

# Collaboration and Inclusion: Refining the Palliative Circle of Care

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A background image showing several hands of different skin tones reaching up and holding each other in a supportive circle, symbolizing unity and care.

# Acknowledgements

- Aboriginal Acknowledgement
- Interior Health Regional Palliative Care Team
- Mr. Tony Yip
- Mr. Glenn McRae

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# Overview

- Definition of Terms
- Issues
- Approach
- Findings
- Implementation
- Outcomes

# Definition of Terms

- Circle of Care
- Consistent Purpose
- Implied Consent



# Issues

- Historical circle of care narrowly defined within sector, program, professional boundaries
- Results in limited inter-professional participation and contributions to care
- Limited &/or lack of inclusion of external care partners
- Missed, lost, or lack of relevant & timely communication
- Individuals and families needing to repeat their story

# Approach

- Engaged and consulted with the Manager for Freedom of Information, Privacy, and Policy Development
- Investigation of legal guiding documents –
  - Freedom of Information and Protection of Privacy Act (FIPPA)
  - Personal Information Protection Act (PIPA)
- Extensive internal and external consultation
- Ensuing discussion and clarification to create a shared understanding

# Relevant Findings

## 1. BC Freedom of Information and Protection of Privacy Act (FIPPA):

- Applies only to public sector bodies, (including provincial government ministries, agencies, commissions and Crown corporations, *health authorities*)
- Consent is based on Authorities under the Act
- Can collect, use and disclose personal information for authorized purposes
- Can notify individuals about those purposes by way of notices
- Can collect individuals' information because it "relates directly to and is necessary for a program or activity".
- Once collected, the information is used and disclosed as authorized, required and deemed necessary, *with relevant care and support teams*
- Collected information is used for the purposes of providing *direct care and care-related support services*.

# Section 33.2(a) of FIPPA

- ...disclosure (i.e. sharing) of personal information for a **consistent purpose**.

“As health care practice evolves and public bodies rely increasingly on working **collaboratively** with **external partners** to collectively meet the health and service needs of clients, it becomes necessary for organizations to **share information that is authorized, relevant and deemed necessary with those partners in order to plan and deliver integrated care and related services**”. *Karyn Morash and Tony Yip*  
(Memo, IH Palliative Rounding Teams, May 2018)

# Relevant Findings

## Personal Information Protection Act (PIPA):

- Covers all private (non-public) sector, provincially regulated organizations in BC, including a ...*corporation, partnership, unincorporated association ...not-for-profit organizations and the First Nations Health Authority.*
- PIPA operates primarily on *implied consent* (also referred to as deemed consent)
- Implied consent is appropriate when a person voluntarily shares their information *for a purpose that is obvious and agreeable to them at the time the consent is deemed to be given.*
- Individuals *can choose to opt out of or limit consent* by specifying certain information they do not wish to have shared.



# Summary of Consent Safeguards

Individuals provide general consent on:

- Admission to Hospital
- Admission to Community Programs
- Admission to Facility Care

Regulated Health Professionals – Colleges, HA, Agencies under FIPPA

Private sector, provincially-regulated partners under PIPA

- Hospice Societies
- Not-for-Profit Agencies
- First Nation Health Authority
- Public-Private Partners (P3) Facilities
- Unincorporated associations (e.g., Churches, Spiritual Health)

# Implementation

Written direction:

*“...may share a person’s personal and medical information with inter-professional health care teams **and external partners** to the extent necessary to provide individuals with care and treatment, without their express consent”.*

# Implementation

## Communication Strategies:

- 2 written memos posted within our intranet
- Memos embedded into toolkits and standardized practice resources
- Online newsletters
- Widely Disseminated to Operational Groups and Clinical Networks
- Web-Ex education

# Outcomes

Re-defining collaborative practice

Locally-evolving definitions of circle of care and membership

Inclusion of Public-Private Partnership (P3), community pharmacies, Hospice, First Nation, Community Paramedic (CP) and spiritual care partners into:

- Whole community Palliative Rounding
- Care conversations
- Educational opportunities

Expansion of the concept *beyond* Palliative Care to generalize practice

# Thank you!

## Questions and Discussion?

If you wish copies of this presentation, or our Circle of Care Memos, please email me at:

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*Every person matters*



# Sources and References

- [Freedom of Information and Protection of Privacy Act \(FIPPA\)](#)
- [Personal Information Protection Act \(PIPA\)](#)
- Policy AR0400 – Privacy and Management of Confidential Information
- Memo “Circle of Care –Palliative Rounding” May 8<sup>th</sup>, 2018
- Memo “Circle of Care – Information Sharing” July 5<sup>th</sup>, 2018
- Interior Health’s *Caring for Your Information* Posters