

WHY EPICC-IP?

Palliative care means giving care for with pain and other symptoms such as nausea, constipation, depression, & anxiety.

A **palliative approach to care** applies the principles of palliative care into routine care, by ensuring relief from pain and other distressing symptoms including psychological and spiritual concerns, facilitating communication about goals of care and advance care planning, and enhancing support systems through all stages of care.

Integrating palliative care earlier in to the cancer journey has been shown to reduce: acute hospital admissions, length of stay in acute care, emergency room visits and use of chemotherapy at end of life, and to increase the proportion of patients who die in the location of their choice rather than in acute care. Patients experience better communication, lower anxiety and depression, and a higher quality of life.

OBJECTIVES

As part of the Canadian Strategy for Cancer Control: bring a palliative approach to care to BC Cancer.

Our 3-pronged approach



EDUCATION

Increase the palliative skills training of BC Cancer staff

Serious Illness Conversation

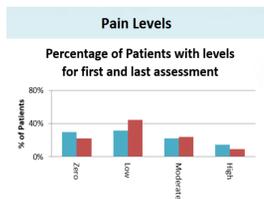
Palliative skills training (various)



REPEAT SYMPTOM SCREENING

Have patients screened for symptoms at every key oncologist or nurse practitioner care visit. Use Canada-wide standard patient reported outcomes measures.

1. Patients use iPads for screening
2. Patients receive trended print-out
3. Care providers review results with patients. Paper or on-line.
4. Care providers take action



EVALUATION

Monitor specified Key Performance Indicators, assess screening and response data, and evaluate impact on local and provincial resources.

Interviews and surveys provide direct feedback. PDSA cycles are used to improve integration and efficiency.

TEAMWORK APPROACH

EPICC works with BC Cancer physicians, nurses, Patient & Family Counselling members, clinic and operations leaders, clerks, radiation therapists and pharmacists. Our partners include Patient Partners and members from the First Nations Health Authority, Métis Nation BC, and the BC Centre for Palliative Care.

- EPICC Provincial Advisory Council
- EPICC Model of Care Working Group (WG)
 - Prince George Implementation WG
 - Vancouver Implementation WG
- EPICC Education WG
 - Education Implementation WGs at each BC Cancer Centre
- EPICC Evaluation WG



For specific aspects of our work we partner with other Provincial Health Services Authority programs, provincial health authorities, and researchers at local universities.

CURRENT STATE

Education

Training sessions continue to be planned. Long-term sustainability discussions have been started. All six BC Cancer sites involved

SERIOUS ILLNESS CONVERSATIONS TRAINING

1-hour on-line course, 1.5 hours in-person

- 8 Master Facilitators
 - 25 Facilitators
 - 129 Practitioners
- = about 45% of all clinical staff

PALLIATIVE SKILLS TRAINING

EPICC recognizes palliative training from programs such as: Victoria Hospice, Canadian Nursing Association, and the BC Cancer Nursing Pain & Symptom Management course.

- 25 practitioners identified
- Centre Education Working Groups are still compiling training status of staff

EPICC is supporting the Learning Essential Approaches to Palliative Care: Oncology program, 8 hours in person..

To date:

- 3 Facilitators
- 29 Practitioners

Developed resources

- Patient symptom care experience survey
- Inter-professional symptom screening education & response algorithms
- Serious Illness Conversations "Partner" education
- Identification processes for SIC and Palliative skills amongst colleagues
- Rapid-access process for patients to access information, self-management, and services resources for each screening item
- Translations of the screening questions and key self-management items in to the top 5 BC Cancer languages, and French and Michif (Métis language, in process)

Patient Reported Outcomes

ACCEPTABILITY & FEASIBILITY PILOT

Starting implementation in 3 populations:

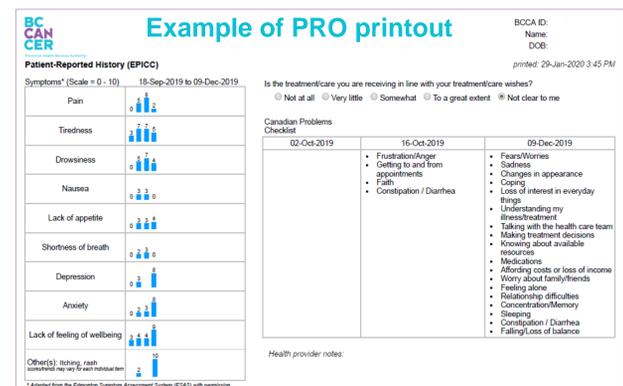
- Palliative radiation
- Breast cancer
- Gastrointestinal cancer (GI)

Prince George

In Palliative radiation: started July 1, 2019
In GI: starting in February, 2020

Vancouver

In GI: starting in April, 2020



PRELIMINARY RESULTS

NUMBERS SO FAR

Currently active: 88 Past participants: 70 Declined: 13
Number of screens completed: 347

IMPACT ON PATIENTS

Interviews to date indicate most patients do not find the repeat screening burdensome (sometimes bothersome), and appreciate the opportunity to "let the team know me better".

IMPACT ON WORKING ENVIRONMENT

Benefits

- Increased awareness of patient needs, able to serve the patient better
- Creates space for symptom management and supportive care time
- Health care practitioners can better work to their full scope: increased satisfaction
- Standardized documentation of ongoing supportive care needs

BUT: increased resource needs

- Nursing: almost half of patients need 16 to 30 minutes of care (PRO surveys indicate one third are seriously ill; many more have one or more high needs PRO items)
- Limited nursing staff available at times or in some clinics
- As program grows, concern for other supportive care service capacity e.g., referrals to counselling, social workers, dietitians

SYMPTOM CARE EXPERIENCE SURVEY RESULTS (baseline)

- N=114
- >90% of patients experience care that is respectful (courtesy, culture, language level, being heard and responsive to need) and involves them in decision-making.
- For those experiencing symptoms (54%), 89% believed the health care providers tried to help them, but only 60% were successful
- Communication about symptoms, symptom management, and treatment could be improved (currently 75-88%)

WHAT'S NEXT

EQUITY WORK

- Better support for Indigenous Peoples' needs
- Community outreach: Telehealth; rural and remote; and homeless patients (partner project)
- Caregiver support (partner project)

EXPANSION

- Currently expanding within our planned pilot populations. Vision is to expand to other cancer groups, and to other BC Cancer Centres

ELECTRONIC MEDICAL RECORD (EMR)

- New (Cerner) EMR will ensure key palliative and supportive care information is readily available (one place) and easier to add to the EMR

PATIENT PORTAL

- Patients have access to their own medical information
- Patients could do—and be reminded of—their PROs screen before coming in
- Less time in clinic
- Clinic time could be adjusted to focus on patients with high supportive care needs
- Integration with the EMR would allow all health care providers to quickly access all PRO screening results

CROSS-ORGANIZATION INTEGRATION

Improve:

- Community health care provider knowledge of PRO results and supportive care / palliative care needs
- Coordination of supportive care / palliative care
- Better "hand off" of care to the community ("discharge" from BC Cancer)