Palliative care program facilitates dying at home

LHIN addresses service gaps

BY GRAHAM STRONG

A relatively new provincial palliative care plan is designed to make dying at home, or at least closer to home, a reality. In the North West LHIN, the focus of its Regional Palliative Care Program (RPCP) to date has been on working on system planning, identifying gaps in services, and helping to build capacity, said Jill Marcella, RPCP co-ordinator. Two years after launch, the North West LHIN is now preparing to support the development of an integrated service-oriented program.

"Since 2015, our program has really focused on developing partnerships…with the goal of creating a system of care that will be accessible to anybody needing palliative care services regardless of where they live, or what their diagnosis or prognosis is," Marcella said.

The RPCP, like its counterparts in other LHINs, grew out of the End-of-Life Care Network. The main difference is there is now a provincial three-year palliative care plan with identified priorities.

In the North West LHIN, the St. Joseph's Care Group (SJCG) is the designated lead agency, a good fit considering the organization provides long-term care and hospice services.

Each of the LHINs was tasked with developing a regional palliative care plan. In the northwest, the plan includes bringing together fragmented palliative care services, streamlining access, and addressing gaps in service.

Part of the initiative is to set up and support regional health hubs. Currently, the program has formal agreements with eight communities in northwestern Ontario, with another two in development, Marcella said. Under this framework, the RPCP helps support each community to develop a local palliative care plan.

Jill Marcella, co-ordinator, and Dr. Kathy Simpson, regional physician clinical co-lead for the Regional Palliative Care Program in the North West LHIN. Two years after launch, the LHIN is preparing to support development of an integrated service-oriented program.

Dr. Kathy Simpson, RPCP regional physician clinical co-lead, said health-care professional buy-in has been good in Thunder Bay and across the region.

"Palliative care crosses all diseases, it crosses geography, and it crosses all health-care disciplines," Simpson said.

LEAP (Learning Essential Approaches to Palliative care) sessions facilitated by physicians provide information to health-care professionals.

"We've been out in the communities educating social workers, nurses, PSWs, and physicians on palliative care."

The program works closely with First Nations. There are many challenges to providing end-of-life services to remote First Nations in a culturally sensitive way, but there have been several successes already.

"It takes a lot of planning ahead of time in order for that to be successful," Marcella said. "Our program has been working on supporting education with home care providers (in First Nations) to build capacity."

Two of the services the RPCP currently offers are in-home consults via the Ontario Telemedicine Network (OTN) and a 24/7 Palliative Care Consultation Phone Line. This call-in service provides health-care professionals with "support, guidance, and confidence" when caring for their patients. Because it is a Thunder Bay-based service, advice comes from people who understand the realities of providing care in northwestern Ontario.

One barrier to care in the region is inadequate access to 24/7 services outside of community hospitals. To address this, annual funding of $105,000 is now available for six new hospice beds in the region in six separate hospitals across the North West LHIN. This will allow for 24/7 end-of-life care, so patients do not have to leave their home communities to get the care they need.

The beds will be located in the hospitals and funding will cover costs of nursing and personal support services.

Palliative care provides systemic as well as patient benefits. It can relieve pressure on acute care services, particularly in emergency departments, since ongoing care has been shown to reduce trips to ER and hospital admissions. The RPCP is also trying to reduce bottlenecks in the system directly by negotiating transportation agreements with EMS to transport patients to a hospice bed rather than to the emergency department, for example.

One notable service not directly provided through RPCP is Medical Assistance in Dying (MAID). Each LHIN is different with various levels of integration of this service. Since the SJCG is a Catholic organization and does not provide MAID services on religious grounds, it makes sense to keep these services somewhat separate in the North West LHIN.

However, Simpson stressed it's not an either/or situation.

"We want to ensure (patients) have all the information about palliative care as well as MAID. They do not have to choose one service over another," Simpson said.

Currently, the RPCP is working to bring more services directly under its umbrella.

"In the northwest, what we find is that we have pockets of expertise in different locations, but they're not central and they're not co-ordinated," Marcella said. "That clinical program is what needs to be established. That's one of our top priorities for this year… it's a really big piece of our work as a regional program." ■

Lakehead families grateful for access to end-of-life options

BY GRAHAM STRONG

In the North West LHIN, medical assistance in dying has been administered to 18 patients, including seven in Thunder Bay and 11 elsewhere in the region.

Dr. Margaret Woods, chief of general and family practice at Thunder Bay Regional Health Sciences Centre (TBRHSC) and a member of the multidisciplinary MAID resource group, expects the number of requests to increase.

"Patients and families are very happy with the service," Woods said. "From a practitioner's perspective, it's rewarding because you are able to provide all the options for end-of-life care."

There have been some challenges. For example, currently, there isn't a fee code for medically assisted dying or a compensation structure for physicians travelling to the region to provide access to the service. Nor are all communities offering the service due to resource issues.

Only physicians and nurse practitioners can administer medically assisted death, though they require additional training. The Canadian Medical Association provides practitioners with training sessions including one held in late October in Thunder Bay.

A mentoring network for physicians providing MAID services is offered by the Ontario College of Family Physicians thanks to funding from the Ministry of Health and Long-Term Care.

"I'm hoping that moving forward primary care practitioners will feel more comfortable with the process as we gain more experience," Woods said.

In the North West LHIN, MAID services are separate from the Regional Palliative Care Program. The Thunder Bay Regional Health Sciences Centre is the designated lead agency for the former, and St. Joseph's Care Group for the latter.

However, palliative care doctors routinely provide referrals to MAID from patients who want to learn more about this care option.

"Individuals who are requesting (MAID services) are often already receiving palliative care services: Woods said. "When we have a mutual patient, we work very closely to provide palliative care symptom management. But the palliative care physicians are not providing medically assisted dying services."

"It's really a profoundly personal choice for patients, and it allows the patient dignity and control over their own end of life. They're extremely grateful they have this choice," Woods said. ■