Innovations in Care: The Nancy Chan Palliative Care Ambulatory Clinic

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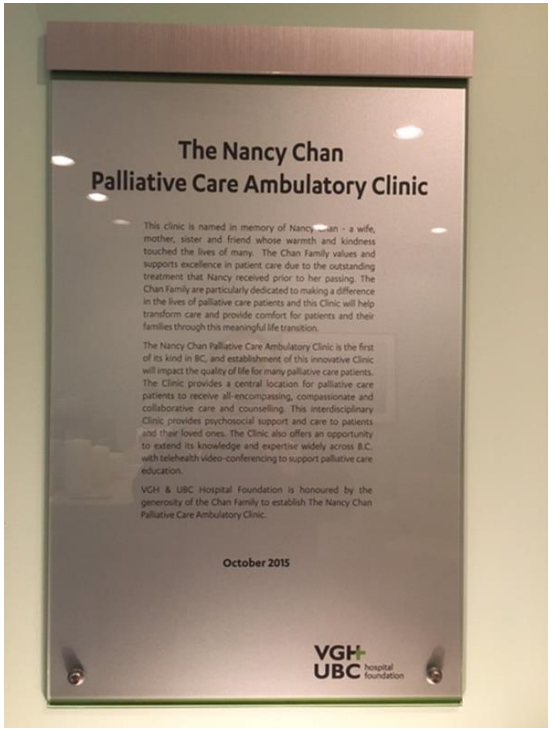
VANCOUVER HOME HOSPICE

PALLIATIVE CARE SERVICE

Background History

* Donor family approached VGH UBC Hospital Foundation
* The family wanted to support palliative care in Vancouver community
* They were provided with 4 diverse opportunities
* Family chose to support the ambulatory clinic



Hopes

* Allow specialist level palliative supports to be available earlier in disease trajectories
* Reach out to individuals with diseases that are more difficult to prognosticate including COPD and CHF
* To act as a bridge between acute and community

Hopes

* To increase grief and bereavement support
* To provide support to caregivers
* To act as an education hub

The Gift

* Funds in the gift were provided for the lease, some equipment and for a half time admin position
* No funding was provided for staffing for the clinic

Then the work started:

* Visioning
* Finding a site
* Planning

Visioning: Team Brainstorming Session

Team brainstorming day- October 15th 2014.

Ideas about what was needed in a clinic location were discussed as well as ideas about potential services at the clinic.

Outcomes:

* *Vision statement: "The PCAC will provide interdisciplinary supportive care to clients and their families who are approaching end of life. Care is aimed at being pro-active, supportive and collaborative with other key healthcare providers in an ambulatory care setting for complex clients that would benefit from a comprehensive end of life approach."*
* *Focus group with key stakeholders in the community*

Visioning: Focus Groups

Got input on Nov 26th 2014

Key community partners attended to give input and advice including home health, heart failure clinic, BCCA, COPD clinic, palliative care teams, ALS team, division of family practise

Three questions asked

* What is working well for clients and their families facing end of life in Vancouver Community?
* What are the gaps to providing end of life care to clients and their families in Vancouver Community?
* Given the opportunity to establish a Palliative Care Ambulatory Clinic, what are the possibilities to address these gaps?

A commitment was made to communicate back to the participants as the clinic developed.

Finding a Site

Acute vs Community

Stand alone vs embedded

Adjacency to Home Hospice Team and Acute

Virtual Tour

Project Approach

* Team Launch
* Project Management Structure
* Ongoing meetings – Project Team; Working Groups

Planning: Preparing for Launch

Communication with:

a) Health units

b) PCUs

c) BCCA

d) Division of family practice

e) Other partners

A "Soft" Launch

June 30/2015 for one half day

Goal was to test:

a) How do we want to run the clinic visit?
b) Clinic forms
c) Documentation & communication back to the primary care providers
d) How the referral process is working

Grand Opening

Team Clinic

* The clinic is embedded in the home care system
* New clients are seen by 4 disciplines at the clinic
* Communication of assessment and plan is documented in the electronic system and communicated to the home care nurse within 24hrs and GP within a week
* Currently operates Tuesday and Thursday afternoons

Patient and Family Support

* Bereavement information sessions – 6x/year
* Bereavement counselling (1:1)
* Mindfulness group
* Caregiver education

Staff Education

* Introduction course to Home Hospice Program
* Foundations course video conferenced to Powell River
* Communications course (Let's Talk About It)
* Psychosocial-spiritual course (Whole Person Care)
* Advanced symptom management course

Evaluation - Metrics

Top referral reasons:

a) Fatigue

b) Pain

c) Goals of Care

d) Psychosocial- spiritual

Surveys

a) Client and family

b) Home care nurse

c) Family physician

Lessons learned (and still learning!)…

* Referral source?
* Community team members understanding of clinic is key to getting word out to clients
* Whole team assessment works!
* Fine balance between “complexity” and being “pro-active”
* Connected to broader societal paradigm shift of offering Palliative Care alongside conventional treatment
* Necessity of interpreters
* Parking

Lessons Learned

* Young man with pancreatic cancer
* Young women with breast cancer with child at home not wanting home health
* Mother with ovarian cancer who was living with her adult daughter and her boyfriend

Live as if you were to die tomorrow.
Learn as if you were to live forever.

- Mahatma Gandhi

Questions?