

# Palliative Care Education Day

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# Objectives

- Provide an overview of the Ambulatory Palliative Care Clinic at WRH-Metropolitan Campus.
- Provide an overview of the Inpatient Palliative Care Consult Service at WRH-Metropolitan and Ouellette Campuses.

# Ambulatory Clinic

- Outpatient clinic seeing patients referred from the Medical/Radiation Oncology Department or PC MDs.
- Clinic is located behind the registration desk at the WRCC.

# Ambulatory Clinic

- Team Members:
  - 2 MDs (Aoun, Freeman)
  - Nurse (C. Messina)
  - Social Work
  - Dietician
  - Clerical Support

# Ambulatory Clinic

- Referral Criteria
  - Life expectancy less than 1 year.
  - As referrals only come from Medical/Radiation Oncology and Inpatient PC colleagues, there must be a malignancy present (co-morbidities that affect life-expectancy can certainly also be present).

## Interdepartmental Referrals Palliative

### CRITERIA

(Patients **MUST** meet these criteria to be seen)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Life expectancy of<br><u>less than 1 year</u> | <input type="checkbox"/> Malignant pain<br>(if pain is an issue) | <input type="checkbox"/> Patient <b>must</b> be aware<br>of referral |
|--|--|--|

DIAGNOSIS:

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REASON FOR REFERRAL:

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TENTATIVE MANAGEMENT PLAN:

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Referring Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Referring Clerk:** Fax 2 copies of this referral

**Palliative Clerk:** CCO Wait Times = 14 days

- PCP Name \_\_\_\_\_
- PCP Fax \_\_\_\_\_
- PCP Fax Confirmation Date/Initials \_\_\_\_\_
- Fax to Drs. Aoun/Freeman **519-255-6743**

- Referral date entered in MQ
- Referring Physician entered in MQ
- Social Work booked
- Consultation booked
- Patient Contacted

### Primary Care Physician (PCP):

Please be aware that this referral is being submitted for palliative care for our shared patient. As the PCP, if you wish to assume palliative care for your patient please contact this referring physician directly to discuss. You can reach Dr. \_\_\_\_\_ @ 519-255-6757.

# Ambulatory Clinic

- Goal
  - Help support patients and families who are dealing with a life-threatening malignancy.
  - The aim of this care is to prevent and relieve their suffering, so they can have the best possible quality of life.

# Ambulatory Clinic

- Process
  - Referred patients are seen in consult by PC MD and team usually within 2 weeks of referral.
  - Follow-up (in clinic) frequency ranges from 1-6 weeks based on patient needs.
    - Other services (SW, Dietician) may see on a different basis



# Ambulatory Clinic

- Process
  - Team works collaboratively with LHIN professionals/services, WRCC team, Pharmacists, Family MDs, etc...
  - Goal is for 'same day' return of patient/family calls

# Ambulatory Clinic

- Care Transition
  - Patient care is often transitioned to the Hospice Team (home visits).
  - Occasionally, following a hospital admission, the patient will not return to our clinic (death, direct to residential home or PCU).

# Ambulatory Clinic

- Considerations/Reasons for Care Transition
  - Prognosis (<3 months, 3-6 months and no active treatment)
  - Goals of care are symptom focused
  - Poor functional status
  - Patient/family preference

# Ambulatory Clinic

- Areas for Growth
  - Increased patient volumes
  - 24/7 on-call coverage
  - Non-cancer illnesses

# Inpatient Consult Service

- Available at all campuses
- Referrals from any service/specialty
- Cancer and non-cancer
- Life-expectancy < 12 months
- Consult with shared care often provided

# Inpatient Consult Service

**PCTC** **PALLIATIVE CARE TEAM CONSULT**

Ordering Doc: 00000      Name: Unknown doctor      **Single Order**

Schedule: ONCE      Priority: ROUTINE ORDER      Quantity: 1

Start: 8/ 3/2017      10:55:00 AM

Print Requestor Copy  
 Yes     No

Please indicate ALL that apply:

<input type="checkbox"/>	Pain
<input type="checkbox"/>	Delerium
<input type="checkbox"/>	Bowel Dysfunction
<input type="checkbox"/>	Nausea/Vomiting
<input type="checkbox"/>	Dyspnea
<input type="checkbox"/>	End of Life Care Cons-Not transferof MRP
<input type="checkbox"/>	Emotional Distress/Spiritual Support

**Send**      **Cancel**      **Help**

# Inpatient Consult Service

OC - Order Entry

**PCTC** **PALLIATIVE CARE TEAM CONSULT**

Ordering Doc: 00000 Name: Unknown doctor

Schedule: ONCE Priority: ROUTINE ORDER Quantity: 1

Start: 8/ 3/2017 10:55:00 AM

Single Order

Print Requestor Copy  
 Yes  No

<input type="checkbox"/>	Emotional Distress/Spiritual Support
<input type="checkbox"/>	Individual/Family Counselling - SW
<input type="checkbox"/>	Determination of the goals of care
<input type="checkbox"/>	SW Advocacy-Comm.Services/Legal/Finances
<input type="checkbox"/>	Last Days & Hours Order Set initiated
<input type="checkbox"/>	Other

If Other:

Send Cancel Help

# Inpatient Consult Service

- Care Transition
  - Ambulatory Clinic
  - Hospice Team
  - Residential Home or PCU
  - Death







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