



Whole Community Palliative Rounding: An Innovative, Collaborative Approach for Rural BC

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Acknowledgements

The background of the slide features a light blue gradient with several monarch butterflies in various stages of flight, scattered across the frame. The butterflies are rendered in a soft, slightly faded style, creating a gentle and naturalistic atmosphere.

- Aboriginal/Indigenous Acknowledgement
- Interior Health Regional Palliative Care Team
- Whole Community Palliative Round Teams in Interior Health

Overview



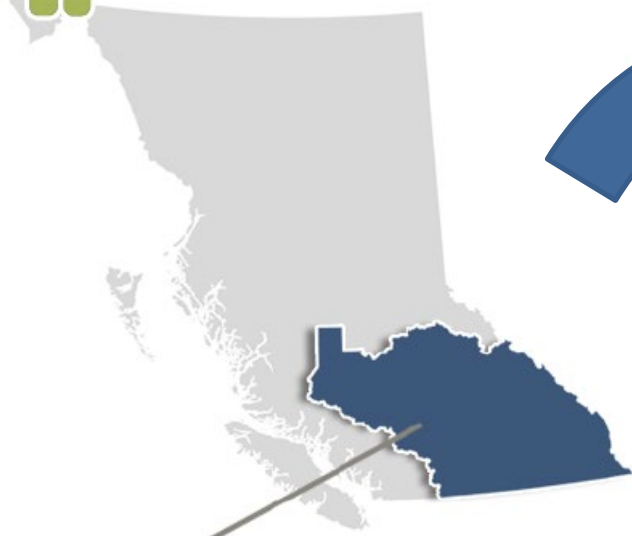
- Vision – why is it needed?
- Defining Purpose and Structure
- Supporting existing and new development
- Required Supports
- Outcomes and Impact



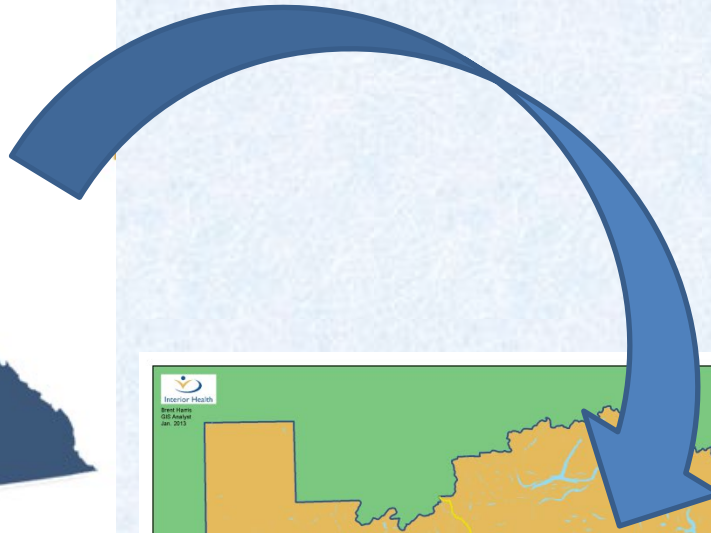
POPULATION OVER
730,000
IN THE SOUTHERN INTERIOR



Interior Health
Every person matters



WE COVER OVER
215,000
SQ. KILOMETRES



Vision

- IH Palliative Care Model is a primary, generalist palliative care approach
- Population-based focus for PC services is needed
- The palliative journey experience shaped by many influences
- Need for a regular, local communication method to facilitate whole care-continuum discussion to address palliative needs.

Defining Purpose and Structure

- “Whole community” - Conceptual appeal
- Purpose and Guiding Principles are shared & clear
- Collaboration – recognizing and defining internal and external partnerships in new ways
- Importance of local Ownership and Governance

Support



- Intentional development
- Revised and new
- Engaging local stakeholders, sharing vision
- Medical leadership sought and secured
- PDSA cycles, quality improvement
- Regional support – guidelines, tools, mentoring and participation

Required Supports

- Local leadership and shared vision
- Commitment to participate - release of local staff to participate on a regular weekly basis (1-1.5 hours/week)
- Understanding the expanded Circle of Care
- Identifying population and keeping a current local registry
- Documentation and communication tools

Outcomes and Impact

- 1 to 7 to 11 and growing
- Standardized Regional guidelines, tools
- Standardized physician compensation
- Better inter-professional communication, tighter transitions, and more rapid responses
- Evidence-based care-planning
- In-the-moment learning and praxis
- Inclusion of non-traditional partners – FN, CP, Hospice
- New innovations, mentorship, partnerships
- Team spirit, synergy and engagement

Future

- “Whole Community” works! Keep growing
- Evaluate outcomes from an individual/family perspective (e.g., FamCare survey)
- Future Vision: Consultation through Whole Community Palliative Rounding is well known, widely available and regularly accessed by clinicians from any program or sector to help deliver excellence in palliative care.

Thank-you!

Questions and Discussion?

If you wish copies of this presentation, our Whole Community Palliative Guidelines or tools, please email me at:

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