

National Integrated Palliative Program

Using Electronic Clinical Management Systems to Drive Best Practices in Palliative Care

CHCA Summit, Vancouver, Oct 22-23, 2018

Mital Patel, R Pharm.

Leslie Marvell, RN, BScN, CONC(C), CHPCN(C)



Challenges Facing Community Palliative Care



- **Situation** = A 54 year old female is suddenly needing to be prescribed morphine as Tylenol #3 oral pain medication not addressing symptoms. Family is with the patient at home but has not been told that patient is palliative. Physician order indicates drug but missing duration and formulation. Health authority wants it delivered within 3 hours as a rush request with 2 hours drive time and sends incorrect supplies order to align with physician order. Nursing visit scheduled for 4 hours from order being sent.
- Problem Statement = medical order needs verifying with review between pharmacist and physician, supplies order needs correcting to align with medical order, need to communicate changes regarding delivery expected timing to care team, and communication must be sensitive to family situation and patient choices.



Our approach to support clinicians:

- Electronic clinical management system to support nurses to follow collaborative care plans, track PPS scores, building in advance planning directives early in journey following the "Speak Up" campaign, set goals of care, and triggering need for family conversations, medication reviews and ordering SRK proactively
- BPGs and decision supports built into eCMS to guide practice supporting
 palliative journeys more proactively so patient and family are prepared for
 making decisions and feel supported through journey







Action Cancer Ontario

Our approach to support physicians and pharmacists:

- Electronic order sets that guides correct formulation and dispensing guidelines and supports physicians with decision making when transitioning from oral to infusion based medications
- Established medical order templates to support physicians on prescribing infusion based medications, particularly when not familiar with complexity of order requirements





Our approach to support case managers:

- Online, app-based decision support tool allows health authority to select best selection of supplies that match the specific physician order that accommodates, type of medication, route, duration, and local infusion guidelines
- Electronic formulary catalogue that supports Case Managers to view different supply options, understand equivalencies, and kit contents
- For some programs, we are able to allow case managers to order directly from online catalogue



Our approach to support care team:

- Online order tracking system that allows home care nurses to log in and see ETA for medication and supplies
- For some programs, we are able to update a care team portal allowing view of lab results, physician orders, pre and post infusion results, and changes in status





Palliative Integrated Teams

- Bayshore HealthCare is a Canadian-owned provider of home and community health care services
- Integrating nursing and pharmacy services supporting palliative care
- Includes Bayshore Home Care Solutions and Bayshore Specialty Rx





Integrated Care Teams

- Teams can include nursing, PSW, therapies, pharmacy, medical equipment and supplies, case management
- May include virtual care delivery model for transfer of authority or clinical consultation
- Able to interface data across systems for stakeholder communication and reporting







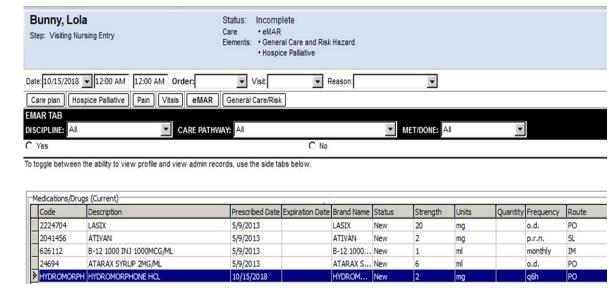
Epsilon™



- Epsilon ™ is a comprehensive platform which includes
 - integrated office and field applications,
 - leading-edge mobile documentation and decision support systems,
 - proprietary processes that integrate all elements of safe,
 efficient and effective care delivery
- The platform is designed to meet present and emerging home care market needs in the areas of community and facility cluster care, quality indicator reporting requirements and outcome based care models

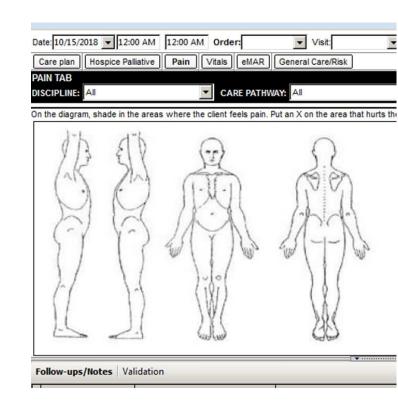


 The Clinical and care pathways, electronic
 Medication Administration
 Records and advanced electronic forms and flow sheets allow for real-time data interchange and decision support at the client location, at the time of care



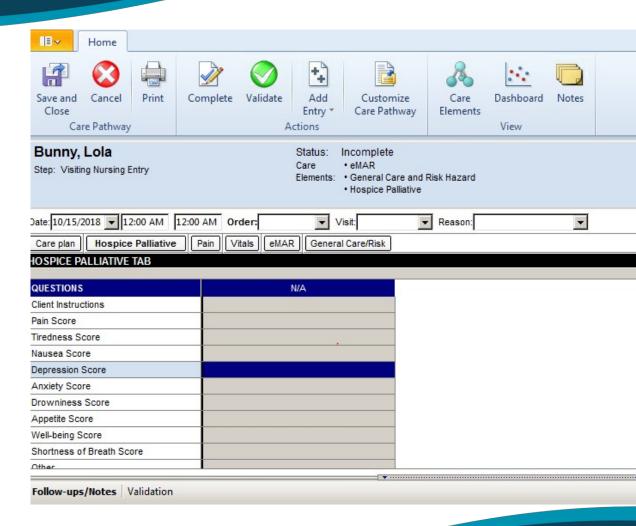


- Together, this makes the clinical documentation more timely and accurate
- Clinical documentation forms the basis of a longitudinal client Electronic Medical Record





 Epsilon ™ has been implemented across various programs since 2013 and is accompanied by extensive staff education and support.





 We follow the principles of a palliative approach to care ensuring we are meeting client "goals of care" and often reinforce the CHPCA " Speak UP" campaign

Save and Cancel Close Care Pathway Care Pathway			Care ements	Dashboard View	Notes						
Bunny, Lola Status: Incomplete Step: Visiting Nursing Entry Elements: • General Care and Risk Hazard + Hospice Palliative											
Date: 10/15/2018											
Actual/Potential risk related to impaired health status		All risks will be ident	ified and	managed						Clinician will assess, identify and support client/caregiver with effective management of all actual or potential risks	
Actual/Potential medication mismanagement				naged			9	Clinician will assess and support client/caregiver with effective medication management			
Phase 1: Stable (PPS 100%-70%) Knowledge deficit r/t Hospice Palliative	Glient/caregiver identifies most responsible physician identified					entified			9	Nurse, in collaboration with client/family will determine most responsible physcian	
diagnosis, prognosis, and or disease process		Client verbalizes understanding of disease progression and treatment plan							9	Nurse will provide teaching to client/family re: disease progression and treatment plan	
Phase 1: Stable (PPS 100%-70%) Knowledge deficit r/t HPC advanced	9	Client/caregiver identifies POA-PC or substitute decision maker						9	Nurse provides teaching to client/caregiver on the importance of identifying a POA for personal care or substitute decision maker		
care planning		Client/caregiver verbalizes resuscitation status .							9	Nurse explains and teaches client/caregiver about resuscitation status	
Phase 1: Stable (PPS 100%-70%) Comfort r/t pain	9	Client/caregiver maintains optimal pain control						9	Nurse teaches client/caregiver pain management strategies		





Specialty Pharmacy Network

- Pain management and palliative care programs
- Ambulatory pumps programming and maintenance expertise

IV administration expert consultants

- Cold chain distribution
- Warehouse
- Logistics services





Specialty Pharmacy Network

- 13 specialty infusion pharmacies across the country
- ISO-5 Clean room in compliance with USP<797> and NAPRA standards
- Dedicated Hazardous compounding room in compliance with USP<800>
- High Tech fully automated TPN compounder

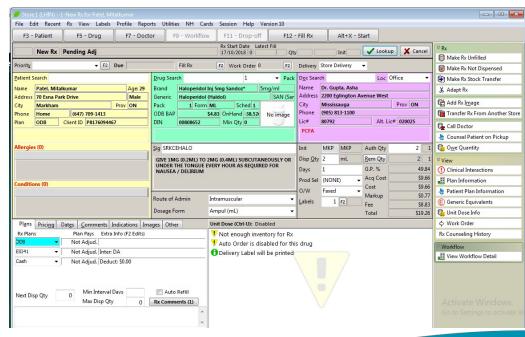




Pharmacy System – Kroll™



- Kroll [™] is the pharmacy software which helps pharmacist optimize operations and enhance customer experience.
- It has features like:
 - Prescription filling
 - Online adjudication
 - Alerts to help pharmacist minimize:
 - Duplication of therapy
 - Drug Drug Interaction
 - Drug Allergy Interaction
 - Extensive reporting





Pharmacy Order Sets

- Order sets are Bayshore designed pdf documents that assist:
 - Doctor:
 - In complex calculations when changing oral/topical pain medication to Subcutaneous pain pump order. Order sets were developed to include automation for formula calculations
 - Bayshore Pharmacist and Pharmacy Assistants:
 - In making sure compound sheet are created correctly with accurate calculation, automatic selection of proper container and detailed information about drug being compounded
- Order sets are tested thoroughly by a team of clinicians, pharmacists and IT experts to make sure they deliver what they are designed for expected results



Opioid Conversion Guide



OPIOID CONVERSION GUIDE

Units 9-11, 70 Esna Park Drive, Markham, ON L3R 6E7 T: 1-888-313-6988 F: 1-888-287-8577

Patient's curre	Conversion factor					
Name of medication	hours	Conv	Conversion factor			
Morphine oral	20	mg		10:1		
Hydromorphone SC	5	mg		1:1		
Hydromorphone oral	10	mg		2:1		
Morphine oral Morphine SC Hydromorphone oral Hydromorphone SC Oxycodone Fentanyl Patch Fentanyl SC						
Desired medication for parenteral pain	Hydromorphone SC					
Route of administration If IV, basal rate vol. must be min. 0.5ml	SC					
Recommended rate of administration	0	.5	mg/hr			
Enter the frequency (minutes) you war eg: 60 minutes, 30 minutes Recommended: 30 minutes	20		minutes			
Recommended PCA bolus dose		0	.4	mg		
Preferred concentration		:	2	mg/mL		
Preferred reservoir size	10	00	mL			



Compounding Order I

Bayshore Specialty Rx	Prepared	HYDROm	- Comp orphone		(CADD		By:		Unit	Markhar T: 1-	na Park Drive n, ON L3R 6E 888-313-6986 888-287-857
Name: Patient Name Date: 5-Oct-2018											
Order: HYDROmorphone 7 mg/hr;(max 7 mg/hr); S Bolus 10 mg;(max 10 mg); q 30 min PRN											
Final Product: HYDROmorphone 20 mg/mL = 2000 mg in 100 mL											
Stability: 30 Days	Storage: F	Refrigerate	Bag Siz	e: _100	mL ***	Sterile Em	pty Ba	g***	Remo	ove Air: `	YES
Comment/Special Instr	uctions										
□ ***Sterile Empty Bag***											
Medication	Final Conc.	Total Amount to withdraw	Quantity	Due Date	Comp Date	Prep room Initials	Cle Roo Init	om I	Prep Room nitials	R. Ph. Or R. Ph. T Initials	Cassette /Bag
Additive 1 HYDROmorphone Lot # Expiry Additive 2	100 mg/mL										
Normal Saline											
REFILLS											
chore®											

Compounding Order II

Bayshore Specialty Rx	MH Compounding Sheet HYDROmorphone PCA (CADD Solis) Prepared By: Checked By:									Units 9-11, 70 Esna Park Drive, Markham, ON L3R 6E7 T: 1-888-313-6988 F: 1-888-287-8577			
Name: Patient Name Date: 5-Oct-2018													
Order: HYDROmorphone 7 mg/hr;(max 7 mg/hr); S Bolus 10 mg;(max 10 mg); q 30 min PRN													
Final Product: HYDROmorphone 20 mg/mL = 2000 mg in 100 mL													
Stability: 30 Days	Storage: I	Refrigerate	Bag Size	100	mL ***	CADD C	assette	***	Remo	emove Air: YES			
Comment/Special Instructions Comment/Special Instructions CADD Cassette***													
Medication	Final Conc.	Total Amount to withdraw	Quantity	Due Date	Comp Date	Prep room Initials	Clea Roo Initia	m	Prep Room Initials	R. Ph. Or R. Ph. T Initials	Cassette /Bag		
Additive 1 HYDROmorphone Lot # Expiry Additive 2	100 mg/mL	20 mL 80											
Normal Saline		mL											
NLT-ILES													
								\dashv					

Benefits to Electronic Order Sets

- Clarification of orders process has:
 - Reduced the number of physician errors
 - Improved time expected to process orders
 - Increased standardization of complex medication dispensing orders
 - Reduced duplication and number of errors in supply orders



Symptom Relief Kits

Benefits:

- Readiness for family
- Support for patient
- Part of advanced care planning







Evaluation of Programs

Metrics to Evaluate Pharmacy Programs:

- # Physician errors / total orders
 - Triggers need for additional support for physicians by region
- # order errors for supplies / total supply orders
 - Need for support for additional training for case managers by region
- # patients with SRKs / # palliative program patients in a year
 - Need for support for additional ACP training
- # Deliveries on time / total orders
 - Timely access to pain and symptom relief



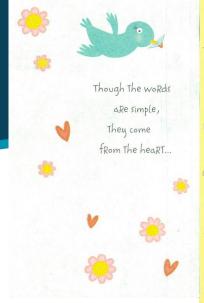
Evaluation of Programs

Metrics to Evaluate Clinical Programs:

- Length of Stay by Palliative Performance Scale stage compared across programs
 - Better outcomes achieved with early referrals
- Satisfaction surveys
 - Family experience helps to understand risk of burn out and need for bereavement support
- Preferred place of death
 - Patient satisfaction and managing change through palliative journey



Thank You



I wanted to sood a quick word of thank you. Our team at Laburdge theath ostawa try to provide the best in home pathathue care for our pathats. Their conductions change so quickly and we try to be prepared but often we are in had of vrgit medications.

Door Phamaasts

your team is always so allowed dating. and bund about our urgest requests! The patients thank us requests! The patients thank you directly werk you do to thank you directly. We to want you thank you.

You have closen a hard job.

You have closen a hard job.

You have closen a hard job.

Us a phor mainst there are many the a phor mainst there are many of the could be said for the physicas.

Thank you.

It see the patients, we has their thank yous, we see the relief of the medianes you provide.

Thomk you be all you do and you committ mut to a chelling thing sonsitive protension.

Sincoly

Di Caroline manyer

Dear Pharmacists,

I would like to send a quick word of thank you. Our team at Lakeridge Health Oshawa try to provide the best in home palliative care for our patients. Their conditions change so quickly and we try to be prepared but often we are in need of urgent medications.

Your team is always so accommodating...and kind about our urgent requests! The patients thank us often and never see you or the work you do to thank you directly. So I want to thank you.

You have chosen a hard job as a pharmacist, there are many other easier options. I guess the same could be said for the physicians on our team too...but as I said we see the patients, we hear their thank you, we see the relief of the medicines you provide.

Thank you for all you do and your commitment to a challenging time sensitive profession.

Sincerely, Dr. Caroline McAllister







Bayshore HealthCare is a family of more than 13,000 staff members



Over 100 Locations
65 Home Care Offices
13 Pharmacies
75+ Community Care Clinics



Every year we take care of more than 375,000 Canadians



Bayshore caregivers provide over 11,000,000 hours of care per year



Over 50 Years of Health Care in Canada







RNAO
BEST PRACTICE
SPOTLIGHT
ORGANIZATION
CANADA

ORGANISME VEDETTE EN PRATIQUES EXEMPLAIRES











Passionate, Caring

Imagine being the difference.



Thank you

from the Bayshore Family

We look forward to working with you and supporting your health, your way, in your community.











