Improving Collaboration and Communication using WCPR

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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
Facilitating Actions – Shared Decision-Making through a WCPR

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
Facilitating Actions – Shared Decision-Making through a WCPR

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?)
Facilitating Actions – Shared Decision-Making through a WCPR

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 underserviced populations (e.g. indigenous, homeless)
Examples of PDSAs

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