Provincial Palliative and End-of-Life Innovations Steering Committee

The winter deep freeze seems to be over and the Palliative and End-of-Life Care (PEOLC) team is looking forward to the warmer weather and the upcoming work. The PEOLC team has been busy planning for the next year ahead, ensuring we are serving and meeting the needs of Albertans. Here are some highlights:

- Advance Care Planning and Goals of Care Designation (page 2)
- Palliative Care, Early and Systematic (PACES) (page 3)
- EMS PEOLC Assess, Treat and Refer (page 4)
- Continuing Care Health Service Standards (page 8)

For PEOLC education opportunities, review the Provincial PEOLC Education Bulletin link. [www.albertahealthservices.ca/info/page14438.aspx](http://www.albertahealthservices.ca/info/page14438.aspx)
Advance Care Planning (ACP) and Goals of Care Designation (GCD) are ways to help people talk about and document their wishes for healthcare in the event they become incapable of speaking for themselves.

AHS Executive Leadership Team (ELT) learned that a provincial evaluation shows significant improvement of ACP/GCD. While ACP is the method to document care wishes, GCD is a medical order used to describe and communicate a patient’s desired aim or focus of care, including medical care, comfort care and resuscitative care.

In the last two years, the use of Green Sleeves – the physical folder that includes documents such as ACP, GCD, personal directive and power of attorney – has significantly increased, primarily in the rural zones.

In Long Term Care and Designated Supportive Living, the use of Green Sleeves was 97-99 per cent and in acute care was 83-98 per cent, the report found. There was also a high compliance with GCD orders during end-of-life care by healthcare providers.

Further work will be done with the Strategic Clinical Networks and Primary Health Care to continue to build on the reach of Advance Care Planning and the use of Green Sleeves across the continuum of care.

ELT recognizes this is a major accomplishment in Alberta and would like to thank everyone who has helped make this initiative a continued success and AHS a leader in Canada. None of this would be possible without the frontline staff who have supported this clinical and cultural shift in care delivery.

Look for following health care provider and patient and family ACP GCD resources currently under revision:

- ACP/GCD E-learning modules are being updated to reflect updates to the policy and more current practice.
- The new Conversations Matter Guidebook will include layman descriptions of the 7 GCD’s
- Clinical FAQ’s to be updated and posted online

Any questions please contact sharon.iversen@ahs.ca.

April 16th is Advance Care Planning Day – start planning now to promote ACP GCD in your workplace
Palliative Care, Early and Systematic (PaCES)

Palliative Care, Early and Systematic (PaCES) Update:

Implementation of the new clinical practice guideline “Integrating an Early Palliative Approach into Advanced Colorectal Cancer Care” is officially underway in Calgary! Beginning January 2019, patients with advanced colorectal cancer living in the Calgary Zone can be referred to Janet Vandale RN MN, Community-based Palliative Care Clinical Nurse Specialist, for early palliative care needs.

Early palliative care needs may include:
- Illness comprehension and coping;
- Symptoms and functional status;
- Advance care planning and decision-making;
- Coordination of care.

Jan’s role involves meeting with patients and families, monitoring needs on an ongoing basis, and coordinating care between oncology, palliative care and family physician teams to ensure essential early palliative care elements are addressed.

So far, patients have been overwhelmingly grateful for the palliative care support they’ve received through Jan: “I was afraid to ask about what was coming, but it helps to have it out in the open. I feel like I don’t have to push those thoughts away all the time.” (Patient)

The provincial clinical practice guideline, interactive pathway, and accompanying resources can be found at www.ahs.ca/guru under Gastrointestinal and/or Palliative & Supportive Care (Metastatic Colorectal Cancer: Early Palliative Approach).

For more info on PaCES see www.pacesproject.ca.

Central Zone

People are increasingly using social media as a source of news and information. As more people rely on social media for information, it becomes more susceptible to develop as a place for misrepresentation. Even a well written article, quoting fictitious research, can seem credible. Therefore, users have the challenge to discern which pieces are credible or not. Our clients and families are reading these article and bringing them forward to their healthcare team, and recently during palliative education sessions in central zone, staff have brought forward a few articles questioning best practice standards. These articles were opinion based, quoting speculative research articles and are full of bias. Yet, they were seen as credible enough to challenge current best practice and evidence based standards by multiple staff members on multiple occasions. It provides a good opportunity to remind ourselves and colleagues that our best practice is founded on evidence based research.

Keeping in mind that a resource is not always good or bad; there are a lot of gray areas. The AHS Knowledge Resource Service (KRS) (Libraries) suggests asking questions about the relevance. “How current is the information? Are you looking for historical or recent information? Does it meet your informational need? Is it appropriate for the reading and intellectual level of you or your audience? What is the depth of the knowledge? Who is providing this information? Why should I trust this person/organization? What are their qualifications or credentials? Are the spelling and grammar correct? Where did their research come from? Does it match what you already know? What is the purpose of this information? Do they want my money? Persuading me? Is there a bias or particular agenda?” Although social media has its function and offers opportunity for discussion. It is a good reminder that, “scholarly resources are written by experts, reviewed by experts and provide supporting evidence.”
The space between guessing and knowing can be closed with a conversation.

When it comes to planning for your future health care, are you, your family and friends prepared? If you were sick and couldn’t speak for yourself, would they know your wishes?

All too often we assume people know what we’re thinking. The Irish playwright George Bernard Shaw once wrote, “The single biggest problem in communication is the illusion that it has taken place.” You might be surprised by the space between what you want for your future care and what your loved ones think you want.

Fortunately, there’s an easy way to close this space: have a conversation.

Talk to those around you. Talk to your health care providers. Most importantly, talk to your substitute decision maker(s), the people who would make health care decisions in case you cannot speak for yourself; they need to know about your values, what is meaningful in your life, and how you would like decisions to be made.

April 16th is National Advance Care Planning Day, a day to promote conversations about your wishes and values for your future health care. The “Speak Up” initiative has a website (www.advancecareplanning.ca) full of information, tools, and prompts to help with starting these conversations. There are also links to resources for specific provinces and territories because the process of expressing values and wishes differs across the country. Dr. Chad Hammond, Program Manager of the initiative says, “It’s commonplace to hear stories of people who were sure their loved ones knew what they wanted but had never sat down to check with them and talk it out. When they finally did, they were quite shocked at what their loved ones had assumed. That first conversation can be a bit of a revelation for some, but loved ones are always grateful to have the opportunity to clarify things.”

The campaign toolkit, available on our website, includes a brochure, poster, social media template, and a game to see how well friends and family know each other! You can share inspiring conversations or card game results online using the hashtags #ACPDay2019 and #TheyKnowMeWell.
Within the Palliative and End-of-Life Care (PEOLC) Alberta Provincial Framework 2014, standardizing and spreading palliative emergency symptom management support provided by clinicians and Emergency Medical Services (EMS) within every zone was identified as a top priority. Over the past several years, all the zones have worked collaboratively to help develop a provincial EMS PEOLC Assess, Treat and Refer (EMS PEOLC ATR) Program.

This program helps to support patients experiencing symptom crisis within the community. Over the last three fiscal years, the program has rolled out across the province and broadened to allow greater access to patients and families. Continuing to provide additional palliative care education for paramedics, expanding the program to the pediatric population, evaluation and sustainability planning are priorities for this fiscal year’s work (Phase III).

Recent Program Activities/ Highlights

EMS PEOLC ATR Phase III roll-out

The EMS PEOLC ATR program has been expanded to include pediatric patients officially rolling out on April 1, 2019.

Many hours of work has been put in to design and implement this aspect of the program.

There was six Provincial education sessions conducted along with multiple marketing materials updated and produced as both hardcopy and digital resources.

“Family was grateful and receptive to all treatments, and willing to be patient to allow time for the medications to work. We felt as though we had a long time to be with them, and were able to develop relationships with them, and develop a rapport which made the conversations and the treatment progress easily. The patient and her common law partner both called us “Angels” as they had felt that we had really made a difference for them.

After the patient was made comfortable, I felt a sense of satisfaction that this patient was comfortable, and that I was able to provide them some answers and some help in a system that is often very difficult to navigate unless someone is giving guidance and knowledgeable advice.”

– Trevor Vanderberg, EMS Edmonton
EMS Learning Essential Approaches to Palliative Care (LEAP) Courses

EMS Learning Essential Approaches to Palliative Care (LEAP) courses have been occurring throughout the Province. A total of 10 courses have been conducted with over ~120 frontline staff, including Paramedics, Nurses, Physicians and Occupational Therapists, have benefited from this valuable training.

We would like to extend a special thanks to all the LEAP facilitators who took time from their busy schedules to facilitate these important courses. The knowledge gained by the participants will go on to help patients across this province.

Thank you – Tanya Smith, Terri Woytkiw, Sherri Pfisterer, Pam Cummer, Marlee Parker, Pansy Angevine, Dr. Eleanor Foster, Christine Vanderberg, Beth Quan, Dr. Srin Chary, Ian McEwan and Cory Christianson.

The EMS PEOLC ATR program received a Reviewers Choice Award for the poster presentations at the What’s Up Doc Conference in Banff on March 1st, 2019.

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Inquiries from EMS related to the Assess, Treat and Refer program may be directed to: ems.palliative@ahs.ca.

For more information on EMS PEOLC ATR see EMS Initiative on https://myhealth.alberta.ca/palliative-care
Our Spotlight on Quality Management across the Calgary Zone Hospices

The Calgary Zone Hospice program was established in 1992 with the opening of three beds at the Salvation Army’s Agape Hospice. Twenty-seven years later, the program has expanded to include seven hospices that serve 114 patients and their families daily. Through this development the Calgary Zone PEOLC program established a Hospice Operations and Access Manager role to facilitate collaborative work, ensure safe patient transfers, high quality hospice care and build community amongst the hospices.

The twenty-seven years of growth has laid a solid foundation that supports the Alberta Health Services Palliative and End of Life Care (PEOLC) vision for all adults in the Calgary Zone to have access to excellent sustainable integrated advance care planning, palliative and hospice care, and bereavement support.

Through the years, a Hospice Quality Management (HQM) committee was established to serve as a forum for Quality and Safety Management and collaborate on hospice program development. This forum has provided for the ability to identify collective needs for quality improvement. One example was the successful development and implementation of improved pathways for the transfer of information to all hospices.

The spirit of program collaboration was amplified by the introduction of the Continuing Care Health Service Standards (CCHSS) into the hospice setting in 2016 - 2017. The CCHSS team was instrumental in supporting each hospice to become familiar with the standards and their applicability to the specialized end of life care program. Common themes emerged related to areas of hospice care that required further development under the CCHSS. One example was the need to develop documented plans of care in response to patient-stated goals. Patient goals identified included a variety of priorities from maintaining enough mobility to transfer with minimal assistance, to management of symptoms, to being able to hold a final Grey Cup party at the hospice with family and friends. This work has inspired a sense of hope that has enhanced the quality of life for patients and families, and created a rich rewarding work environment for staff.

This collaborative work has also led to discussions on areas of common interest amongst the hospice teams, like education, policy development, and team resilience. A hospice education day dedicated to front-line staff was developed and held in the fall of 2018 and hosted topics including managing complex mental health issues in patients at end of life, differentiating between palliative sedation and medical assistance in dying, and caring for patients from the LGBTQ2+ community. The day saw over 30 participants come together for a successful day of learning and networking.

The Hospice Quality Management committee has now expanded to form the Hospice Clinical Nurse Educator committee. There’s also a Hospice Medical Directors committee that meets quarterly with the PEOLC Medical Director that discusses areas of quality care with a physician focus. Additionally, the PEOLC Director leads quarterly Hospice Executive Director Steering committee meetings to promote collaboration and develop strategies related to collective residential hospice care between hospice operators and AHS Palliative/End of Life Care Program (PEOLC).

The PEOLC/Hospice collaborative work strives to exchange information and engage in quality improvement with the intent to support patients to believe “you matter because you are you, and you matter to the end of your life. We will do all we can not only to help you die peacefully, but also to live until you die” (Dame Cicely Saunders).
Alberta Health Services has deployed a new and improved Continuing Care Connection (CCC) website to replace the Continuing Care Desktop (CCD). The new site is designed with you in mind by making it compatible with your mobile device and easier to find resources. Other key features include an events calendar, announcements, and an education tutorial to help you become familiar with the new site. The new site is your new go-to-source for everything related to Continuing Care and CCHSS.

Features a learning calendar where users can view upcoming education.

**Four main tabs:**
- Standards
- Policies
- Resources
- Learning

Also including additional items on the site:
- What’s New
- About Us
- Contact Us

The CCD is longer accessible.

During the month of March you may have received a notice describing the transition of current CCD users to the new CCC website. If you have not yet registered at the new CCC we encourage you to check your emails for the registration email.

If you have not previously accessed the old CCD site you will have to register as a new user at connection.ahs.ca

Palliative and End-of-Life Care Resources can be found under the Resources > Practice Resources > Hospice, Palliative and End-of-Life Care.
The North Zone was pleased to host a LEAP session in Grande Prairie in conjunction with the Cancer Clinic in February. High Level held a LEAP Core session March 7th and 8th, with 25 participants attending. LEAP EMS and Core sessions are planned in Grande Prairie and Fort McMurray with the support of the Provincial Palliative Team. The NZ Palliative Care Team continues to offer regular education sessions for professional staff and Health Care Aides.

Fort McMurray has established a local interdepartmental Palliative Care Committee with the goal of improving palliative care delivery in the community. In January, the Palliative Care Resource Nurse shared information about the NZ Palliative Program with agencies serving the homeless population in that community.

We have been strengthening community partnerships and engagement.

The Peace Palliative Care Society purchased a board for our facility and the NZ Palliative Care Team will keep it current. We hope to raise public awareness on a variety of palliative care topics, as well as promote the Peace Palliative Care Society and the NZ Palliative Care Team. Our inaugural board went up in December, and the following pictures are of the December and February boards. The board planned for April/May will promote Advance Care Planning and Goals of Care.

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