North Okanagan Palliative Care - Partners, Services and Transitions

OPPORTUNITIES FOR PHYSICIAN ENGAGEMENT

ACTION PLAN

PROJECT SYNOPSIS

Over the past year, a Shared Care project was undertaken to develop an action plan to enhance Palliative Care services across the North Okanagan region [Enderby, Armstrong, Vernon, Lumby and surrounding areas].

A broad range of stakeholders contributed to the work, representing service providers from several sectors (e.g. IH Acute, IH Home Health, Family Physicians, Specialists, BC Cancer, Hospice, Pharmacy, Ambulance) as well as persons with palliative conditions and family members/caregivers.

The final Action Plan is comprised of 19 strategies organized in 6 areas of improvement:

1. Systems Level Enhancements	4. Collaborative Care
2. Awareness (Service Provider and P/F/C)	5. Transitions in Care
3. Resources	6. Care Enhancements

The project document package provides all stakeholders with the background necessary to begin to take significant steps toward real change in enhancing Palliative Care in the North Okanagan.

OPPORTUNITIES / NEXT STEPS FOR PHYSICIANS

Following are opportunities for family physicians to become involved in areas that interest them. There are small pockets of work with short time commitments, opportunities that would involve regular/ongoing commitment, as well as larger scale opportunities that would involve leading initiatives.

Note the following **ACRONYMS** appear in the document:
IH = Interior Health
NO, NOK = North Okanagan
NOHS = North Okanagan Hospice Society
NP = Nurse practitioner
P/F/C = Person (patient) / Family/ Caregiver
PC = Palliative Care
SCSP = Specialized Community Services Program
SNO = Shuswap North Okanagan

	Role / Commitment	Connect	Estimated Time
Local physician participant(s)	**1. NOK PC STEERING COMMITTEE PHYSICIAN MEMBER** Re-activation of this cross-sectoral, multi-disciplinary group with the goal of fostering movement from 'Siloed' to 'Collaborative' palliative care ▪ providing input / direction ▪ commitment to participate in meetings ▪ potential for elective sub-committee work if desired ▪ regular communication/information with/to local physicians	Janine Carscadden Lloyd Main	1-2 hours / month starting October 2021 X ~1 year + optional extension
Local Physician participant(s)	**2. CROSS ORGANIZATIONAL COLLABORATION*** ▪ Engage in inter-disciplinary discussions to develop opportunities/processes for coordinating care, collaboration and learning (ie. Oncology <> Primary Care, Case Reviews) ▪ Create information sharing/ feedback cycle between family physicians and specialists *PHSA funding available for Bridging Communications	Cathy Clelland, BC Cancer Josee Leclerc + SCSP Project Manager Michael Drofenik	Sept 2021 – Aug 2022 Direction determined by group
Local Physician participant(s)	**3. PERSON/FAMILY/CAREIVER STORIES** ▪ Build a repository of P/F/C stories for the purpose of education and centering PC discussions ▪ Provide physician perspectives on lessons that can be gleaned from P/F/C stories	Colleen Foran	Sept 2021 Meetings TBD
Local Physician participant	**4. CULTURAL SAFETY/DIVERSITY - RELEVANT RESOURCES** ▪ Provide physician perspectives to Cultural Safety and Diversity planning ▪ Ensure family physicians/service providers have access to cultural resources and experts	Diana Moar Lloyd Main	Meetings Commence Sept 2021 Potential for asynchronous self-directed time
Local Physician participant(s)	**5. SIC/MOST** **5A. SIC / MOST STANDARDS & EDUCATION** Provide physician perspectives on: ▪ Standards of practice to support the timing of SIC-G / MOST discussions across care settings ▪ Ensuring all service providers involved in palliative care are included and offered PC specific SIC-G and MOST training	Vicki Kennedy	Time limited Meetings for Input Planning Workshop in Fall 2021

Local physician lead (1) participants	**5B. SIC/MOST MENTORSHIP / SUPPORT SYSTEM FOR PHYSICIANS** ▪ Identify reasons for discomfort with SIC/MOST discussions ▪ Create service provider mentorship / support system dyads ▪ Identify/match alternative providers	TBD – Physician Lead	Determined by physician lead & partners
Local Physician Co-Lead Local Physician Leadership Team	**6. PALLIATIVE CARE SERVICE HUB** ONE-STOP SHOP for PC services, information, and education Explore creation of Palliative Care Clinic (ambulatory/virtual options) with Local Physician leadership • Multi-disciplinary with links to specialty care • MAiD assessments • Pain & Symptom management • Practitioners have time to spend with P/F/C • Information/education hub for both service providers and P/F/C • Define early referral processes	Kallie Honeywood	2022-2023 Potential Shared Care Project Opportunity to design timelines - determined by physician lead & partners
Local Physician participant(s)	**7. IMPROVE AWARENESS OF AVAILABLE PC SERVICES** ▪ Provide physician perspectives regarding the compilation of a comprehensive list of NOK PC services / supports / resources / processes/ standards and key contacts / shared PC terms and definitions relevant to physicians ▪ Ensure P/F/Cs are aware of What To Expect/What To Do throughout their journey ▪ Create/enhance processes to ensure broad awareness of urgent/after hours service availability for P/F/C and for service providers	Melanie Rydings	Time limited meetings with team Potential for some self-directed time gathering information
Local Physician participant(s)	**8. ADVANCE CARE / COLLABORATIVE CARE PLANNING** ▪ Align Care Plans into a single Collaborative Care Plan (CCP) across providers/care settings/organizations to ensure person's wishes are known to the full team o BC Cancer Care Plan o SCSP – Home health- CCP o Persons' Advance Care Plan (ACP) o Physician Care Plan	Melanie Rydings	Jan – Mar 2022

Local Physician participant(s) - with hospital / hospice privileges	**9. TRANSITIONS - VJH to N.O. HOSPICE or HOME** **9A. TRANSITIONS PROCESS IMPROVEMENT EXERCISE** Provide Input/Planning for improving transition processes: ▪ Understand process & communication gaps through comprehensive multi-disciplinary process mapping exercise ▪ Enhance discharge planning, timing, transfer of care/handover; streamline processes specific to PC	Melanie Rydings – IH Lean QI Team	1-4 weeks – schedule TBD
Local Physician participant(s) - with hospital / hospice privileges	**9B. TRANSITIONS: MEDICATIONS** ▪ Develop and implement simplified / streamlined processes to support timely medication reconciliation and pharmacy preparation as a component of discharge planning Examine Pharmacare barriers. Lobby province to break down barriers. Seek interim financial support for supply of medications prior to approvals	Melanie Rydings	Join In Progress Process Improvement Meetings
Local Physician Lead & participants - with hospice privileges	**9C. TRANSITIONS: NOHS // ADMISSION** ▪ Clarify goals of preplanning admissions ▪ Review admission criteria, processes (see above) + capacity for pre-planning admissions	TBD New Hospice Director Lisa Matthews	Opportunity to design timelines - determined by physician lead & partners
Local Physician participant(s) - with hospital / hospice privileges	**10. TRANSITIONS – HOME to NO HOSPICE or VJH PC SUITES** **10A. VJH // ADMISSION TO PALLIATIVE CARE SUITES** ▪ Determine reasons/barriers to implementing the existing direct admission process	TBD	Time-limited Meetings TBD Potential for some self-directed time - creating information for physicians / building awareness
Local Physician participant(s) - with hospital / hospice privileges	**10B. LTC / VJH / NO HOSPICE RESPITE** ▪ Address limited capacity for pre-planned respite care, planning and access ▪ Ensure awareness of respite with physicians and P/F/C	TBD	Pending Determination of IH/NOHS Leads

11. LOCAL PHYSICIAN LEADERSHIP / CAPACITY

- Local physician leaders (individual or team) provide consultation, education, support and strategic leadership

Opportunity	Role / Commitment	Estimated Time
Local Physician Leader / Leadership Team	**LEADERSHIP** ▪ Explore barriers to physician / NP engagement ▪ Foster NOK physician leadership team o Consider support needs	Opportunity to design timelines - determined by physician lead & partners
Local Physician Leader / Leadership Team	**WHOLE COMMUNITY PALLIATIVE ROUNDS (WCPR)** ▪ *How* to invite family physicians, NPs, pharmacists, and others to attend WCPR for their patients to address barriers to participation ▪ Establish verbal and/or written protocols for pre- and post-WCPR communication with community physicians / NPs, hospitalists, pharmacists, paramedics ▪ Establish consensus for a physician leader to Represent absent family physicians at rounds	Time limited collaborative meetings - fall 2021 Time building consensus - determined by physician lead & partners
Local Physician Leader / Leadership Team	**CLINICAL SUPPORT/MENTORSHIP** ▪ Engage physicians / NPs to design a peer mentorship structure o Create/implement physician / NP PC competency/skills/ framework o Identify goals and address education needs o Provide MAiD assessment/provision education to family physicians	Opportunity to design timelines - determined by physician lead & partners
Local Physician participant(s)	**UNATTACHED PATIENTS** ▪ Consult with local family physicians / NPs to develop a process to reliably connect unattached patients to physicians upon life-limiting diagnosis ▪ Create a matching system to link to unattached PC persons to primary care	Opportunity to design timelines - determined by hospitalist physician lead & partners

Local Physician Leader / Leadership Team	**EXPLORE STRATEGIES TO INCREASE PHYSICIAN CAPACITY AT THE LOCAL LEVEL** <u>Consider both building and recruiting:</u> ▪ Define physician / NP services ▪ Consider the role a physician plays in NOK Hospice, community, consultation, speciality clinics, hospital ▪ Generate PC interest and capacity by exploring strategies to enhance PC educational and engagement opportunities for NOK physicians ▪ Consider retired physicians with interest in PC ▪ Build relationships with assistance of Facility Engagement ▪ Explore funding and additional support options for Certificate of Added Competence in Palliative Care (CFPC-PC)	**Pending Establishment of Local Physician Leader / Local Physician Leadership Team**
SNO Division / IH	▪ Attract new Family Practice / Experienced PC physician champion to NOK: o Create shared role between SNO Division and IH to provide: ◆ medical leadership for the NOK PC Hub ◆ leadership to NOK PC physician team ◆ PC research & education ◆ QI initiative leadership / support ◆ i.e. FP ~ 60% / IH ~40% o Post on Canadian Society of PC Physicians careers page	**Pending or in conjunction with Establishment of Local Physician Leader / Local Physician Leadership Team** **SNO Division / IH**

~ Service providers and family/caregivers expressed gratitude
that there is a concerted effort to improve palliative care in the NOK ~