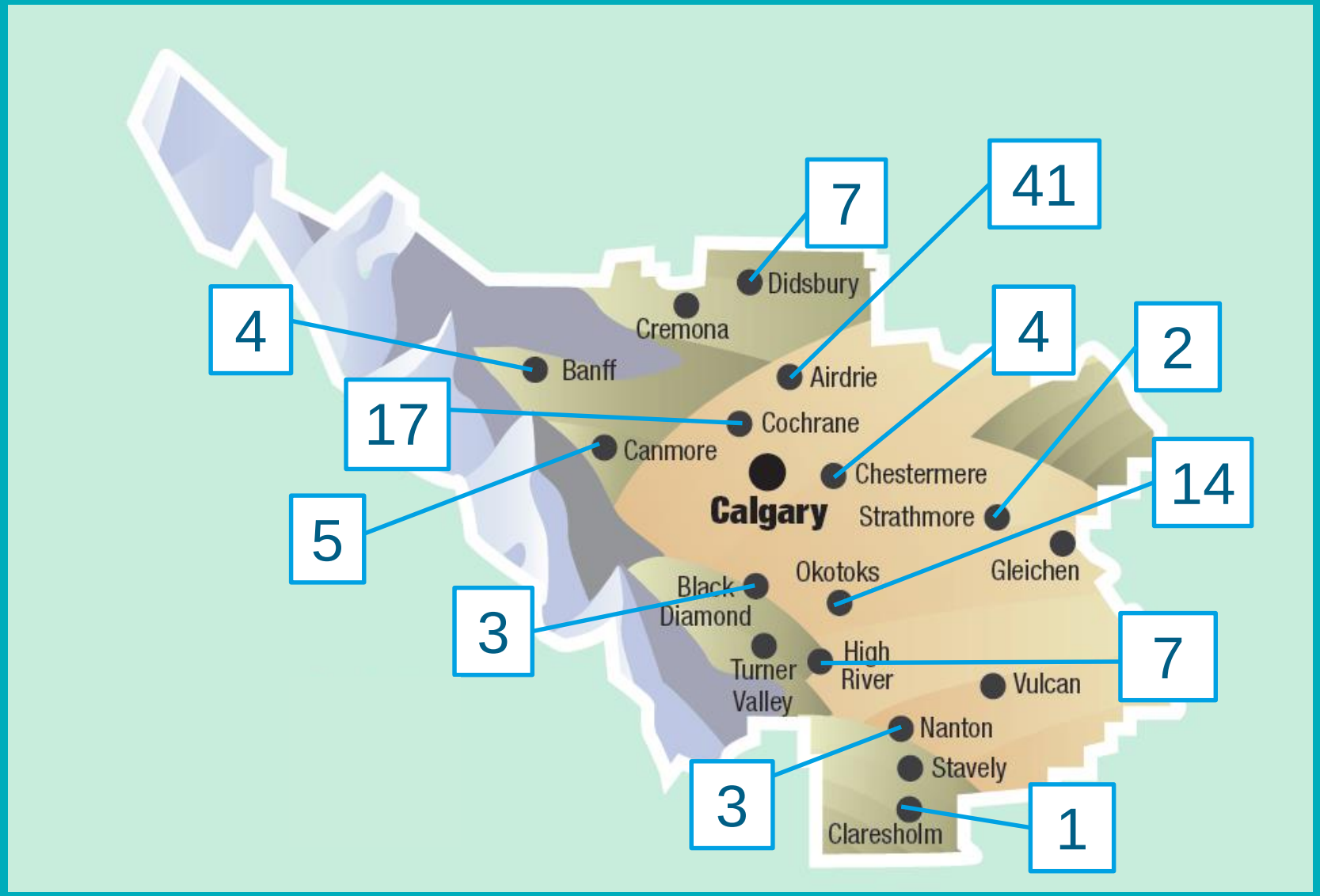
Oct 1, 2017 – April 30, 2019
(18 months)

Program Utilization

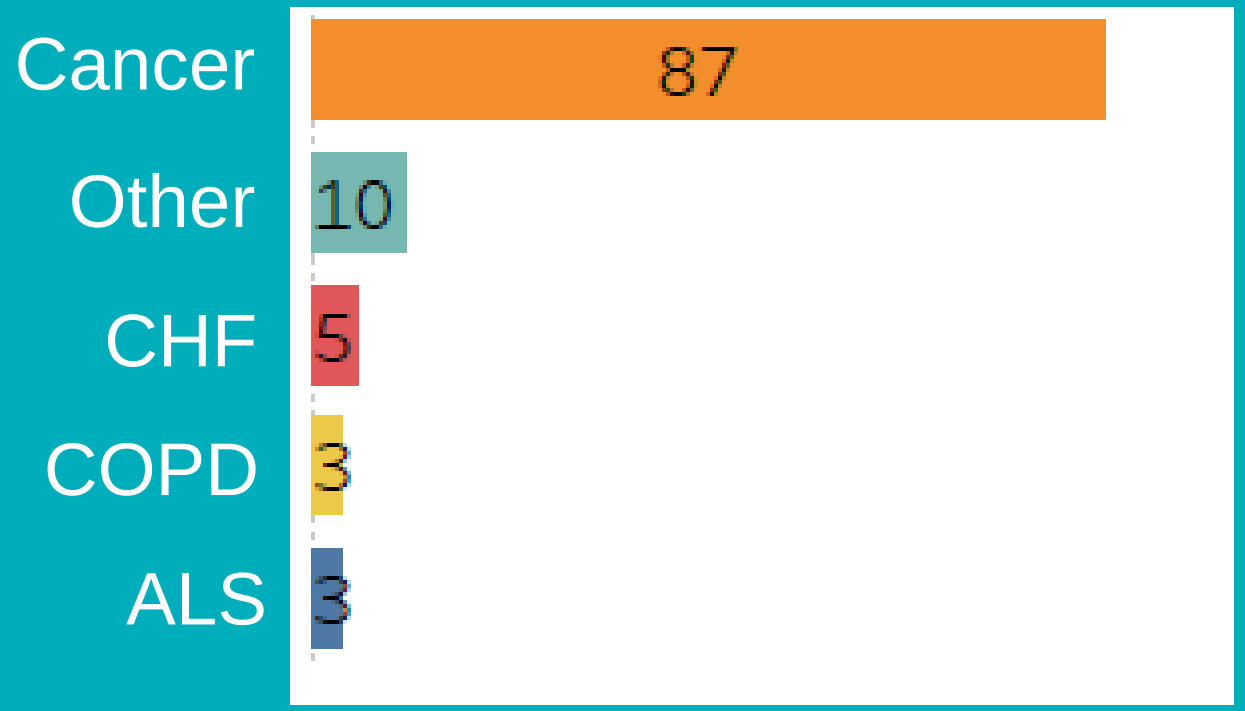
Authorized	Accessed
108 Clients	71 Clients
100 Deaths	69 Deaths
41 Survival Days (Median)	20 Survival Days (Median)

Calgary Zone Rural Palliative Care In-Home Funding

Clients **Authorized** For CRPHF by Home Care Office



Diagnoses - Authorized Clients



71 Clients Accessed

Days Supported

460
Total

6
Average

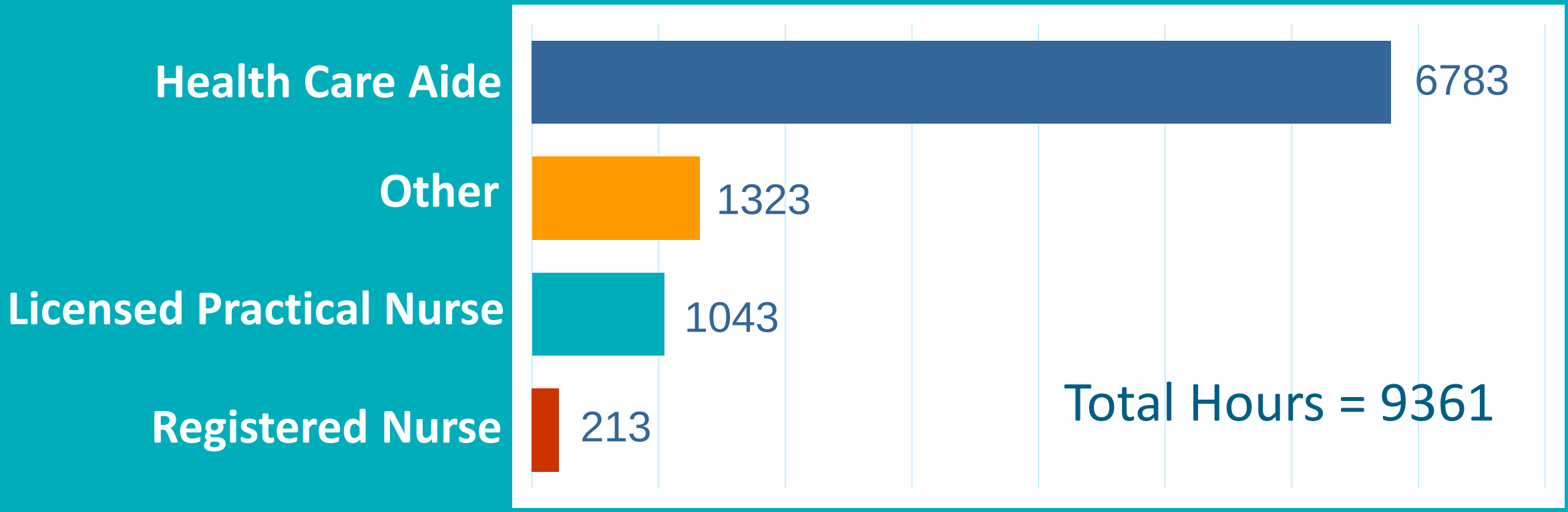
3
Median

Spend per Client

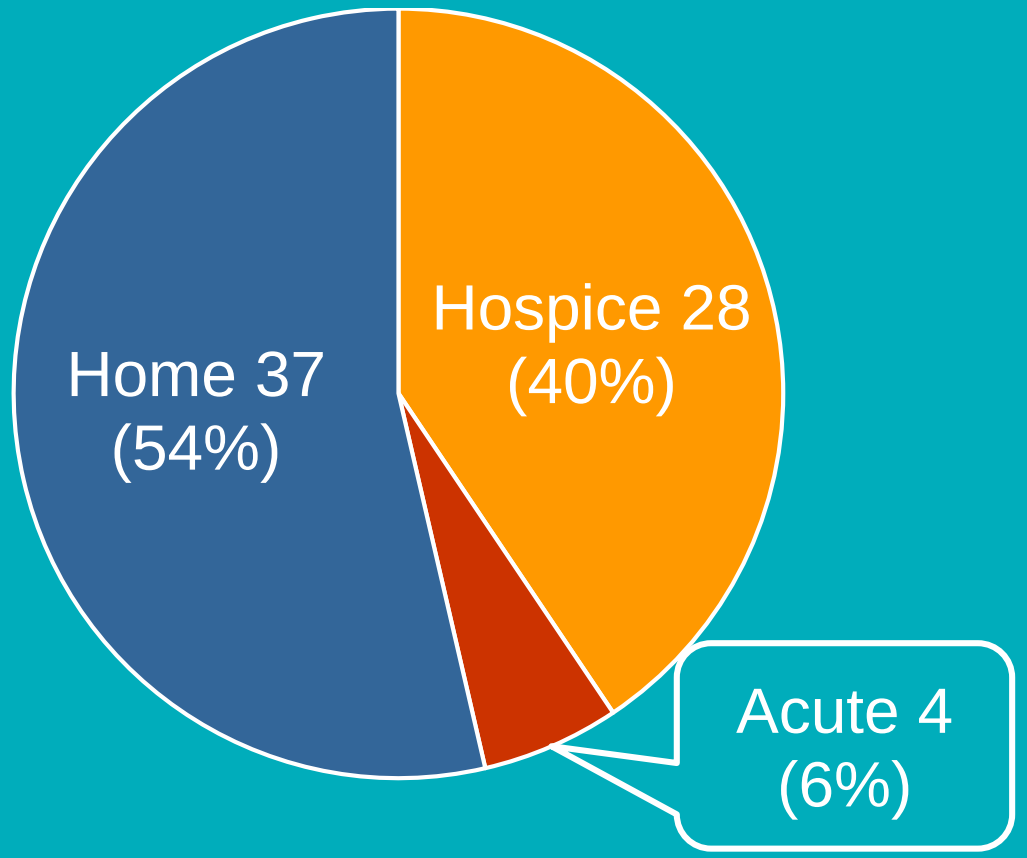
$167-
$10,000
Range

$2563
Median

Care Provider Hours by Type



Place of Death - Accessed Clients



Accounts Payable

- Average time to set up a Payee Account = 2 days
- Average Invoice turnaround time = 4 days

User Feedback

What didn't work well?

Burdens for family

- Completing paperwork
- Recruiting and scheduling care providers

User Feedback

Suggestions for improvement

- Funding for equipment and ambulance transport
- Increase funding limit per client
- Have AHS pay care providers directly
- Simpler, clearer program documents and procedures
- Development of a liaison position to help clients and families navigate hiring and funding processes

User Feedback

What worked well?

- Good information packages for family and care provider
- Thorough explanation of processes to family
- Ability to access care 24h and have consistent care providers
- Program is working well to keep rural clients at home as long as possible

This program is extraordinary. It is SUCH a gift for people who are terminally ill to be able to spend as much time as they can at home. I felt that my dad, being from a rural area, has often been shortchanged by the health care system - despite his poor health, he's expected to show up to city emergency rooms to get help and had to spend more time than necessary away from his home. However, working within the palliative program, our experience has been the opposite of that - help, at his house, at our convenience and at no cost. Absolutely wonderful.

Expansion to a Provincial Model

GOAL

1. To support rural PEOLC patients to stay at home when desired and when they require additional care beyond existing services.

2. To encourage collaboration between patients and families, rural palliative and home care teams, and vendors to address the unique needs of rural communities.

- Leveraging the Calgary Zone program - Development and implementation of a Provincial In-Home Funding Program Model is being expanded to the rest of the zones in Alberta

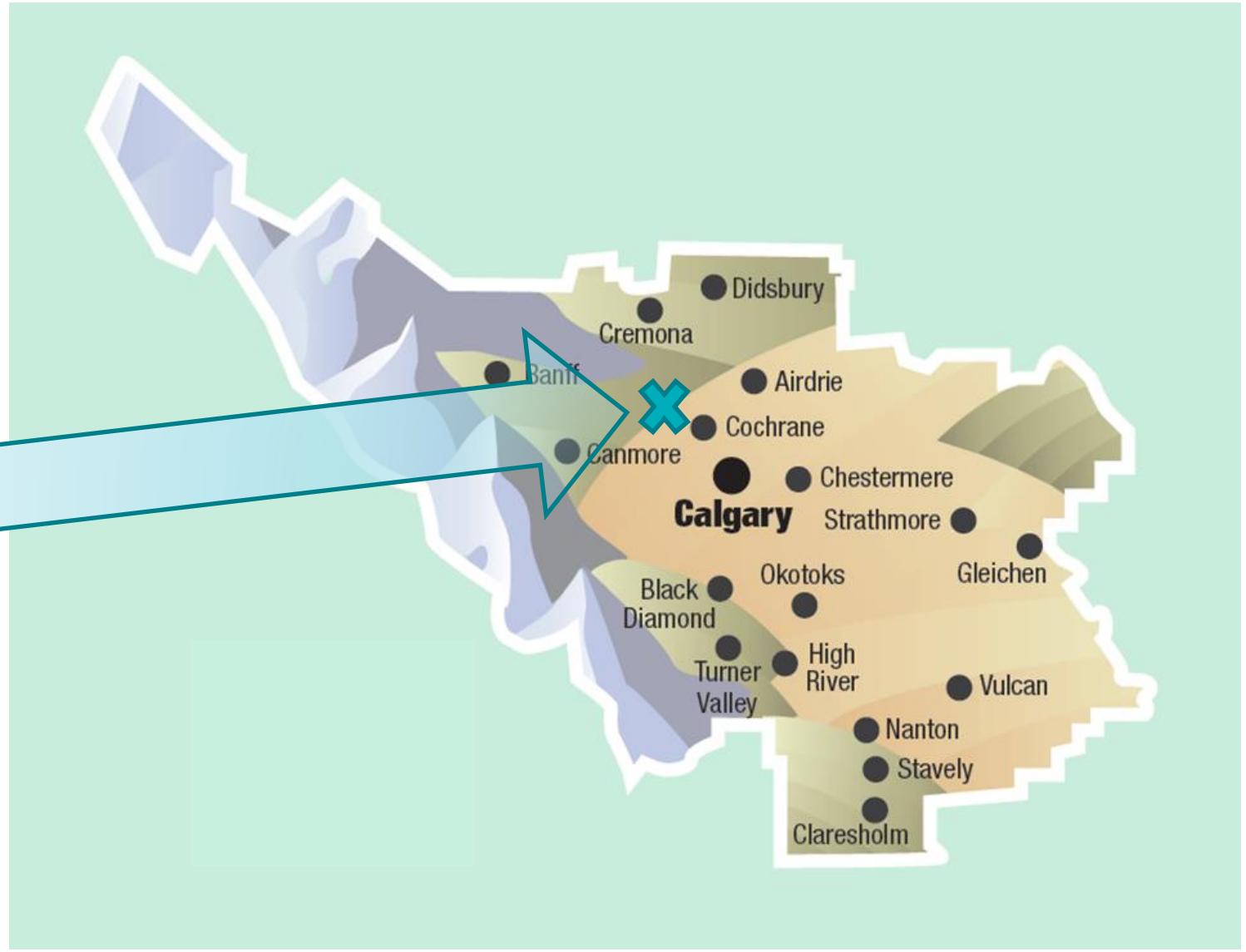
- The Provincial Rural Palliative In-Home Funding working group has Indigenous Health (Home Care) representation. There has also been a presentation to the North sector Indigenous Home Care Nurses that this program is in development so that they are aware and informed. Further communication and education will include the leadership of all the Indigenous Home Care Nurses when the program is implemented provincially.

Expansion to a Provincial Model

PROCESS STEPS:

- A Working Group has been developed with representatives from all zones within Alberta and indigenous health
- A current state analysis was done to determine if there are similar programs in other zones
- Lessons Learned from the Calgary Zone Rural Palliative Care In-Home Funding Program are being incorporated
- The Provincial model will be based on core components with flexibility within each zone to address their unique geographical and resource needs
- Will identify evaluation measures and key indicators to measure outcomes and guide future Quality Improvement initiatives

CRPHF Case Study: Meet Fred



Fred

- Diagnosis: COPD
- Age: 80s
- Care provider: Daughter-in-law
- Days supported: 198
- Hours of care: 514
- Place of death: Hospice

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Question and answer session

Webinar participants – please post questions for our speakers in the 'Questions and Comments' chat pod to the left of the presentation.

Please tell us who your question should be directed to.

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