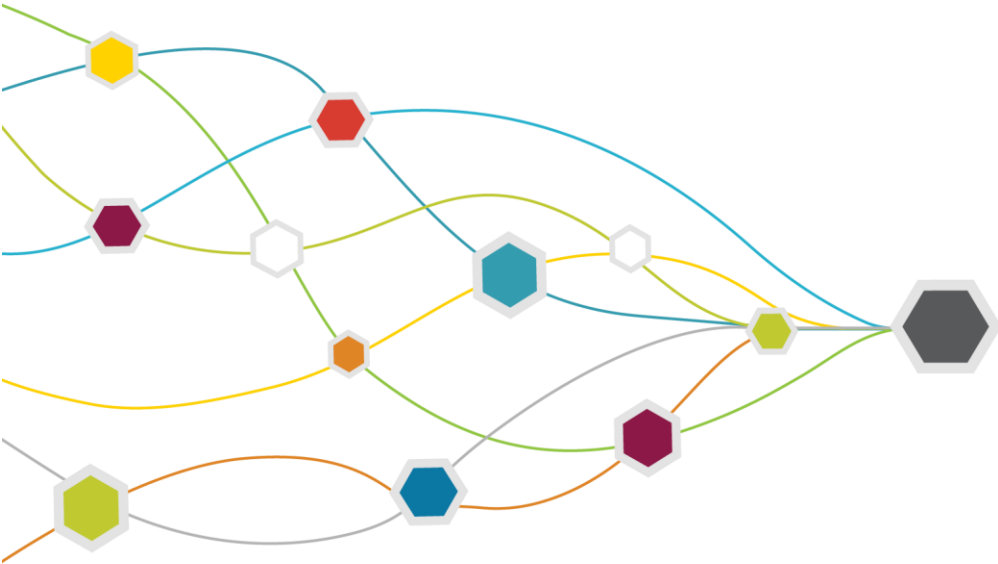




Canadian Home Care
Association
canadienne de soins
et services à domicile



SPRINT Implementation Collaboratives™
Whole Community Palliative Rounds

VIRTUAL LEARNING WEBINAR
October 9th, 2019

AGENDA

1:00 -1:05

Welcome

1:05-1:15

Capability: Role of facilitator and skills to facilitate WCPR

- Facilitation guide

1:15 – 2:00

Opportunities: Lesson learned and factors to holding a successful WCPR

Elisabeth Antifeau & Vicki Kennedy, Interior Health Palliative Care Program

- Role play – Case Study
- Questions and Answers

2:00 – 2:20

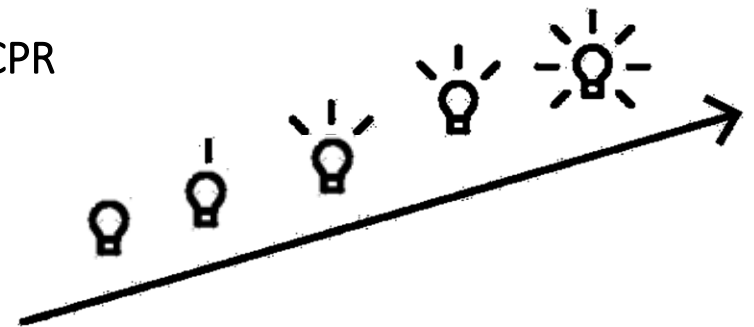
Motivation: Building confidence and engagement for WCPR

Julia Moore, Centre for Implementation

- Facilitation – tactical approaches

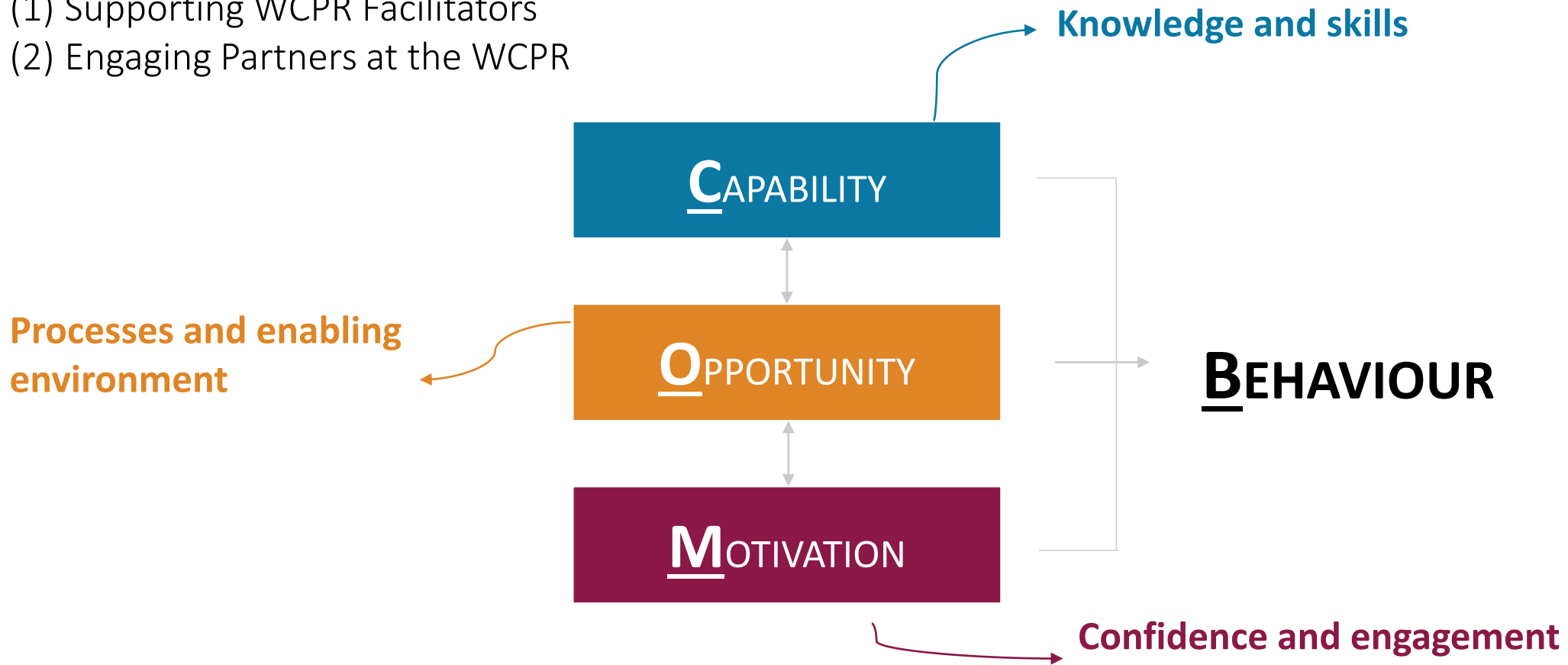
2:20 – 2:30

Next Steps: Action period



Learning Goals:

- (1) Supporting WCPR Facilitators
- (2) Engaging Partners at the WCPR



Ref. Michie et al (2011) Implementation Science



Facilitator Responsibilities



Effective Facilitator Qualities

A GOOD LISTENER

RESPONSIVE

ENGAGING

ORGANIZED

KNOWLEDGEABLE

QUESTIONING

FLEXIBLE





Role Play, WCPR

Elisabeth Antifeau and Vicki Kennedy
Interior Health

Practical demonstration of 5 key areas:

- Reviewing referrals to the WCPR
- Determining who will attend the round
- Managing time - including complex cases
- Facilitating discussions and getting actions
- Making sure documentation is completed and follow-up occurs



Share your “aha” moments on the chat box!





Role Play, WCPR

Elisabeth Antifeau and Vicki Kennedy
Interior Health

Attachment #2

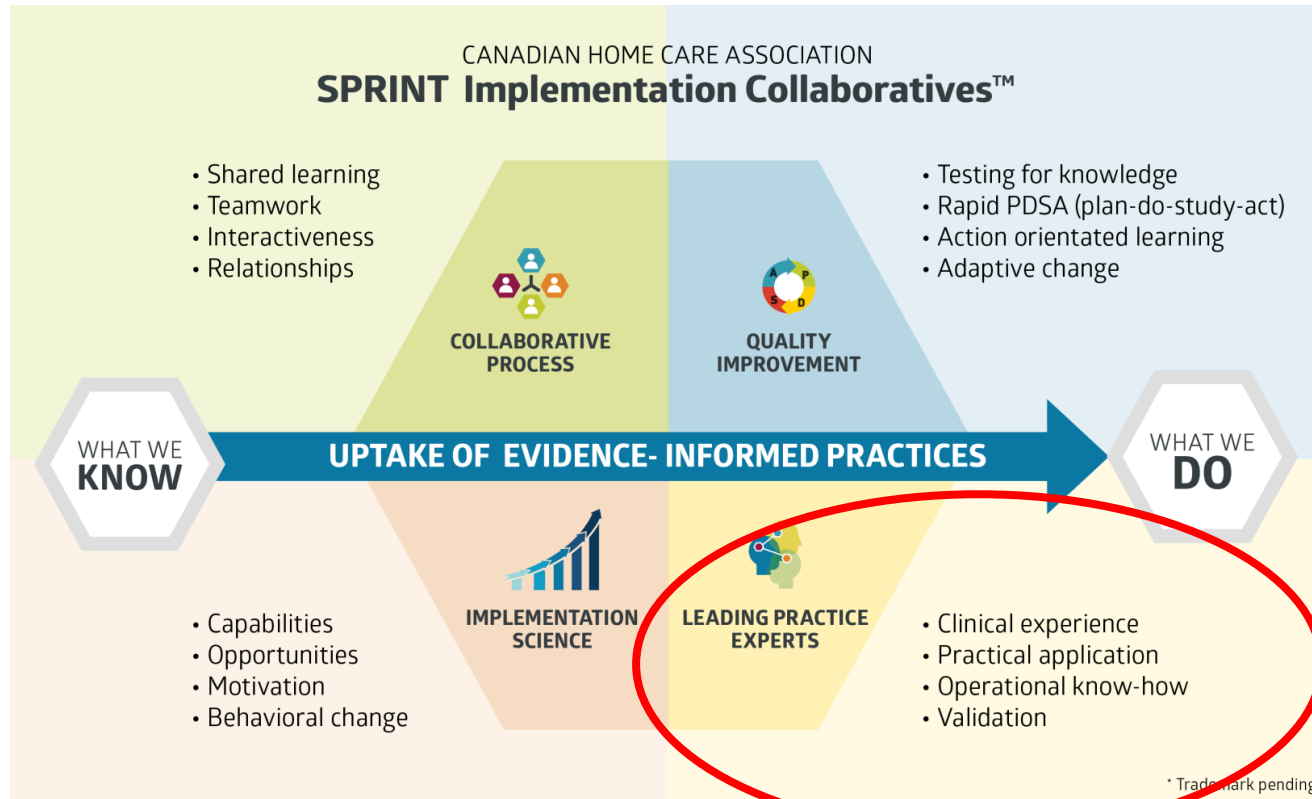
SBAR format to ensure a complete, concise report (2-3 min).	PPW 3	Carol
S - SITUATION current problem	Client Name	Loretta [REDACTED]
	MRP MRP will follow Y / N	Dr. [REDACTED] Dr. [REDACTED]
	Cl / SDM MAIN CONCERN	Tiredness, itching, increased confusion, caregiver burnout
	Age	65
	PHN	[REDACTED]
	PPS	50%
	ESAS	Tiredness 6/10
Pt/Cl/Res B - BACKGROUND	DIAGNOSIS	Lung Ca with mets to liver and brain. Diagnosed 2018
	Allergies	NKA
	History or Related Factors	COPD, Sleep apnea, Febrile neutropenia while on chemo, Hypothyroid, hypertension, renal colic 2016, cholecystectomy
	Team involved (OT, PT, SW, Onc clinic, Renal.)	PPW Oncology - next chemo July 2,3,4
	Trending Condition Stable / Declining	stable Recent increase in weakness & start of incontinence since chemo.
	Current Medications	Decreasing doses Dexamethasone, Dexamethasone prior to chemo, Hydromorphone 2 mg at HS PRN, Levothyroxine, Pantoprazole, Pregabalin, Sertraline, Zopiclone, Metoclopramide PRN, Salbutamol PRN, Diphenhydramine PRN
	Physical S/S	Very tired, walks very slowly and has to rest frequently, variable confusion, itchiness. **answers mostly in yes/no and husband often corrects re: symptoms.
	Psychosocial S/S	Large group of supportive family and friends. Husband is main support and is very involved in all aspects of care. Risk of caregiver burnout.
	Wishes to die at ___ Home / CHB	Client not prepared to discuss at this time as focusing on curative measures. To see Dr. [REDACTED] this Friday - husband will clarify goals of care.

Pt/Cl/Res A - ASSESSMENT <i>Required for ESAS 4+</i>	O – onset P – provoking/palliating Q – quality R – region/radiating S – severity	Tired all the time, especially with any exertion. Resting helps. Itchiness (possibly from chemo?) is concern as keeps her awake at night. Started taking Benadryl which has been helpful at first - could benefit from
	T – treatment/timing U – understanding V – value / Goals of care	something else (corticosteroid cream?). Confusion varies - client still able to function with husband's support. Oriented to person and place.
R – Request / Recommendation	Recommendations from rounds	Consider: <ul style="list-style-type: none"> • stimulant eg. Modafinil 100mg in am for fatigue • switching to non-sedating antihistamine (Claritin, Arius, Reactin) for pruritis re c/o fatigue • Respite for caregiver 'burnout'
	Actions and who will complete them	[REDACTED] (P3 Carol) F/u with clt/fam and physician re recommendations for fatigue, pruritis and caregiver burnout. Forward referral to KHA.



Share your “aha” moments on the chat box!

OPPORTUNITY



Q&A + Discussion (5 areas- 25 minutes)

Elisabeth Antifeau and Vicki Kennedy

Interior Health



Share what you are doing on the chat box!



Preparing for WCPR

- Reviewing and documenting referrals to the WCPR

Q. What is the process to review referrals for quality, completeness and priority?



Share what you are doing on the chat box!





Reviewing and documenting referrals to the WCPR

Q. What is the process to review referrals for quality, completeness and priority?

SBAR format to ensure a complete, concise report (2-3 min).	PPW 3	Carol
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Current	Cl / SDM MAIN CONCERN	Tiredness, itching, increased confusion, caregiver burnout
	Age	65 symptom distress
	PHN	[REDACTED] this week
	PPS	50%
	ESAS	Tiredness 6/10
Pt/Cl/Res B - BACKGROUND	DIAGNOSIS	Lung Ca with mets to liver and brain. Diagnosed 2018
	Allergies	NKA
	History or Related Factors	COPD, Sleep apnea, Febrile neutropenia while on chemo, Hypothyroid, hypertension, renal colic 2016, cholecystectomy
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What makes the pain and symptoms better or worse?

R - Request / Recommendation	Recommendations from rounds	Consider: <ul style="list-style-type: none"> stimulant eg. Modafinil 100mg in am for fatigue switching to non-sedating antihistamine (Claritin, Arius, Reactin) for pruritis re c/o fatigue Respite for caregiver 'burnout'
	Actions and who will complete them	[REDACTED] (P3 Carol) F/u with clt/fam and physician re recommendations for fatigue, pruritis and caregiver burnout. Forward referral to KHA.

Requests: "My clinical question is...."

Recommendations: "I wondered if we could try...."

Preparing for WCPR



Determining and knowing who will attend the WCPR

- There is no correct composition to the team, the decision should be made locally regarding who the membership should include.
- Consider how and when to invite external health professional teams to join palliative Rounds

Q. How do you engage local members to share a common vision of WCPR and invest their time to regularly join together? Who should be an ad hoc member?

Q. *How do you manage the logistics of including regular members or ad hoc members who join the rounds by phone?*



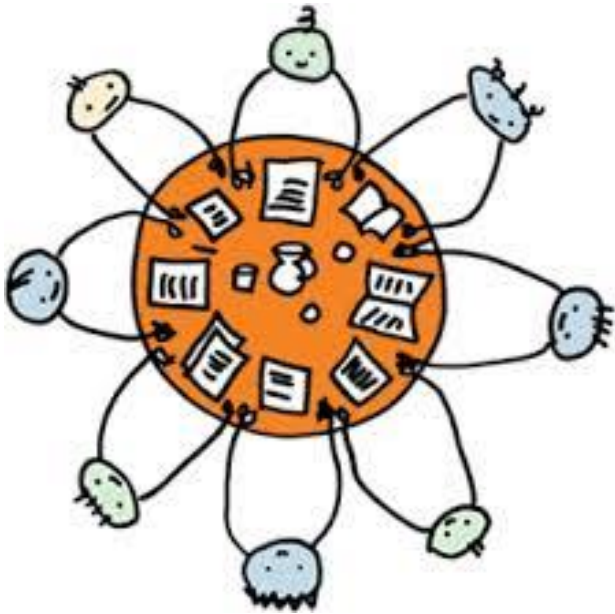
Share what you are doing on the chat box!



☑ Determining and knowing who will attend the WCPR

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During the round



Prioritizing the referrals for discussion at the WCPR

- Consider mixing straightforward referrals with more complex ones throughout the agenda
- Set timing and agenda for discussion

Q. When complex cases are presented, length discussions often occur. Do you have any suggestions for managing this situation?

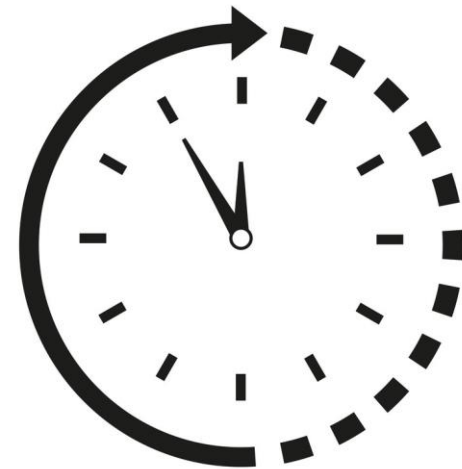
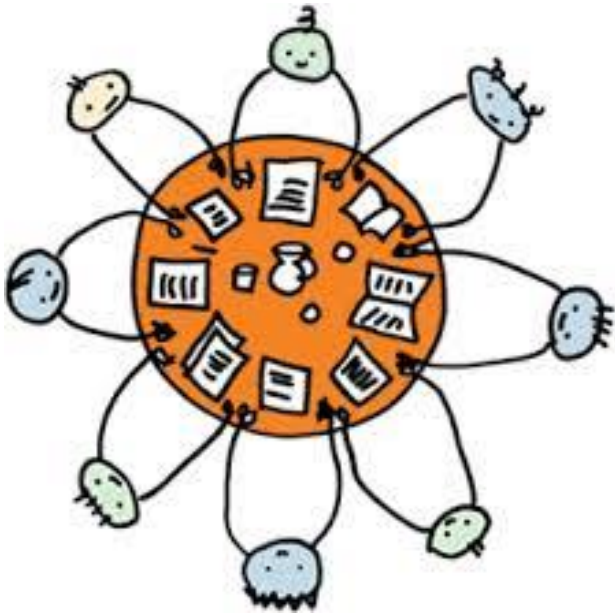


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- ✔ Prioritizing the referrals for discussion at the WCPR

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Share what you are doing on the chat box!

During the round

- ✓ Facilitating discussions and supporting consensus
 - Determine recommendations about care interventions and/or care plan revisions to improve quality of care and decrease suffering in alignment with the individual's goals of care

Q. How do you move the discussions into agreed-upon actions?

Q. What are the responsibilities of the presenting provider, medical leader and attending clinicians?



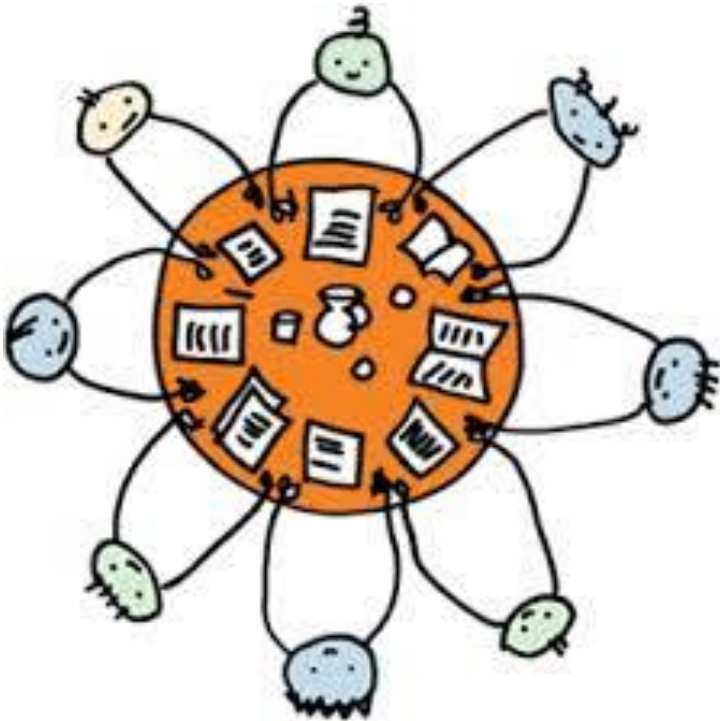
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	Actions and who will complete them	(P3 Carol) F/u with clt/fam and physician re recommendations for fatigue, pruritis and caregiver burnout. Forward referral to KHA.

Plan of Action: What is the care action for this week (who is doing what, when and where)?

- Pharmacological recommendation (medications)
- Non-pharmacological approaches
- Communication to team involved
- Other

After the round



Making sure documentation is completed and follow-up occurs

- Identify and note which individuals will complete the recommended follow-up post WCPR , including the Most Responsible Providers (WCPR Record - Physician/NP)

Q. How and where are notes from the rounds housed? Is it the facilitator's role to maintain this record system?

Q. How do we know if actions from the rounds have been taken by the respective clinicians?



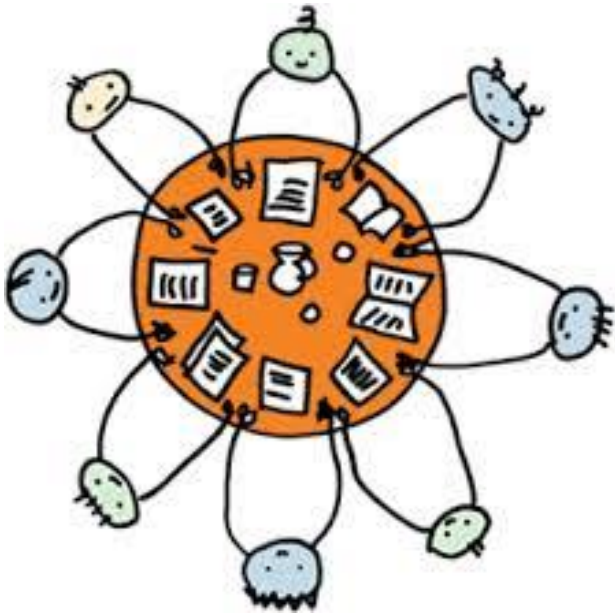
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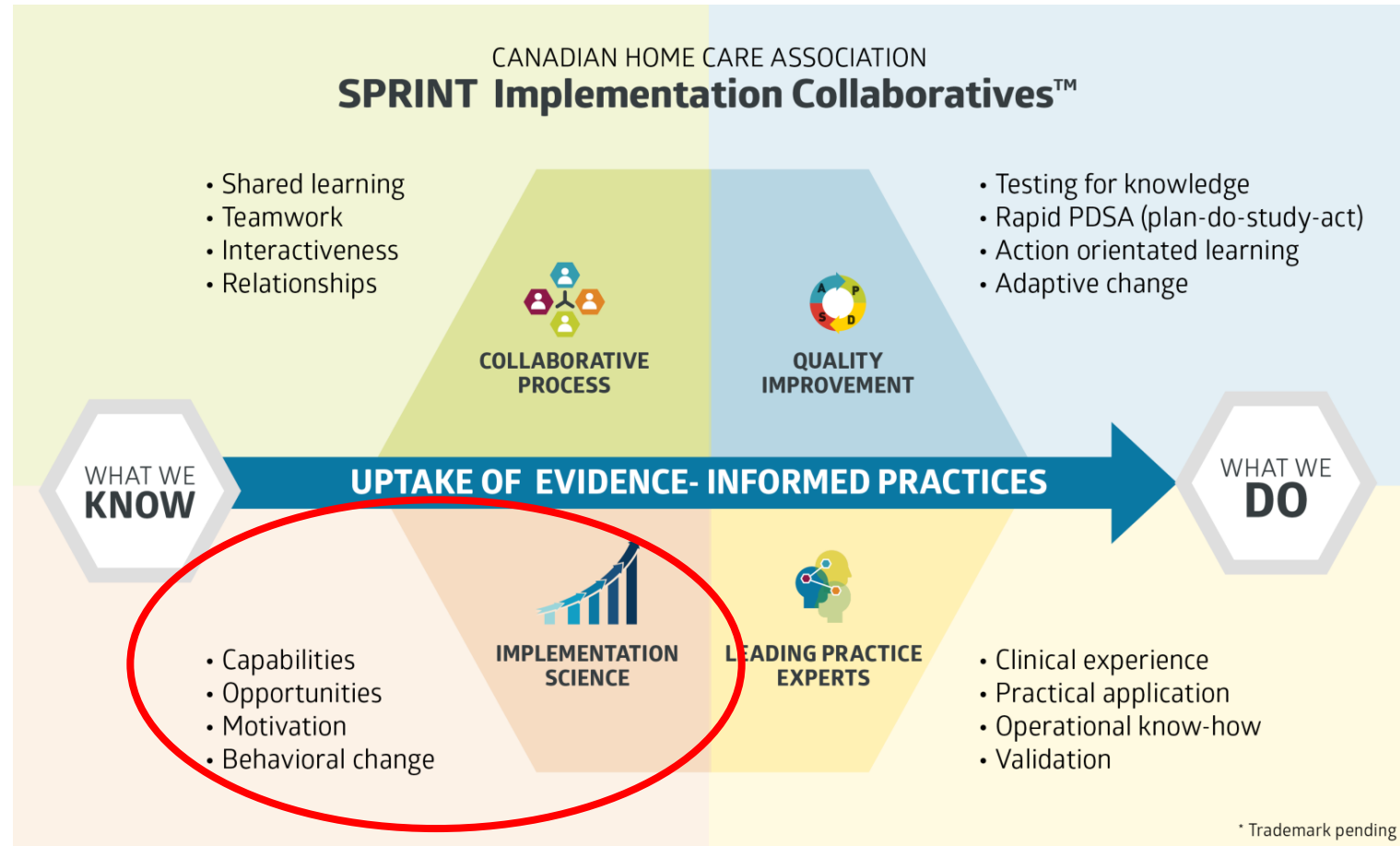
MOTIVATION

The Art of Facilitation

Julia Moore

Centre for Implementation

BUILDING CONFIDENCE AND ENGAGEMENT



SPRINT Implementation Collaborative Open Forum

The Art of Facilitation

Dr. Julia E. Moore, The Center for Implementation

October 9, 2019

The Art of Facilitation

- **Make it your own**

Facilitate with your own personal style - don't try to be someone else



The Art of Facilitation

- Improvement is better than perfection

You will be more successful if you reflect, ask for feedback, and improve over time



The Art of Facilitation

- You are often seeing someone else's “finished product”

Angry Birds we know was 52 version



The Art of Facilitation

- Summarize concisely what was said
 - “It sounds like Mrs. Chen...”
 - “What I'm hearing is ...”
 - “I want to pause to make sure I've understood...”



The Art of Facilitation

- We are all a little scared to facilitate

Especially the first time



Questions?



CANADIAN HOME CARE ASSOCIATION
SPRINT Implementation Collaboratives™

- Shared learning
- Teamwork
- Interactiveness
- Relationships



- Testing for knowledge
- Rapid PDSA (plan-do-study-act)
- Action orientated learning
- Adaptive change

WHAT WE
KNOW

UPTAKE OF EVIDENCE- INFORMED PRACTICES

WHAT WE
DO

- Capabilities
- Opportunities
- Motivation
- Behavioral change



- Clinical experience
- Practical application
- Operational know-how
- Validation

* Trademark pending

Action Period
 Next Steps

Website:

www.homecarekn.ca/sprint-collaborative-resources/

Password:

chcasprint



PRACTICE CHANGE-REFERRALS TO WCPR Clinicians refer patients/clients to rounds	
SBAR FORM (INTERIOR HEALTH) Communication tool for referral and communicating in WCPR 📎 Sample 1- SBAR for Communicating in WCPR 📎 Sample 2 - SBAR in one note example 1 📎 Sample 3 - SBAR in one note example 2 📎 Sample 4- SBAR used by North Okanagan community, including process in sending the referral and presenting the case	REFERRAL FORM (SASK. HEALTH AUTHORITY) Adaptation of Interior Health's SBAR referral form, used and tested by the 3 teams at Saskatchewan Health Authority. 📎 DOWNLOAD
REFERRAL FORM (MANITOBA SOUTHERN HEALTH) A 'checklist' format of the SBAR referral form used by the Southern Health's team with the intent of making referral easier. 📎 DOWNLOAD	REFERRAL FORM (BAYSHORE HEALTHCARE) Adaptation of Interior Health's SBAR referral form by Bayshore. To avoid privacy issue, Bayshore is adding a checkbox on the referral form to indicate whether patient's consent has been obtained. 📎 DOWNLOAD
PRACTICE CHANGE-PARTNERS AT THE WCPR Getting appropriate clients to attend and participate in rounds	
WCPR GUIDELINES (INTERIOR HEALTH) Guidelines in organizing and implementing WCPR. Key elements outline include: purpose of WCPR, membership (Circle of Care), round structure, facilitator roles, patient referral, preparing for weekly rounds, process during the rounds, logistics, documentations and confidentiality. 📎 DOWNLOAD	
MEASURES	
METHODS OF TESTING (Developed by CHCA) Outline the difference between different methods of testing. SPRINT-WCPR is using the rapid PDSA approach to test and adapt change ideas. 📎 DOWNLOAD	OUTCOME AND PROCESS MEASURES (Developed by CHCA) Example of measurements that you can use to demonstrate current performance (or baseline), set goals for future performance, and monitor the effects of changes as they are made. 📎 DOWNLOAD
PALLIATIVE ROUNDS SURVEY (HEALTH PEI) Survey for their existing inter-disciplinary rounds members. 📎 DOWNLOAD	PROVIDERS SURVEYS (MANITOBA SOUTHERN HEALTH) 3 separate surveys to measure providers' experiences in interprofessional communication and shared decision-making for palliative care patients: 📎 Home care case coordinators and direct service nurses 📎 Physicians and nurse practitioners 📎 Palliative care providers



Continue to do your PDSAs and track using the worksheet

When to use PDSA ?

- For trying changes to existing processes
- For trying new processes
- For trying new tools
- For trying new measures

Don't need to use PDSA:

- For specific project tasks
- For gathering data or information (unless you want to learn about the data process)
- For general “planning” or setting goals, objectives

PLAN		DO	STUDY	ACT
What are you testing?	What do you expect?	DO THE LEARNING TEST	What happened?	Are you ready to implement? Or do you need to modify the change idea and test again? Or is the idea not great and should be abandoned?



Next Virtual Learning Webinar
November 4 (12:00 – 13:30 EST)



December 2-3: CAPSTONE SUMMIT



**WE WANT YOUR
FEEDBACK!**

