

# When Medical Assistance in Dying meets Palliative Care

*The Integration of Palliative Home Care Services and The Ottawa Hospital to  
Provide MAiD in the Community*

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# Acknowledgements

- The delivery of community MAiD services in the Champlain Region has been successful in large part because of the invaluable partnership between the LHIN and The Ottawa Hospital Ethics Program and its Director, Mike Kekewich

## Preparing for Bill C-14

### **LHIN Home and Community Care (HCC)**

- Evaluation and discussion re: impacts of MAiD on HCC
- Development of a MAiD policy and philosophy
- Development of possible processes

### **The Ottawa Hospital (TOH)**

- Development of a MAiD policy and philosophy
- Development of processes and drug protocol
- Identification of possible providers
- Education of staff (physicians, nurses, social workers)

- Involvement of ethics consultant (from TOH) at the LHIN

## Post C-14 Legislation

### **LHIN HCC Palliative Care (PC) Program**

- Involvement of Palliative Care team into MAiD discussions
- Addressing conscientious objections
- Finalizing of MAiD policy and philosophy
- Provision of information to patients and caregivers
- Referring patients back to their family physicians

### **TOH**

- Finalizing processes and drug protocol
- Finalizing staff education
- Development of a provider roster
- Starting offering in-patient procedures
- Receiving requests for home procedures

## August/September 2016 – Joining Forces

### **LHIN HCC PC Program**

- Finalizing of processes and procedures
- Staff education

### **TOH**

- Continuing to offer in-patient procedures
- Development of staff resiliency program

- Development of processes to offer MAiD in the community by TOH physicians
- Cross-education of TOH MAiD physicians and coordinator; and LHIN Care Coordinators and community nurses
- Establishment of a community MAiD steering committee with representation from TOH

## September 2016-April 2017 – Strengthening of Partnership

### **LHIN HCC PC Program**

- Adjustment of processes
- Partnerships with community physicians offering MAiD

### **TOH**

- In-patient procedures
- Coaching and mentoring of other MAiD providers

- Identification of gap in knowledge, particularly between MAiD providers and Palliative Care Providers
- Funding request for a regional MAiD education day, including palliative care education
- Case reviews, debriefs, support, legal advise
- Joined education day in April 2017

## Progressing Together

- Furthering of TOH/LHIN HCC PC Program partnership with process improvement and close communication
- Bridge between palliative care providers and MAiD services
- Education, mentoring and support from both organizations to community MAiD providers
- Regional ethics day on MAiD, attended by MAiD stakeholders and palliative care providers
- Identification of the need for a more coordinated regional approach to MAiD, as well as dedicated resources
- Request for funding for an in-depth evaluation of MAiD services and gaps in the Champlain area, and for the proposal of a MAiD model for the region

## Champlain Region MAiD report – The State of MAiD in Champlain

- There has been considerable collaboration between individuals and organizations across the region; and considerable commitment and dedication to provide patients with a positive experience
- Improvement in patient and family experience over time
- Challenges to accessing information, system navigation and MAiD service for many patients, families and health-care professionals within Champlain
- The experience of MAiD provision has been limited to a small number of organizations and individual practitioners
- The current approach to care is somewhat siloed and built on a foundation of informal partnerships
- Lack of standardized/shared policies and protocols; limited support for MAiD providers



## Champlain Region MAiD report – Recommendations to the LHIN

The development of a regionalized Network that leverages existing resources to address the evolving gaps, with the goal of providing **Integrated** MAiD services that are **Accessible** and **Sustainable**

This MAiD Network should have a clear governance and leadership structure to ensure **Accountability**

## The future of MAiD in Champlain

- Funding for a MAiD Clinical Nurse Specialist (CNS) at TOH, responsible for developing a regional MAiD care coordination program, clinical practice, building capacity, education and mentoring, research, reporting, program evaluation and bridging the gap between MAiD and other sectors, including palliative care
- Funding for 2 MAiD Care Coordinators/Navigators (one at TOH, one at the LHIN HCC PC Program) to assist patients, families and health care professionals navigate the MAiD process, including assistance in accessing other resources, such as palliative care
- Establishment of a governance structure, including other stakeholders, such as community MAiD providers, other hospitals, and possibly organizations with a conscientious objection

## Progress in Bridging Palliative Care and MAiD

- Major improvement in communication between palliative care and MAiD services
- Involvement of some palliative care providers in MAiD
- Partnerships between hospices and palliative care unit with TOH and HCC PC Program for MAiD assessments and procedures

# Appendix

- LHIN HCC MAiD referral form – requirements:
  - Indication that referral is for a MAiD procedure
  - Date and time of procedure
  - Role of community nurse (Support, IV start)
  - Supplies required
  - Name and direct phone number for physician
  
- Checklist for LHIN staff:
  - MAiD referral and all Clinician Aids are reviewed/complete
  - Patient meets age criteria
  - 10 days waiting period has elapsed
  - Supplies needed
  - Service providers
  - MAiD “code” entered (for tracking purposes)

# Appendix

- Community Procedures:

90 procedures since September 2016 with LHIN HCC involvement

64 by community  
physicians\*\*\*

26 by TOH  
physicians

14/90 TOH second  
assessor

