

Improving Collaboration and Communication using WCPR

Vicki Lejambe, RN, MN; Palliative Care Program Lead

Alanah Tavares, RN; Nursing Supervisor



Home Care in Ontario Context

- Primary physicians support clients in the home separate from home care funding model (different silos)
- Publicly funded “Palliative Care” is for end of life care
- Our team focused on a palliative approach to care:
 - Frail elderly
 - Advanced dementia
 - Chronic illnesses e.g. End stage CHF and COPD
 - Frequent hospitalization due to progressive decline



Aims and Objectives

- Overall efficiency and effectiveness of rounds
- ↑ # clients discussed at rounds
- ↑ # staff who attend rounds
- ↑ client satisfaction with care
- ↑ staff satisfaction with rounds
- ↑ communication across the whole team
- ↑ # clients with follow up arranged by MRP/primary care
- ↓ distress scores in clients



Strategies to ensure successful facilitation of rounds

- WCPR Guideline and Rounds Record
- Selection of experienced facilitator
 - Known to staff/partners
 - Lacked confidence in facilitator role
 - Competing priorities
- Provided facilitator with coaching
 - Feedback on what is working well/not well
 - Training on how to be a facilitator (e.g. LEAP facilitator course)
- Senior leadership support to assist with competing priorities



Strategies to ensure clear communication to providers

- Face to face meetings
- Provided WCPR Guideline
- Multiple communication/follow up with providers
- Detailed client lists sent to providers weekly
- Leadership support to reinforce to providers



Strategies to ensure accountability of MRP

- Primary physicians are outside of homecare funding
- Primary Provider Model in place
 - Education on communication standards
 - Follow up note was standard of practice
 - Tracking of follow up with primary provider
- Monitoring of client outcomes (e.g. were issues resolved?)



Anticipated Challenges and Opportunities

- Changes in Ontario Healthcare → perception from LHINs that we are taking over their role with implementing WCPR
- Building a palliative approach and WCPR in all clinical programs to ensure access beyond traditional palliative homecare clients
- Engagement of Primary Care Physicians → model of care is a barrier
- Staff already participate in WCPR in many regions – do not want to replicate but support staff to attend (e.g. Bayshore)
- Implement WCPR with providers caring for underserved populations (e.g. indigenous, homeless)



Examples of PDSAs

- Time/date of rounds
- SBAR reporting tool
- Tracking tool
- Client criteria for rounds

