

Anticipatory Planning

The Good, The Bad & The Ugly

Presenters: Lorna Ross

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BY
Pallium Canada



*The BC Centre for Palliative Care
is the provincial hub partner of the
Palliative Care ECHO Project in British
Columbia*



Introductions

Presenters

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South Island
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Island Health



Learning Objectives

By the end of the session, participants will be able to:

*Reflect on what
Anticipatory Planning
is...or isn't*

*Bring ideas to support
the team when there is
tension around goals of
care*

*Think more deeply
about and explore
barriers to “planning”*

Thinking about Anticipatory Planning...

What comes to mind for you?

Please share in the chat!

Acknowledge the good

- When things go well, we have a plan good palliative care, healthy relationships, client and family feel well supported the transition is smooth the team are engaged

That is not what we are talking about today



Anticipatory Planning

The Pros...

- Early conversations
- Building rapport
- Equipment
- location
- Goals of care documented
- time to answer questions
- paperwork in place
- Medication adjustments
- plan for after death

The Cons...

- There are no cons if we are on the same page
- It can become about our needs not the patient needs- increases our moral distress
- Can feel pressured to have everything in a neat and tidy package
- It doesn't all go to plan
- It can create distress for patient and family
- The client isn't the focus- lost in the list of "to-do's"
- Having conversations when they are not ready

Breakout...

- How do you navigate clients who are receiving palliative care or a palliative approach to their care with active goals of care?
 - Supporting clinicians who may be distressed by a clients choices/wishes/hopes
 - Supporting clients what helpful phrases do you use
 - Supporting in the tension



Share your thoughts...

- What came up for your group?

Oh the paperwork!

island health

Planning for Palliative Care at Home Check
For Use in Palliative Care Units & Home and Community

CURRENT SERVICES

Symptom Control Clinic HCC Rehab Home Support Services (as required)

HCC Clinic HCC Social Work Hospice Registration and Referral

HCC Nursing Home Visits HCC Case Manager Hospice Binder (where appropriate)

After Hours Palliative HCC Dietitian Referral to HCC Occupation Therapy or Physical Therapy for mobility aides (as req)

Nursing Service HCC Respiratory Recliner /Lift Chair- preferred (as required)

(Centre & North Island Only) Home Support Services (HSS) Preferred Location of Death: Home Hospice bed Residential Care Facility

Private HSS Inf Cancer Clinic (obtain consults) do

PLANNING @ Palliative Performance Scale (PPS) 50%

Referral to HCC Nursing (in PARIS/HCC-End of Life/NSG-Palliative Care)

Referral to Palliative Care Coordinator – CI & NI only (in PARIS/Palliative Care Coordinator)

My Health Plan

Advanced Directive Representation Agreement My Voice

Will/Power of Attorney

BC Palliative Benefits

No CPR

Home Support Services (as required)

Hospice Registration and Referral

Hospice Binder (where appropriate)

Referral to HCC Occupation Therapy or Physical Therapy for mobility aides (as req)

Recliner /Lift Chair- preferred (as required)

Preferred Location of Death: Home Hospice bed Residential Care Facility

PLANNING @ PPS 40%

Hospital Bed (as required)

PLANNING @ PPS 30%

Notification of Expected Death form - Fax copy to Funeral Home

Nurse to Pronounce (conversation with GP/Family)

Arrange for injectable or alternate routes of medication to be available in the home unable to swallow.

Analgesia Restlessness Other subcutaneous

Anti-emetic Secretions Ph:

HANDOUTS

After Hours Palliative Nursing Service - Pamphlet (CI, NI and Gulf Islands only)

A Caregiver's Guide

Island Health - As Death Approaches

Island Health - Food and Fluids at End of Life

Compassionate Care Employment Insurance

Hospice (community specific)

Other _____

Clinician Signature/Designation: _____

GEN 195 (September 29, 2015)
File in Single Client Record, Section 8 (Consent / Advance Care Planning)

BRITISH COLUMBIA | Ministry of Health

NOTIFICATION OF EXPECTED DEATH IN THE HOME
To be completed by the Attending Medical/Nurse Practitioner

ATTENTION: FUNERAL DIRECTOR

NAME OF FUNERAL HOME _____

ADDRESS _____ CITY _____ PROVINCE _____ POSTAL CODE _____

This is being sent to you in anticipation of death at home in the near future. You have been identified as the funeral home of choice. The family has been instructed to call you one hour after death has occurred for transport of the body.

As the attending medical/nurse practitioner, I certify that this person is known to me and that to the best of my knowledge and belief this is a natural and expected death. Upon death I authorize you to transfer the body and to complete the Registration of Death. I, or my designate, will complete the Medical Certificate of Death within 48 hours. This authorization shall be in effect for 3 months from the date signed.

PATIENT'S NAME _____ GENDER M F _____ DATE OF BIRTH (DD/MM/YYYY) _____ PERSONAL HEALTH NUMBER _____

ADDRESS _____ CITY _____ PROVINCE _____ POSTAL CODE _____

PRECAUTIONS, IF ANY: _____

NAME OF ATTENDING MEDICAL / NURSE PRACTITIONER _____ PRACTITIONER COLLEGE ID NUMBER _____ PHONE NUMBER _____

ADDRESS _____ CITY _____ PROVINCE _____ POSTAL CODE _____

COMMENTS _____

SIGNATURE OF ATTENDING MEDICAL / NURSE PRACTITIONER _____ DATE SIGNED (DD/MM/YYYY) _____

AUTHORIZATION OF DISPOSITION FOR EXPECTED DEATH AT HOME
To be completed by the person authorized to control the disposition for the expected death at home of: _____

I certify that I am legally authorized to make decisions after death has occurred and that the plan for management of expected death at home has been discussed and agreed to. I agree to the transfer of the body from the home without pronouncement of death by a health care professional and that we will follow the plan by noting the time of death and agreeing to wait at least one hour from the time of death to call the funeral home for transfer of the body. I agree to indemnify and hold harmless the Funeral Home, its employees and agents, from any liability for claims, damages, costs and expenses of whatever kind or nature (except any claim arising out of or in connection with the willful misconduct, malfeasance, or negligence of the Funeral Home, its employees and agents) incurred in connection with or arising from the Funeral Home dealing with the Patient's body on my instructions.

RELATIONSHIP TO DECEASED
from the Cremation, Interment and Funeral Services Act, Sec 5 (1):
Authorization of disposition is in order of priority as set out below.

a) personal representative named in the will;

b) spouse of deceased;

c) adult child of deceased;

d) adult grandchild of deceased;

e) if deceased a minor, legal guardian of deceased at time of death;

f) parent of deceased;

g) adult sibling of deceased;

h) adult nephew or niece of deceased;

i) adult next of kin of deceased, determined under sections 89 and 90 of the Estate Administration Act;

j) minister under the Employment and Assistance Act or the official administrator under the Estate Administration Act;

k) an adult person having a personal or kinship relationship with the deceased, other than those referred to in paragraphs (b) to (d) and (f) to (i).

printed name _____

signature _____

date signed _____ contact phone number _____

HETH 3987 2015/07/30 Copy 1: Family Copy 2: Home Health Office/Community Nursing Copy 3: Funeral Home

PRINT **CLEAR FORM**

BRITISH COLUMBIA | Ministry of Health

BC PALLIATIVE CARE BENEFITS REGISTRATION
For - 1. palliative care drug coverage, reassessment or cancellation, and 2. requesting an assessment for medical supplies and equipment

HEALTH 549 Rev. 2021/10/13 PAGE 3

Information on these benefits, see the Prescriber Guide at www.gov.bc.ca/pharmacare/palliativecareprescriberinfo.

FORMS THAT ARE INCOMPLETE, UNSIGNED OR SUBMITTED BY UNAUTHORIZED PERSONS WILL BE RETURNED.
Medical or nurse practitioner fax number or address is provided, Health Insurance BC (HIBC) will be unable to send a response.

If you are a Practitioner-Patient privileged and contains confidential information intended only for the recipient. Any other distribution, copying or disclosure is strictly prohibited. If you have received this form in error, please destroy it and notify the practitioner.

INSTRUCTIONS: 1. Fax ONE copy of this page to HIBC at 250-405-3587. 2. Fax ONE copy of this page to the local Home and Community Care Office. Contact numbers are available from HealthLink BC (phone 8-1-1), or by visiting <http://find.healthlinkbc.ca> and, in the Find Services "What?" field, entering "home and community care".

New Patient Reassessment (required after 12 months) Cancellation (patient no longer qualifies) - complete Step 1 and 4 only

1 OF 4: PATIENT'S INFORMATION (please print or type)

Name _____ First Name _____ Middle Name _____

Health Number (PHN) _____ Date of Birth (yyyy / mm / dd) _____ Gender Male Female Telephone Number (include area code) _____

Address _____ City _____ Province _____ Postal Code _____

2 OF 4: PATIENT'S CONSENT (MANDATORY) - SIGNATURE IS REQUIRED IN OPTION 1 OR 2

Option 1: Patient's Signature (a signature is required here OR in Option 2 below)
Signature of Patient _____ Date Signed (yyyy / mm / dd) _____

Option 2: Signature of Substitute Decision Maker - Legal Representative or Practitioner (a signature is required here OR in Option 1 above)
Patient is unable or unavailable to sign the above section (Option 1)
Signature of Legal Representative or Practitioner _____ Date Signed (yyyy / mm / dd) _____ Telephone Number (include area code) _____

Name (print or type) _____ First Name (print or type) _____ Initial _____ Relationship to Patient _____

3 OF 4: CERTIFICATION BY MEDICAL OR NURSE PRACTITIONER - MUST BE COMPLETED BY PRACTITIONER (MANDATORY)

Diagnosis _____ Other Diagnosis _____

This patient meets all four eligibility criteria as defined below (all four criteria must be met):

- is diagnosed with a life-threatening illness or condition that has a life expectancy of up to 6 months
- wishes to receive palliative care at home (home as defined on page 1)
- consents to the focus of care being primarily palliative rather than treatment aimed at a cure

Drug Assessment Using SPICe Tool on page 2 (required)
List at least 1 Clinical Indicator (for example, 1.a, 1.c): _____ List at least 1 Clinical Indicator (for example, 2.d,11): _____

4 OF 4: SIGNATURE OF MEDICAL OR NURSE PRACTITIONER (MANDATORY)

Signature of Medical or Nurse Practitioner to certify eligibility and to request coverage

Date of Registration (yyyy / mm / dd) _____ Practitioner College ID Number _____

Practitioner Tel Number (with area code) _____ Practitioner Fax Number _____

Information on this form is collected under the authority of s22 of the Personal Information Act for the operation of the Ministry of Health BC Palliative Care Benefits Program (Plan P). Personal information will be collected for the determination of eligibility for enrollment in Plan P. Personal information will be released to Pharmacare for the provision of drug benefits and, where necessary, to the local Home and Community Care office for the distribution of supplies and equipment needs. If you or the applicant have questions about the collection of personal information on this form, contact the Health Insurance BC (HIBC) Chief Privacy Officer at P.O. Box 9625 STN Prov Govt, Victoria BC V8L 6S4 003-1111 (Toll-free) or 1-800-667-7100 (toll-free). This information will be collected, used and disclosed in accordance with the Privacy Information and Protection of Privacy Act and the Personal Information Act.

Save **Print** **Clear Form**

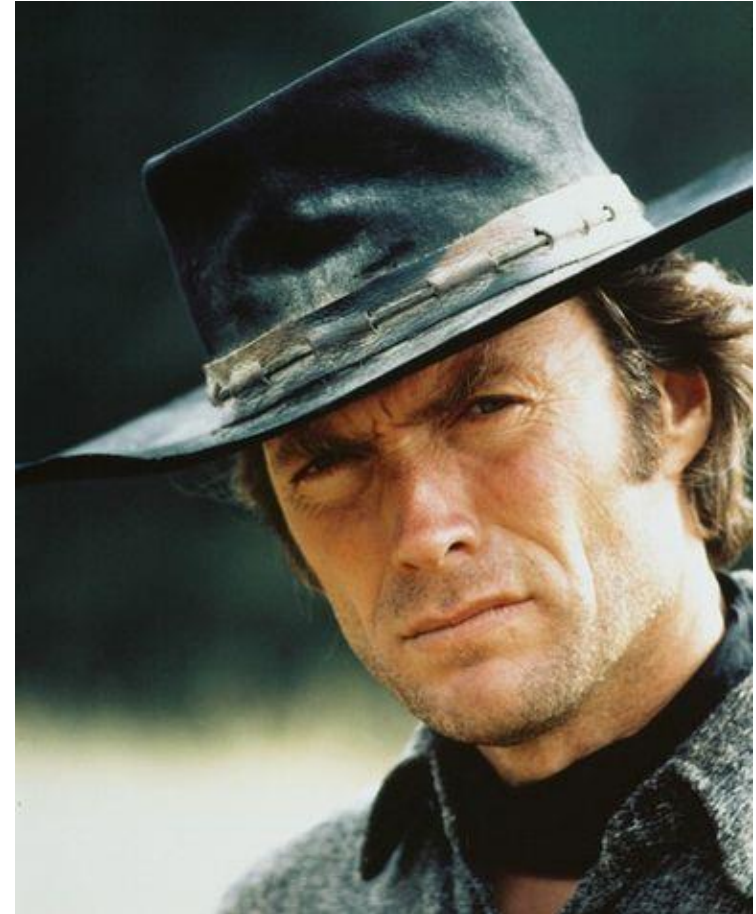


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When we can't plan...

- Importance of language
 - What language are we using?
 - *Palliative*
 - Hospice care vs Palliative care
- Labelling denial
- Exploring fears and understanding
- Who's agenda is it
- Transparency
- There may be a reason

Angela's story



The chronically ill

- What is “palliative”
- Challenges for the home care team
- What does “palliative nursing” mean?
- What barriers does it present?

It can be vague and challenging... this should be acknowledged.

Breakout...

- Do we miss opportunities for anticipatory planning?
 - How do we explore fear and understanding?



Share your thoughts...

- Share your takeaway from today...

Thank You

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The Palliative Care ECHO Project

The Palliative Care ECHO Project is a 5-year national initiative to cultivate communities of practice and establish continuous professional development among health care providers across Canada who care for patients with life-limiting illness.

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