Canadian Home Care Association
canadienne de soins et services à domicile
Advancing Excellence in Home Care

KNOWLEDGE NETWORK
Building Capacity... Improving Performance

VIRTUAL LEARNING SERIES

VIRTUAL PALLIATIVE CARE INTERVENTION

Championing virtual care to empower patients and build system capacity

Sept 24 2019

Building Operational Excellence
Home-Based Palliative Care

Canadian Home Care Association
canadienne de soins et services à domicile

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Jeanne Bank,
Project Specialist
Canadian Home Care Association

Advancing Operational Excellence in Home-Based Palliative Care

- Update on CHCA Project
- Showcasing: **Virtual Palliative Care Intervention:**

  Championing virtual care to empower patient & build system capacity

Jeanne Bank, Project Specialist, CHCA

Project Overview

Purpose:

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

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

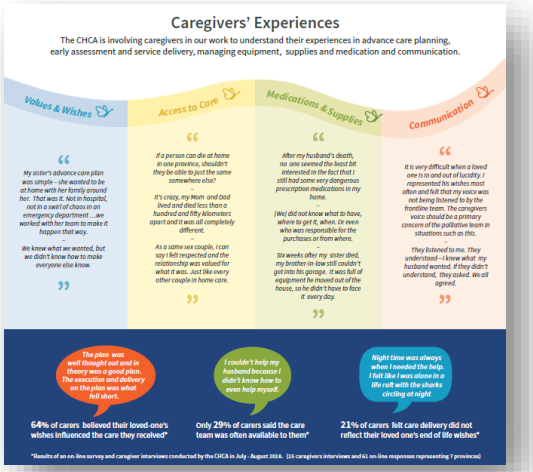
Project Activities

Multi-phased engagement process to understand <u>palliative care experiences</u>

- One-on-one interviews with caregivers and patients
- Discussions with key informants
- Interviews with cultural group representatives
- Four invitational expert consultations (BC, AB, PEI, ON)
- Online survey of caregivers, patients, providers
- Validation of priority areas for improvement (e-Delphi)

Project Outcomes – Caregivers Experiences

- “We knew what we wanted, but we didn’t know how to make everyone else know.”
- “Night time was always when I needed the help. I felt like I was alone in a life raft with the sharks circling at night.”
- “After my husband’s death, no one seemed the least bit interested in the fact that I still had some very dangerous prescription medications in my home.”
- 15 caregivers shared their personal experiences - 61 on-line responses

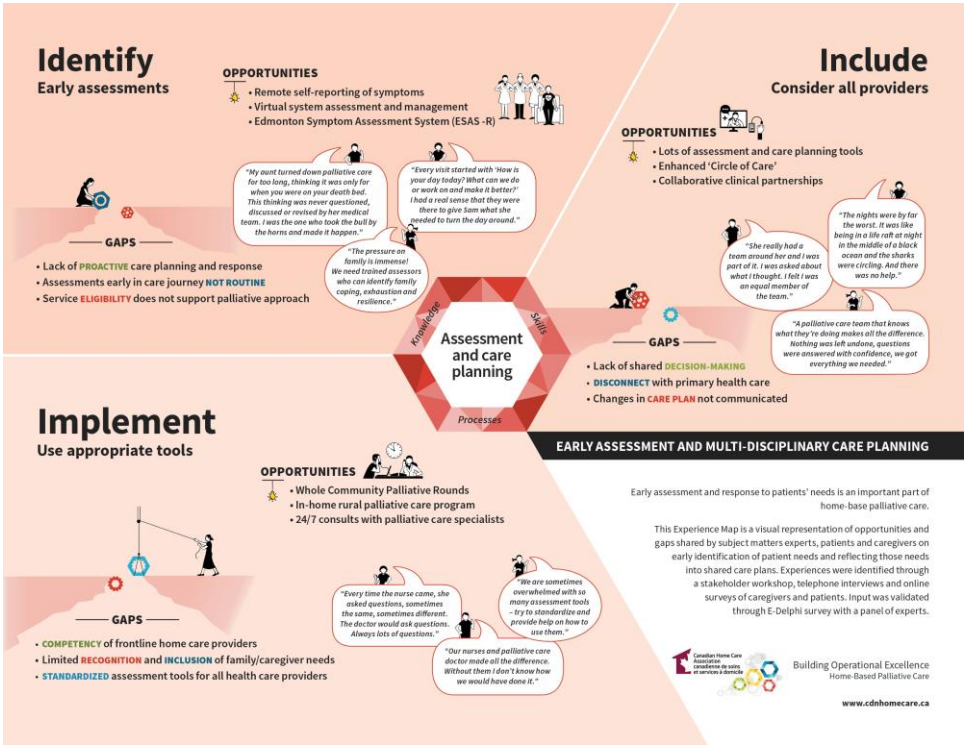


Advance Care Planning

- Early and ongoing conversations about end of life wishes and values
- Understand and consistently communicate end of life wishes
- Documentation (care plan and legal requirements) should reflect wishes and values

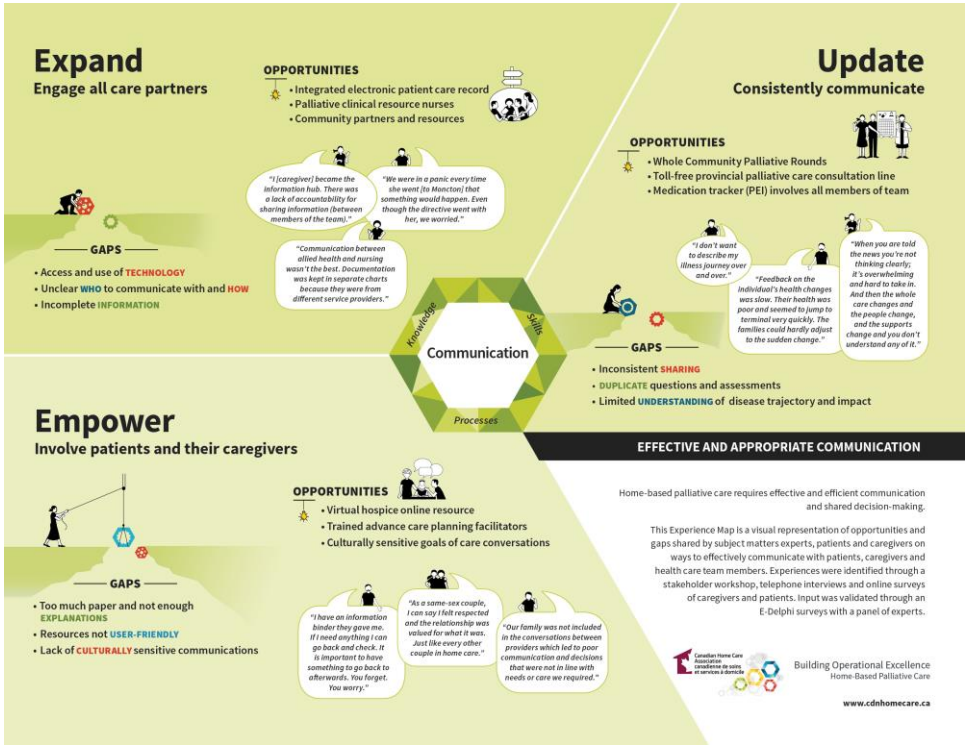
Assessment and Care Planning

- Palliative approach to care in identifying and responding to patient needs
- Involve patients, caregivers and providers in developing and updating care plans
- Understand and use assessment tools early in the process



Communication

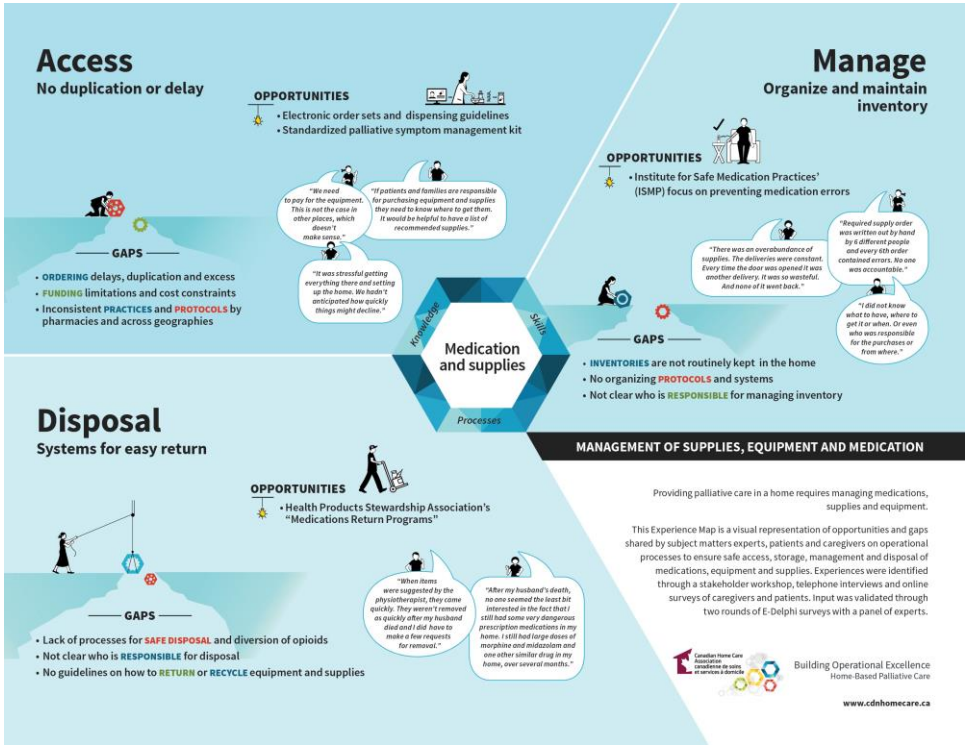
- Know and communicate with all team members
- Consistently communicate changes in the patient's condition and needs
- Communicate with patients, family and caregivers in a manner that is appropriate, timely and practical



Management of Supplies, Equipment & Medications

Key Gaps and opportunities

- Know and communicate with all 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



SPRINT

Implementation Collaborative for

Whole Community Palliative Rounds

OFF to a FAST START….

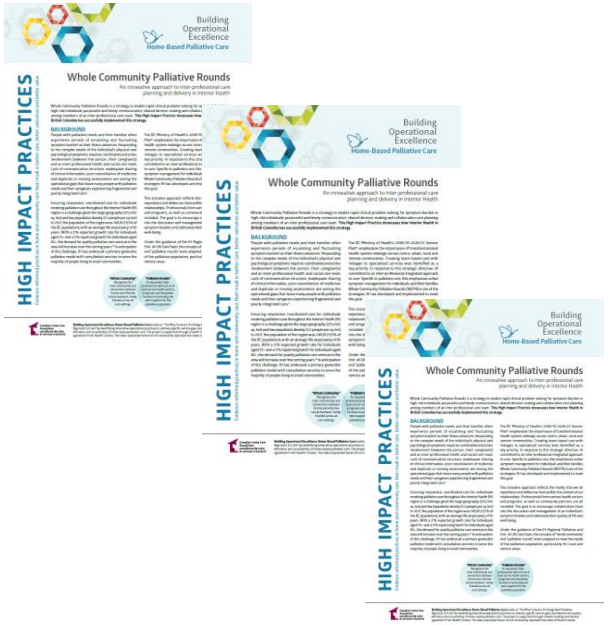
Spreading and Scaling Innovation

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 being published and made available on our website. These 5 were identified at 2018 Home Care Summit 2018 and selected by panel of home care leaders
- SPRINT Implementation Collaborative
  - 7-month 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

Project Outcomes – High Impact Practices

- **Whole Community Palliative Rounds**: An innovative approach to inter-professional care planning and delivery in Interior Health
- **Rural Palliative Care In-Home Funding Program–Calgary Zone:** A flexible approach to enhancing care for rural patients nearing end of life
- **The INSPIRED COPD Outreach Program™:** Role of the Advance Care Planning Facilitator
- **Virtual Palliative Care:** Right Patient, Right Time, Right Place, Right Care
- **IPACE:** Integrating a Palliative Approach to Care by Having Conversations Early



For more information:

Dedicated webpage on CHCA website

www.homecarekn.ca/operational-innovations

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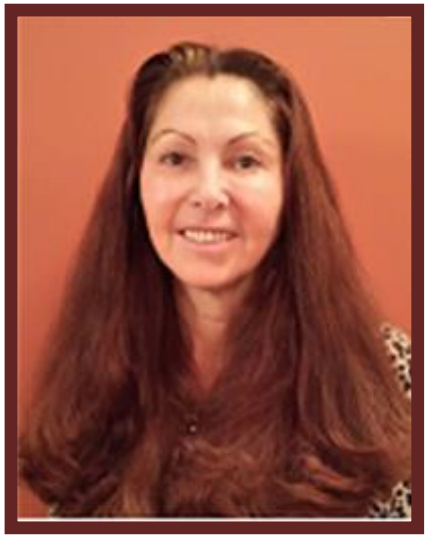
Speakers

Dr. Martin Chasen

Medical Director of Palliative Care at William Osler Health System



Bonnie Keating

Clinical Nurse Specialist at William Osler Health System (WOHS)

A Review of the Relief Study-

Remote Self-reporting of Symptoms for Patients with a Palliative Designation

Dr Martin R Chasen MBChB FCP(SA) MPhil(Pall Med)
Bonnie Keating Clinical Nurse Specialist
Supportive Palliative Care Program
William Osler Health System
September 24th, 2019

Disclosures

- Disclosures- no conflicts of interest
- Biases- no biases
- Compensation- no external sources of compensation

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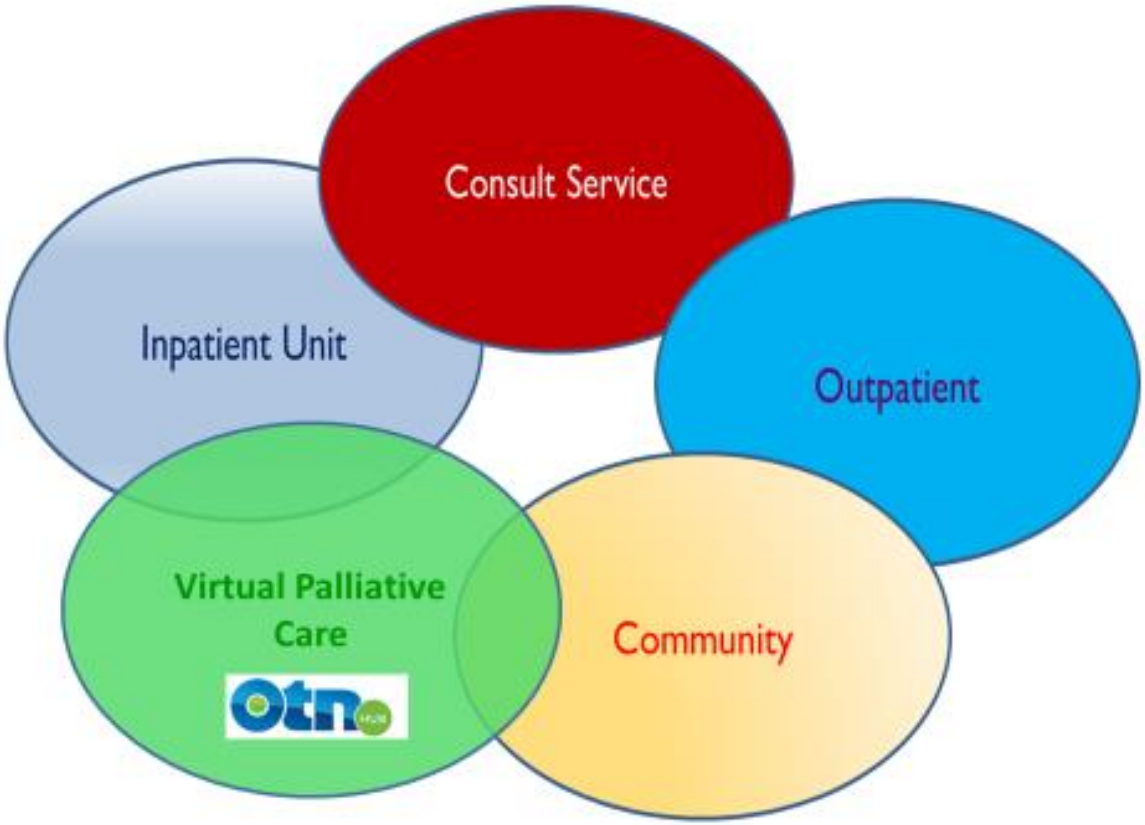
- Dr. Martin Chasen- Principle Investigator
- Dr. Ronald Heslegrave- Director of Research, Osler
- Nectari Charitakis- CEO and Co-founder of uCarenet
- James Mayer- CABHI Advisor
- Centre for Aging and Brain Health Institute- Spark Grant
- Janice Thompson- Medical Librarian, Osler
- Liliana Astorino- Clinical Palliative Nurse
- Rupinder Deol- Clinical Palliative Nurse
- 10 palliative care physicians

Overview

- Supportive Palliative Care at BCH
- Lit search, environmental scan
- Relief study
- Relief app
- Results

Five Pillars of Palliative Care at Osler



Background

- 10 Palliative Care Physicians, 2 Clinic Nurses, 1 Clerical Associate
  - Outpatient Clinic: 10 half-day clinics per week
  - Outpatient Community/Home visiting: 3-5 full-days per week
- Volumes
  - Outpatient Clinic: ~120 appointments/month for ~100 unique patients
  - Outpatient Community/Home visiting: ~50 visits/month for ~40 unique patients
- Pressures
  - Urgent visits are triaged
  - Wait times for new consultations at times is greater than 10 business days
  - Wait times for follow-ups growing

Relief A Collaboration

Proof of concept pilot study in partnership with:

- Supportive Palliative Care Program, Osler
- uCarenet
- Centre for Aging and Health Brain Innovation (CABHI), Spark Grant of $50,000 was key in launching the pilot study "RELIEF"
- REB approval obtained May 28th, 2018

Environment Scan and Lit Search

- 'uCarenet'- environmental scan searching for e-Health apps.
- At that time very few palliative focused applications being used in the business community and in the healthcare sector.
- Lit search- May 2018
- 29 articles were retrieved from Medline and Cinahl for the years 2008-2018 using the key words "Mobile apps/mHealth and palliative care"

Lit Search (mobile apps/mHealth and palliative care)

16 sources met criteria for review:

- Cancer only = 12 (cancer, prostate cancer only, breast cancer only)
- Pain only = 6 (both cancer and palliative)
- Symptoms = 8 (both cancer and palliative)
- 12 adults
- 3 adolescents and children
- 1 lit review
- No randomized clinical trials

- Palliative Only = 4 studies
  - mobile phone, digital pen, short messaging, and a web-based app
  - 2 looked at pain only, no other symptoms

Fabrice Denis

- Web-app guided (WAG); early detection of relapse & early pall care initiation
- 98 patients
- Median overall survival
  - in the WAG group 22.4 months
  - In the usual care group 16.7 months
  - **difference of 5.7 months (P=0.0014)**

Ethan Basch

- Electronic patient reported outcomes (PPO); symptom monitoring versus usual care on follow up
- 766 patients
- Median overall survival
  - in the PRO group was 31.2 months
  - in the usual care group 26.0 months
  - **difference of 5.2 months (P = .03)**

Relief

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Relief Solution

Easy to use mobile (browser based) e-health app for patients to regularly self-report key clinical indicators to their palliative physician/clinical team:

- Real-time data collection (ESAS, DT, and BPI) of patient self-reported symptoms with daily monitoring of patient status and triaging of patients' needs
- Alerts clinicians of changes to patients' symptom status (**green yellow red**)
- Enables clinicians to respond proactively to the patient's deteriorating condition, thus reducing patient/family distress and preventing ER visits and hospitalization
- On-demand reporting to clinicians on current status of symptoms & historical data

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Relief Goals & Objectives

To accurately assess patients' symptoms in their home and provide timely intervention and treatment when required

Providing palliative care to the right patient, in the right place, at the right time, by the right person

Keep people in their home as comfortable and stable as possible allowing them the opportunity to experience end-of-life in their preferred place

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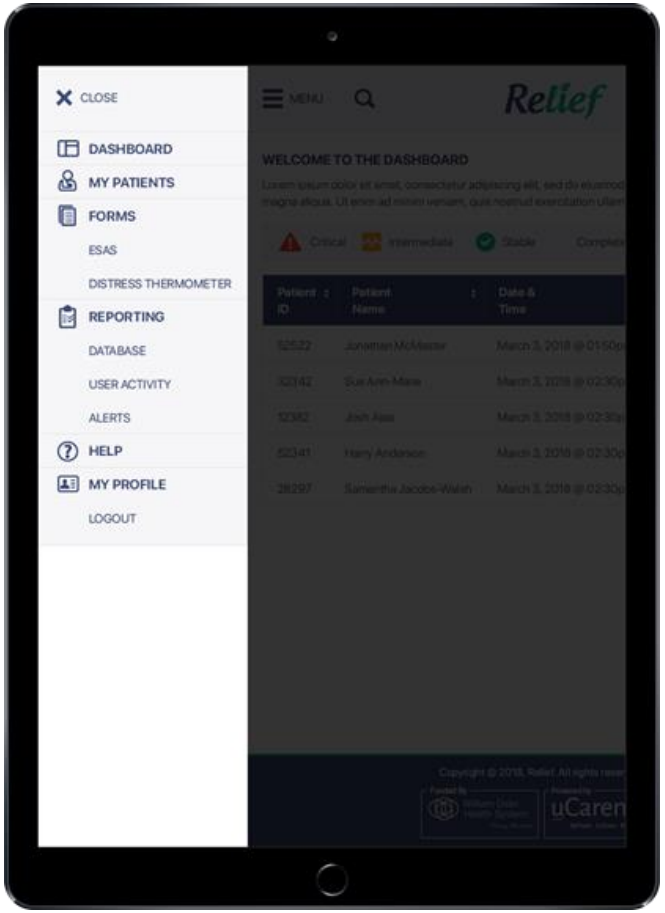
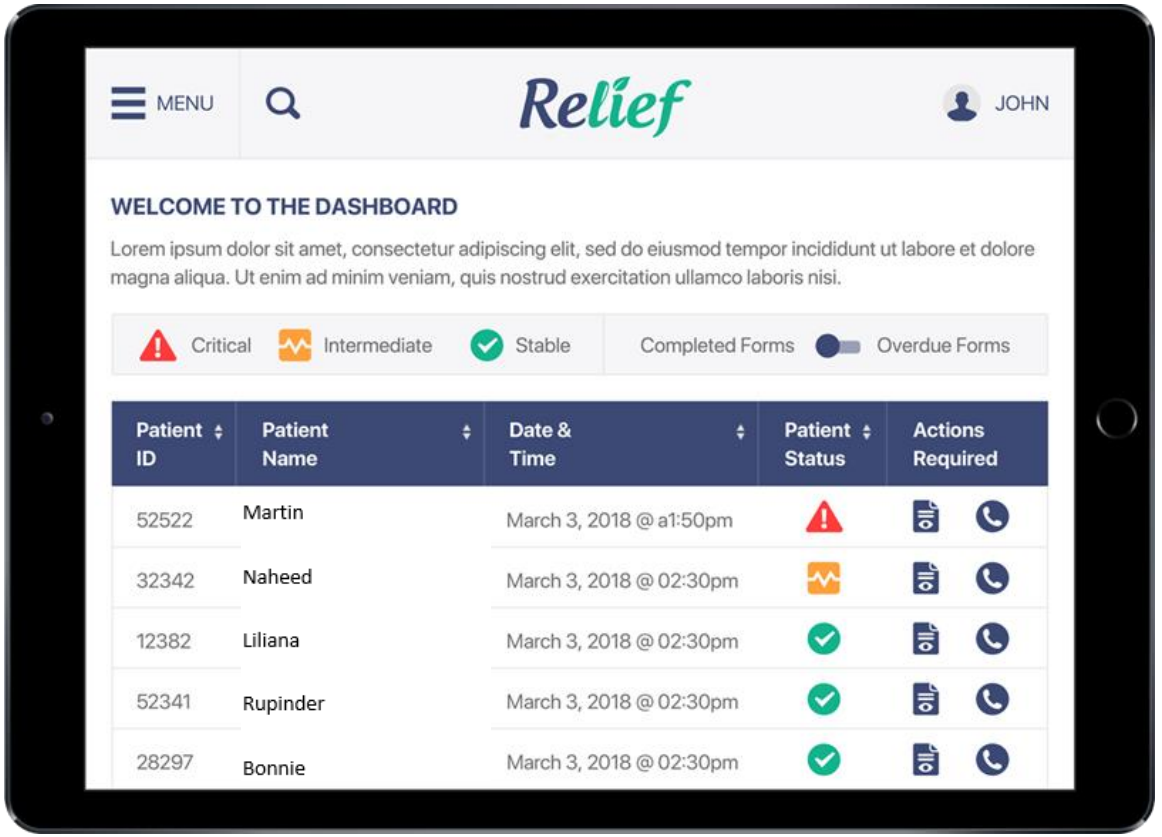
Clinician View





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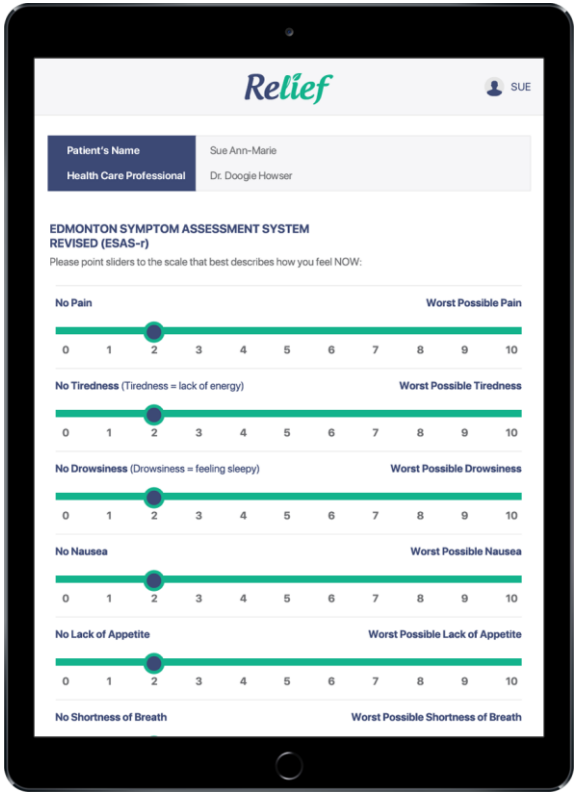
Patient View



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Measures

RELIEF Metrics	Total
Number of participants recruited 20/20 (4 were non-participants)	20
Number and reason participants withdrew from the study: deaths & withdrew	5
Number of incidents of non-compliance to complete the self-report symptom tools	150
Number of participants who called for symptom support	6
Number of participants who called for technical support	4
Number of alerts triggered	133
Number of participants received telephone intervention	60
Number of participants who required a clinic visit	5
Number of participants who required a home visit	1
Number of participants requiring telephone intervention without an alert triggered	7
Number of participants who presented to ED while in study	1
Number of participants who required a hospital admission while in study	4
Number of participants who were able to experience death in their home	2
Deaths in hospital while in study	1

Outcomes

- 80% were active in their health monitoring and self-care – 20% volunteered but too ill to participate
- 100% who were compliant were able to communicate their symptoms including pain systematically
- 80% rate of patient self-assessments (80% of target daily self-reports)
- Decrease number of ER visits- zero participants had ER visits related to symptom support during the study
- Clinician user satisfaction (80% target)
    - 92% reported improved confidence in providing care
    - 92% perceived improved client experience
    - 75% perceived improved quality of life for their patients
    - No negative reports, only not able to determine improvements

Return on investment

- 1 registered nurse and palliative physician with a caseload of 50 patients and RELIEF app
- Approx. **$1.1 MM** in healthcare savings in the 19/20 fiscal year
- Approx. **$5.8 MM** in gross healthcare savings (**$5.4 MM** net) & efficiencies returned to Ontario over the 2019/24 fiscal years
- **$13.93 savings** for every dollar invested
- If RELIEF expanded to 200 palliative patients, **net** savings could reach **$27MM/5 years**

Testimonials- Participants

- “I am most impressed with your group. The attention and treatment is excellent, your team is very responsive, getting me in to have my lungs drained was excellent, I feel that we have made progress. I hope we are able to make more progress.”
- “Thank you so much. My pain went from a 9.5/10 yesterday to a 3-4/10 today. This is liveable.”
- “I am so thankful that you are here for me and my daughter.”
- "At first I didn't see how it would help. Now I can see the extra set of eyes was very helpful."
- "No space for temperature"
- "It really helped because when she was in bad pain you would call and help. It was a good idea. She felt better when she did the forms."
- Spouse- laughingly said “Oh, thank God. No more arguing!” “You guys were terrific!”
- "It was very beneficial. The follow up calls and support was amazing."

What we learned

- Recruitment to the study presented a challenge for the majority of patients visiting the Supportive Palliative Care Clinic for a first appointment
- Patients with low to nil symptom burden and who are relatively high functioning (PPS of greater than 70%) were most likely to withdraw from the study and/or not complete the forms on a daily basis
- Patients with a PPS of less than 30% and/or those experiencing significant fatigue were likely to withdraw from the study and not complete their forms on a daily basis
- The most common reasons reported for not completing forms were:
  - "too fatigued"
  - "forgot to"
  - "other priorities at this time in my life"
  - "too many medical appointments to attend"

What we learned

- A prototypical patient who would benefit from the Relief app:
  - male or female adult
  - PPS of 30-70%
  - moderate-severe symptom burden,
  - some experience with and access to a smart phone, tablet, or computer

- A lesson learned from this study would be to optimize the frequency of symptom reporting based on how quickly symptoms change to minimize reporting burden.

Next steps *Relief*

- There is clear benefit to the patient not having to come to hospital in those cases where triage indicates it was not necessary.
- High Impact Practice with Canadian Home Care Association
- MC2 application for larger study of 200 patients with CABHI

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- Parikh et al. (2013). Early Specialty Palliative Care — Translating Data in Oncology into Practice

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- Zimmerman et al. (2012). Early palliative care for patients with advanced cancer: a cluster-randomised controlled trial

A Case Review from the Study- Relief

His Story- Mr. L. H.

- 52 year old male
- In April of 2018 he was admitted to ER at a local hospital after being in a motor vehicle collision.
- He was found to have multiple fractures.
- CT scan at that time showed:
  - evidence of T10 transverse process fracture
  - non-displaced right-sided rib fracture
  - multiple lytic lesions in the thoracic spine
  - AND, multiple small lung nodules

Story Continues

- June 2018 he had a fall resulting in a right femur requiring cephalomedullary nail with proximal distal fixation for pathological fracture
- July 2018 he had radiation for spinal cord compression
- Later in July first Oncology appointment
- He came to us (Palliative Care) August 20th with a diagnosis of IgA kappa multiple myeloma experiencing pain all over with a score of 10/10

Past Medical History

PMHx

- Diabetic for 27 years with neuropathy
- Right digit (toe) amputation with bone graft for foot infection (May 2017)
- Cataract surgery

Social History

- Married with one child
- Worked as a truck driver
- He smoked
- Had alcohol on weekends

Relief

- Between Aug 21st-October 21st, 2018 he had 38 alerts for symptom distress
- His first alert was on the day we enrolled him into the study and the last alert was on his last day in the study.
- Pain scores fluctuated greatly from 3-4/10 which was "liveable" and 8/10 for the majority of alerts which was "tolerable".

Relief IN ACTION

- 42 communications related to symptom management during this time. This was primarily with palliative physicians and the Home Care Coordinator, Community Visiting Nurses, and Community Pharmacists.
- 1 ER visit for CADD pump site restart
- 1 direct admission to the Acute Palliative Care Unit for a pain crisis from September 29th- October 5th, 2018

GOALS OF CARE

- Power of Attorney for Personal Care- wife first then back up was sister
- Active medical management on a case by case basis
- Wishes for noninvasive ventilation
- Code status was Do Not Resuscitate.
- No intubation or CPR in the case of a cardiorespiratory arrest

Mr. L.H.

- Dec 28th, 2018 to ER pneumonia 2nd to febrile neutropenia & hypoxia
- Transferred to ICU and stepped down Jan 5th, 2019
- Jan 11th, transferred to acute palliative care unit
- Goal was to rehab on the unit and discharge home with supports
- Initially made progress, one assist walking one meter WW to two meters
- Early morning of Feb 28th, PPS 20%, he was alert and oriented
- By 2:00pm that day his PPS had decreased to 10%
- At 10 minutes past 8:00pm Mr. H. died peacefully with his family by his side
- Although Mr. H. died in hospital we were able to keep him in his home four of the final six months of his life.

Thank You

- Thank you
- If time permits, we would be pleased to take questions

OUR VISION

PATIENT-INSPIRED HEALTH CARE WITHOUT BOUNDARIES

OUR MISSION

INNOVATIVE HEALTH CARE DELIVERED WITH COMPASSION

OUR BRAND PROMISE

GOING BEYOND

Q & A Session

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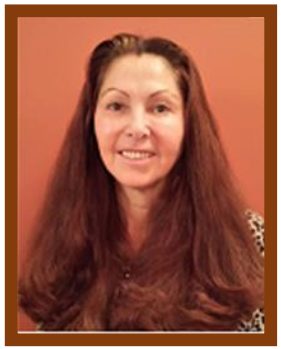
Dr. Martin Chasen
Medical Director of Palliative Care at William Osler Health System



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