

# Whole Community Palliative Rounds in New Brunswick

Jennifer Malley RN BN CHPCN (c)  
Extra Mural Program (EMP)

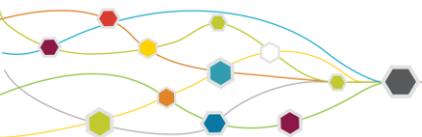


New Brunswick  
Extra Mural Program



## Aims and Objectives

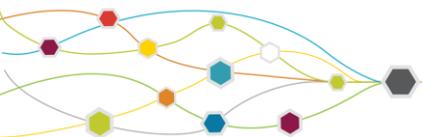
- Improve Palliative Rounding
- Enhance the circle of care
- Reduce symptom burden
- Formalize the process
- To not loose what was already working well with our current rounds





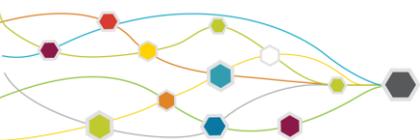
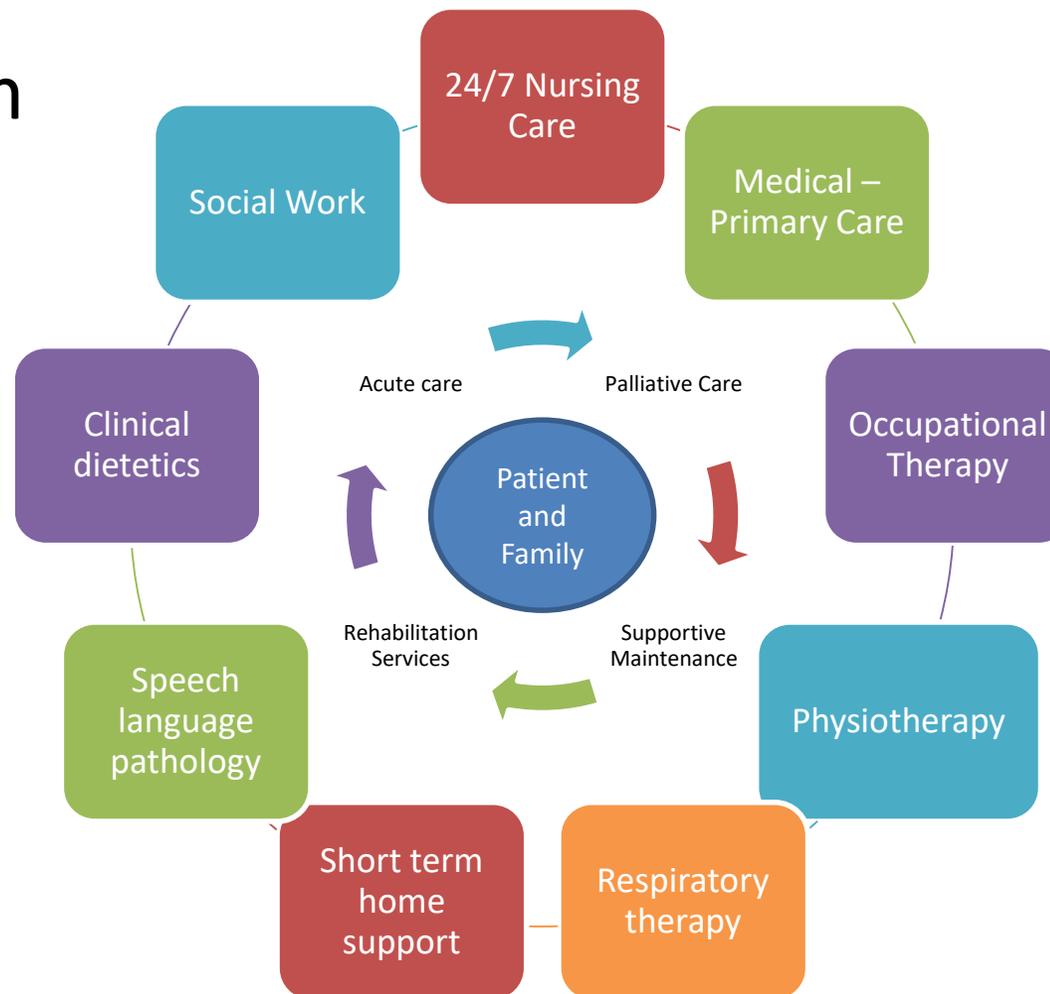
## Description

The Extra-Mural Program (EMP) is a home care program that provides comprehensive health services to NB residents in their home and/or community. The EMP delivers health services through an interdisciplinary team of health professionals.



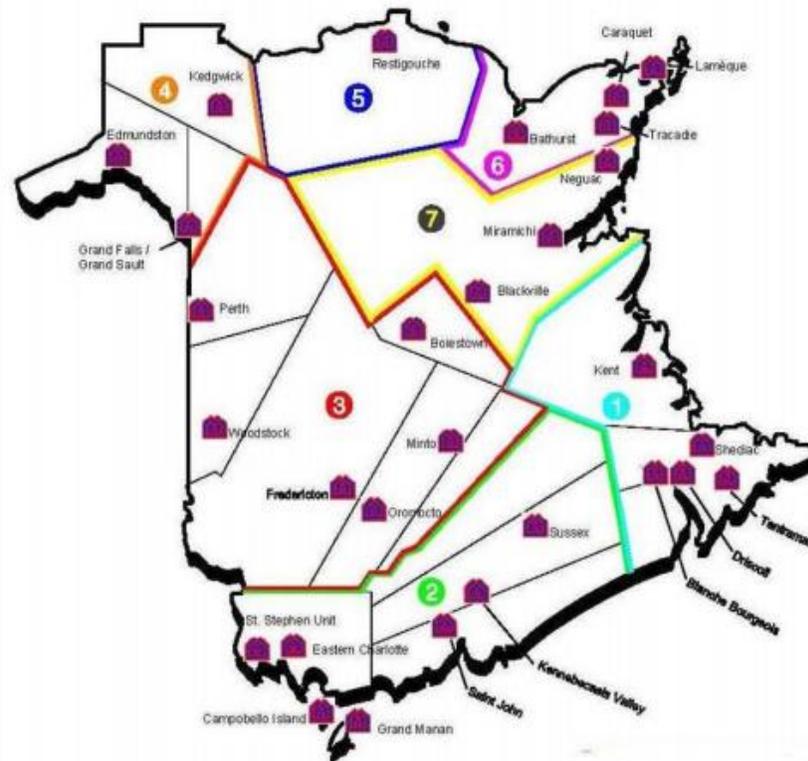


## The Home Care Team

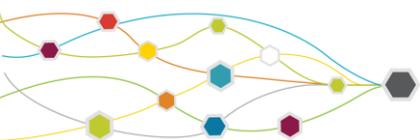




## Hubs and Spokes

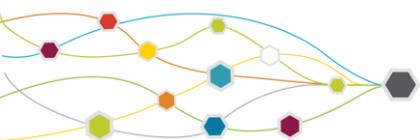


**Legend**  
EMP Service Locations  
Health Zones (1-7)



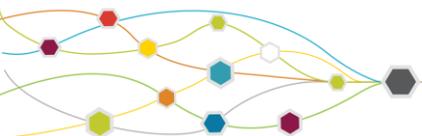


# Integration of Services Jan 2018





# Integration with Hospices (2020)





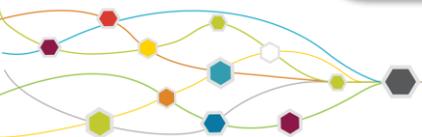
EMP

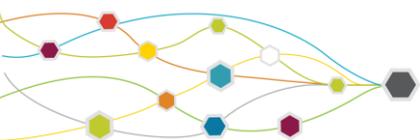
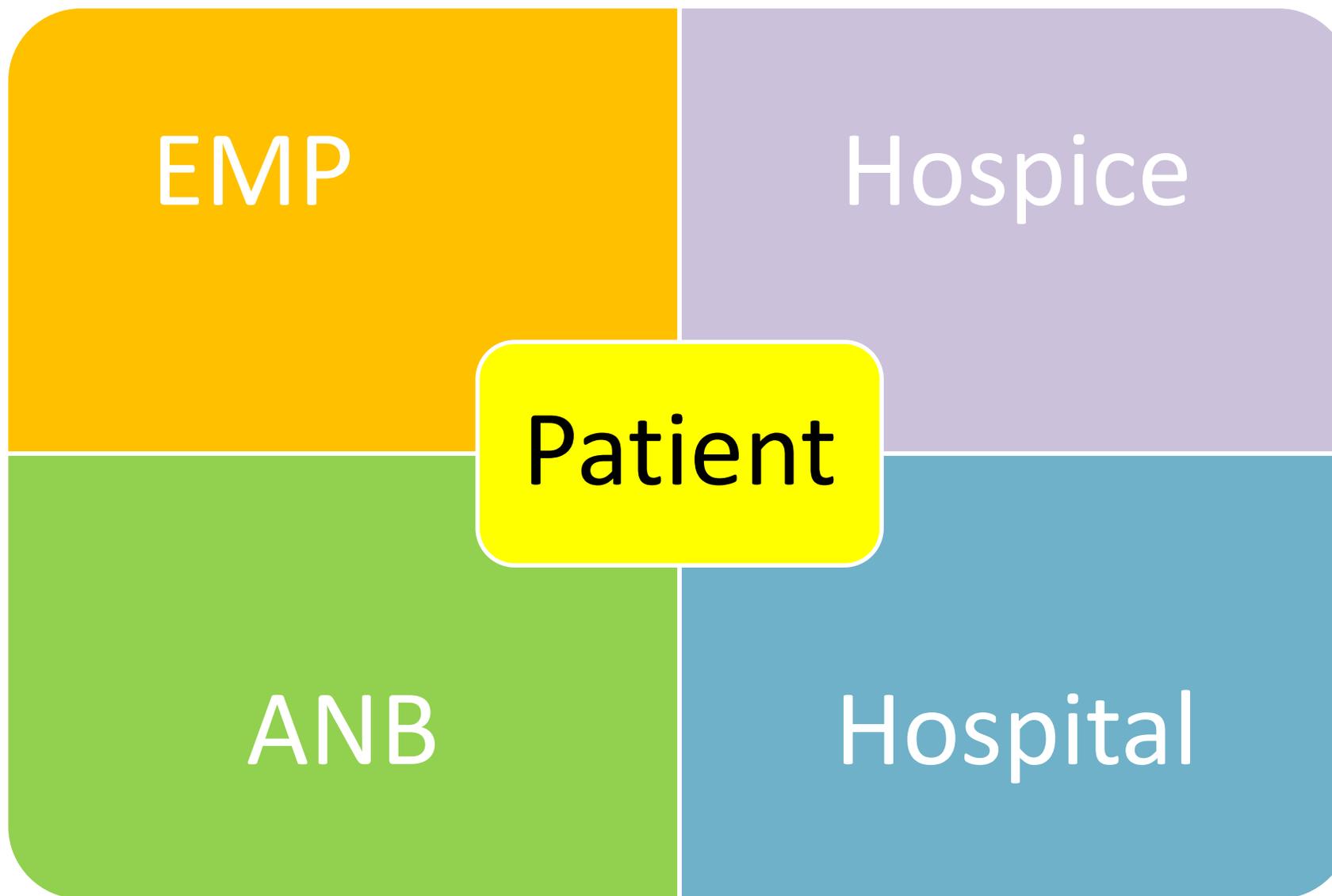
Hospice

Patient

ANB

Hospital



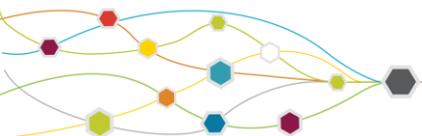


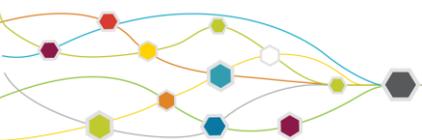


## Redefining and Enhancing the Circle of Care

Recommended membership of the Inter-professional Palliative Care Rounds Team May Include (but is not limited to);

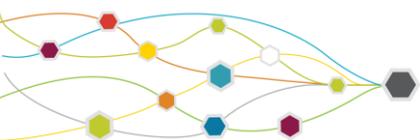
- Nursing Leadership (Manager)
- Presenting Clinician (person who sent the referral)
- EMP Palliative Resource Nurse
- EMP Rounds Facilitator
- Palliative Care Coordinator (Hospital)
- Medical Palliative Leader (Palliative Physician/General Practitioner/Nurse Practitioner)
- Family Doctor/NP
- Community Paramedics
- Hospice Nurse Manager
- Pharmacist
- RN/LPN/PT/OT/RT/SLP/RD/SW
- Other participants per referral as needed e.g. Health Care Providers working in First Nations Communities, Spiritual Health Professional, Oncology Coordinator, Clinical Ethics







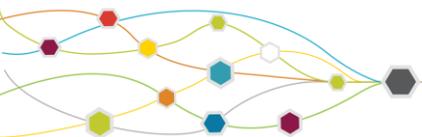
# WCPR EMP Miramichi NB





## Strategies used to promote understanding and value of Circle of Care

- Discussions with stakeholders
  - Information flyers/posters
  - Power point presentation
  - Guidebook
  - Email
  - In-office announcements
  - In-the-Loop eNewsletter
- **What worked well**
    - Face-to-face meetings
    - Assistance from CHCA
  - **Speedbumps**
    - Privacy Concerns





in the loop | 2019.11.22

### Grand Manan Daycare Visit

Grand Manan Paramedics Terri Lynn Griffith and Dawn Scoville spent some time with "Nagosa's Mushrooms," a daycare centre where the children and the Paramedics enjoyed the visit!

### Oromocton EMP Lunch and Learn

The Oromocton Emergency Medical Paramedics unit held a lunch and learn event on November 6. All proceeds were donated to the Alzheimer's Society annual fundraising campaign.

### Winter Driving Conditions

Winters in New Brunswick are known to be long, cold and harsh. During the cold season, it's important to pay close attention to road conditions. Black ice, snow, freezing rain and blowing snow will be occasional daily in the coming months, resulting in unpredictable road conditions that require a high degree of driver vigilance.

In the absence of optimal road lines, pavement is the best road condition. During bad weather, it's also recommended to limit or eliminate unnecessary travel. The suspension of all travel routes, by delaying their driving to the unpredictable road lines of the upcoming winter season, will help to ensure every road safely.

Enjoy a safe winter season!

### Whole Community Palliative Rounds

New Brunswick Extra Mural has begun a new format for Palliative Rounds. It is supported by a multi and collaborative through the Canadian Home Care Association. Whole Community Palliative Rounds are an optional forum and safe place to acknowledge and recognize the multiple and valuable skill sets required to give excellent, best-in-class palliative care. It synthesizes new knowledge from inter-professional sharing, builds synergy, team spirit and facilitates improved quality care and better team engagement.

Included in the Circle of Care are GHP professionals, APRN, Hospice, Hospital Palliative Coordinators, Pharmacy, Mental Health (Liaison/ Palliative Psychiatrist, psychiatrist, psychologist) and other partners on per palliative care and health care providers working in first nations, spiritual health professional, oncology coordinators, clinical ethics.

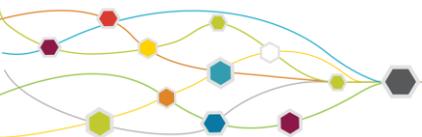
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## Processes to support enhanced circle of care

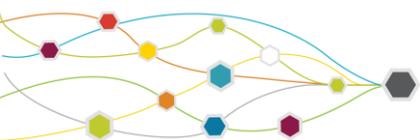
- Guidebook, SBAR, Tracking record – no new forms requiring approval
- Facilitator in place with available backup
- Privacy Memo
- Lessons Learned
  - Ask for assistance/guidance when needed from upper management
  - Have a plan B (C, D, E, F....)





# Enhancing the Circle of Care PDSA

PLAN		Do	STUDY	ACT
What are you testing?	What do you expect?		What happened?	What is the plan for the next study?
Trying to have a privacy memo developed to support WCPR.	We expected it would be without issue as this was current practice at Interior health B.C.		Our Privacy Officer had some difficult questions.  She reached out to the provincial health authorities for collaboration.	Ask for help from the team to answer questions from the Privacy Officer.





is a change in their condition requiring further inter-professional review

- Clinicians in the community may ~~pre-emptively inform~~ consult the palliative rounds team ~~on~~ f individuals whose condition is changing and ~~care plan~~ would benefit from ~~may need~~ palliative review.

## 2.5 PREPARING FOR WEEKLY ROUNDS:

- Manage and update the local registry of people on the palliative program ~~am~~ am ~~or~~ with identified palliative needs
- The presenting clinician will briefly introduce the person's condition and care issues, relying on progress notes, reports, verbal handover. e.g. physical/psychosocial, family and spiritual health issues.
  - Succinct information of the person and their palliative status can include:

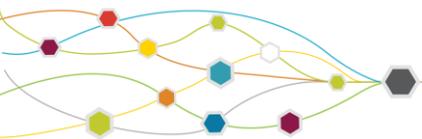
SJ

### Sarah Johnston

Information regarding patients should only be shared when there is a legitimate need to know. Pre-emptive sharing as a "nice to know" does not meet this criteria.

### Malley, Jennifer (ExtraMuralNB)

This is current practice in Miramichi and Driscoll. We round on all the palliative patients and keep the team informed of their progress. The difference with WCPR is that we now do rapid Clinical Problem solving with a collaborative team that included providers outside of EMP. Once the patients who have been referred for problem solving are reviewed we will continue to keep the EMP team informed of the other EMP patients who are palliative. The "invited" guests will be excused. Is there a way I can re word this so we can continue current practice?





# Enhancing the Circle of Care PDSA

PLAN		Do	STUDY	ACT
What are you testing?	What do you expect?		What happened?	What is the plan for the next study?
Testing whether as a team we could effectively answer the Privacy Officer's questions.	Expect as a group we would be more effective.		As a team we were better able to describe what was needed in a privacy memo to ensure the project moved forward.	<p>We learned that the steps we think are <i>cut-and-dry</i> are not necessarily so.</p> <p>We also learned it was good to have the privacy officer involved early.</p>





# Thank You

