Anticipatory Planning

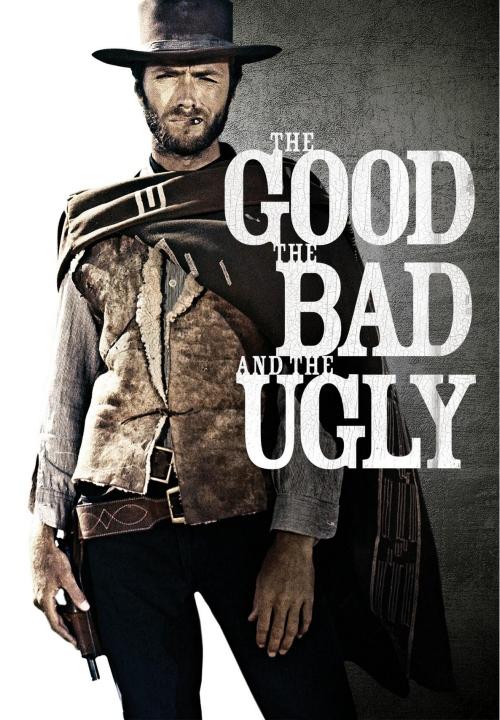
The Good, The Bad & The Ugly

Presenters: Lorna Ross Date: May 16th, 2023





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



Introductions

Presenters

Lorna Ross, RN MA CHPCN (C) South Island Palliative Care Coordinator, 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!

HLTH 3987 2015/07/3

date signed

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Palliative Care

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ATTENTION: FUNERAL DIRECTOR						HUTH 349 Rex. 2021/10/13 PAGE 3		
NAME OF FUNERAL HOME						FORMS THAT ARE INCOMPLETE. UNSIGNED OR SUBMITTED BY UNAUTHORIZED PERSONS WILL BE RETURNED.		
ADDRESS C	CITY			PROVINCE	POSTAL CODE	edical or nurse practitioner fax number or address is provided, Health Insurance BC (HIBC) will be unable to send a response.		
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This is being sent to you in anticipation of death at home in the near future. You in instructed to call you one hour after death has occurred for transport of the b		en identified as t	he funeral ho	me of choic	ed. If you have received this form in error, please destroy it and notify the practitioner. G 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.			
As the attending medical/nurse practitioner, I certify that this person is know expected death. Upon death I authorize you to transfer the body and to com Certificate of Death within 48 hours. This authorization shall be in effect for 3	plete the Re	gistration of Dea	th. I, or my d			Contact numbers are available from Healthurk BC (phone 8-1-1), or by visiting http://find.healthinkbc.ca and, in the fire fire sorvices Whatef Teld, entering "home and community card and community card ew Patient Beassessment (required after 12 months) Cancellation (patient no longer qualifies) – complete Step 1 and 4 only		
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NAME OF ATTENDING MEDICAL / NURSE PRACTITIONER		PRACTITIONER CO	LLEGE ID NUMBE	R PHONE NU	MBER	ton 1: Patient's Signature (a signature is required here OR in Option 2 below) sent to registering for drug coverage and an assessment of medical equipment and supply needs.		
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I certify that I am legally authorized to make decisions after death has	RELATIO	DNSHIP TO DEC	EASED			ertify this patient meets all four eligibility criteria as defined below (all four criteria must be met):		
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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	Authorit	tation of dispos	ition is in ord	ler of priorit	y as set out below.	ting Assessment Using SPICT Tool on page 2 (required)		
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CLEAR FORM

Copy 1: Family Copy 2: Home Health Office/Community Nursing Copy 3: Funeral Home PRINT

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

The Palliative Care ECHO Project is supported by a financial contribution from Health Canada.

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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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