

PALLIATIVE CARE EARLY AND SYSTEMATIC (PACES)

Integrating an Early Palliative Approach into Advanced Colorectal Cancer Care

Faculty/Presenter Disclosure

Faculty: Aynharan Sinnarajah

Relationships with financial interests:

Grants/Research Support: CIHR, Alberta Health, Canadian Frailty Network, MSI Foundation, University of Calgary

Speakers Bureau/Honoraria: None

Consulting Fees: None

Patents: None

Other: University of Calgary, Alberta Health Services

Mitigating Potential Bias

- Health system and research grants
- Low risk of potential bias

PaCES Core Team



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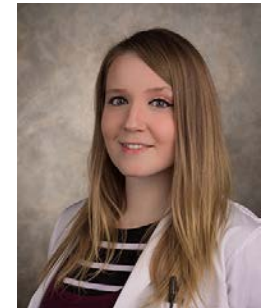
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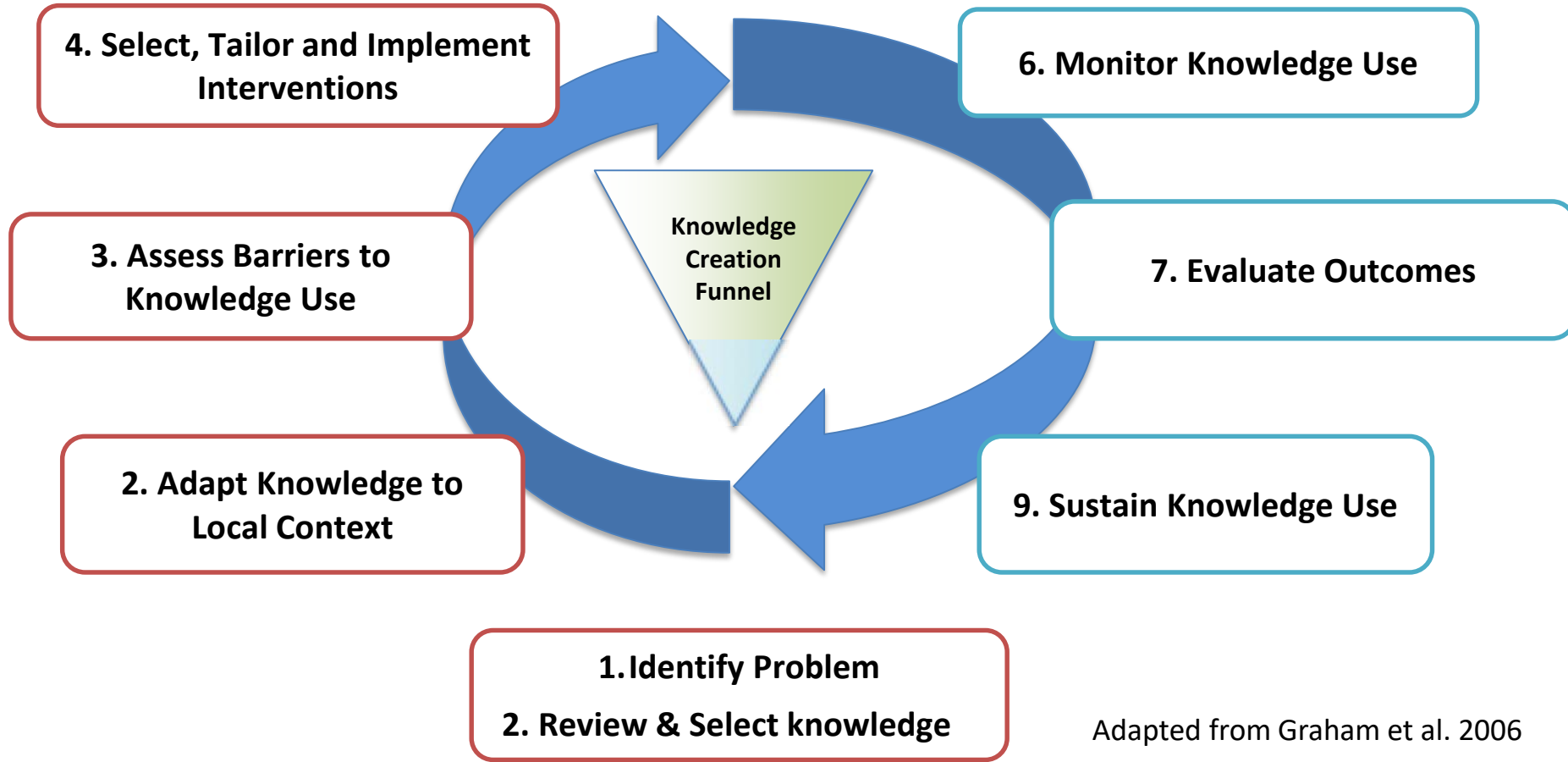


A. Sinnarajah

Agenda

- Background
- Kotter's Leading Change
 - Sense of Urgency
 - Powerful Guiding Coalition
 - Vision
 - Communicate Vision
 - Empower Others to Act on Vision
 - Short Term Wins
 - Consolidate and More Change
 - Sustain New Approaches
- Lessons Learned and Conclusion

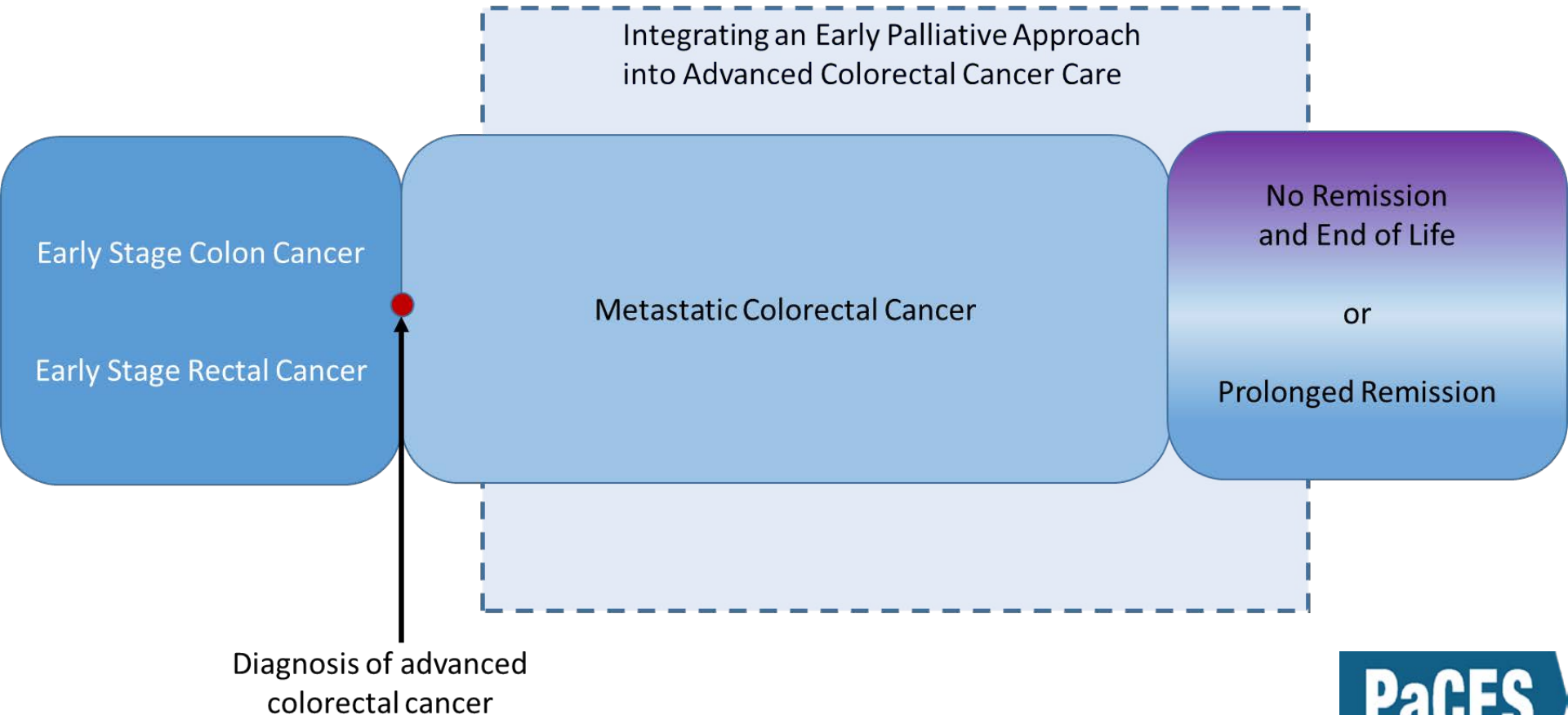
Knowledge Translation Framework



Adapted from Graham et al. 2006

What do we mean by *early*?

A palliative approach to care that occurs concurrently with cancer treatment



PaCES: Starting the Journey

The hardest part is starting. Once you get that out of the way, you'll find the rest of the journey much easier.

Simon Sinek

quote fancy

PaCES

PALLIATIVE CARE EARLY AND SYSTEMATIC

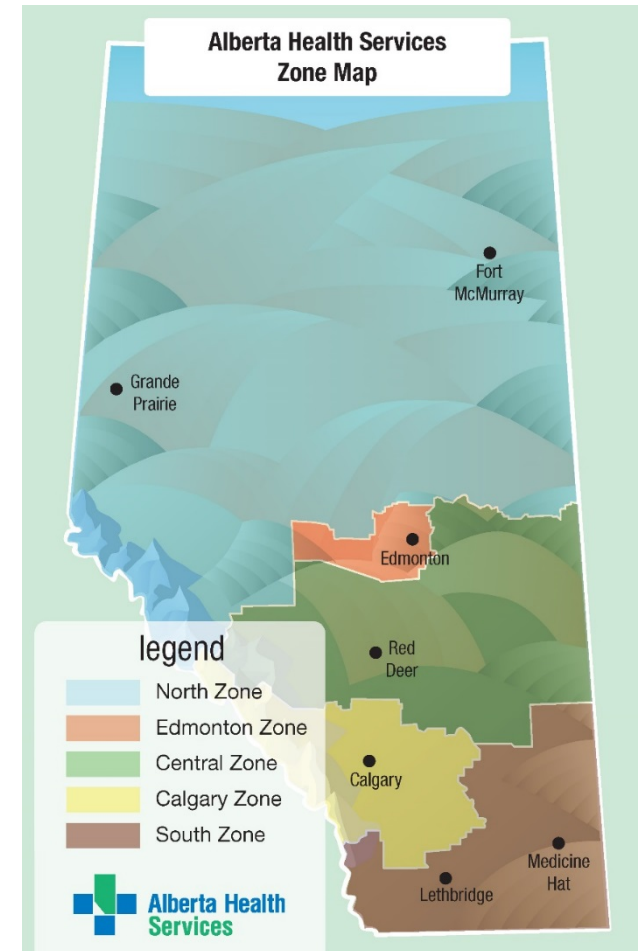
1. Problem

URGENT

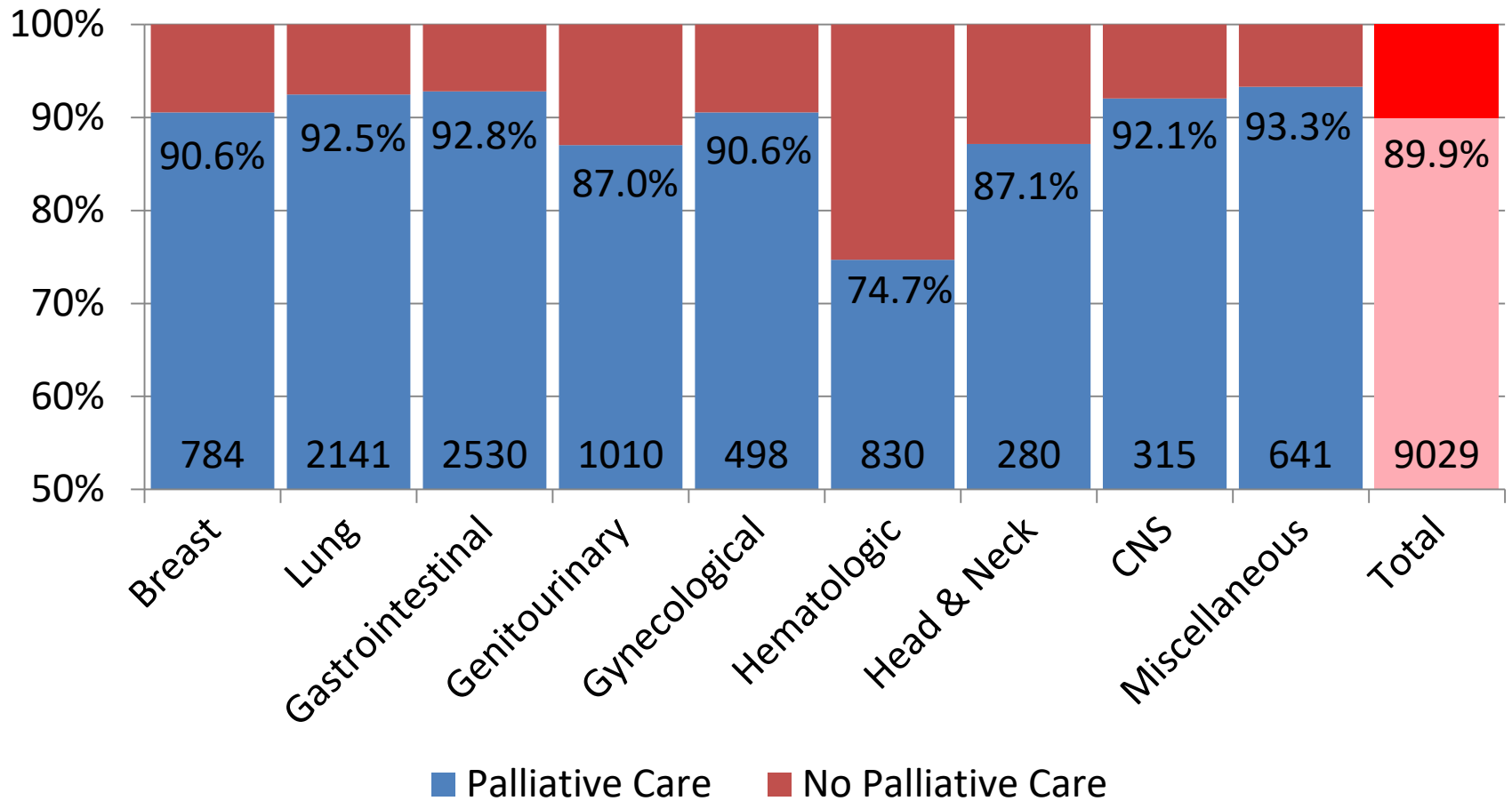
shutterstock.com • 505778632

Local Context

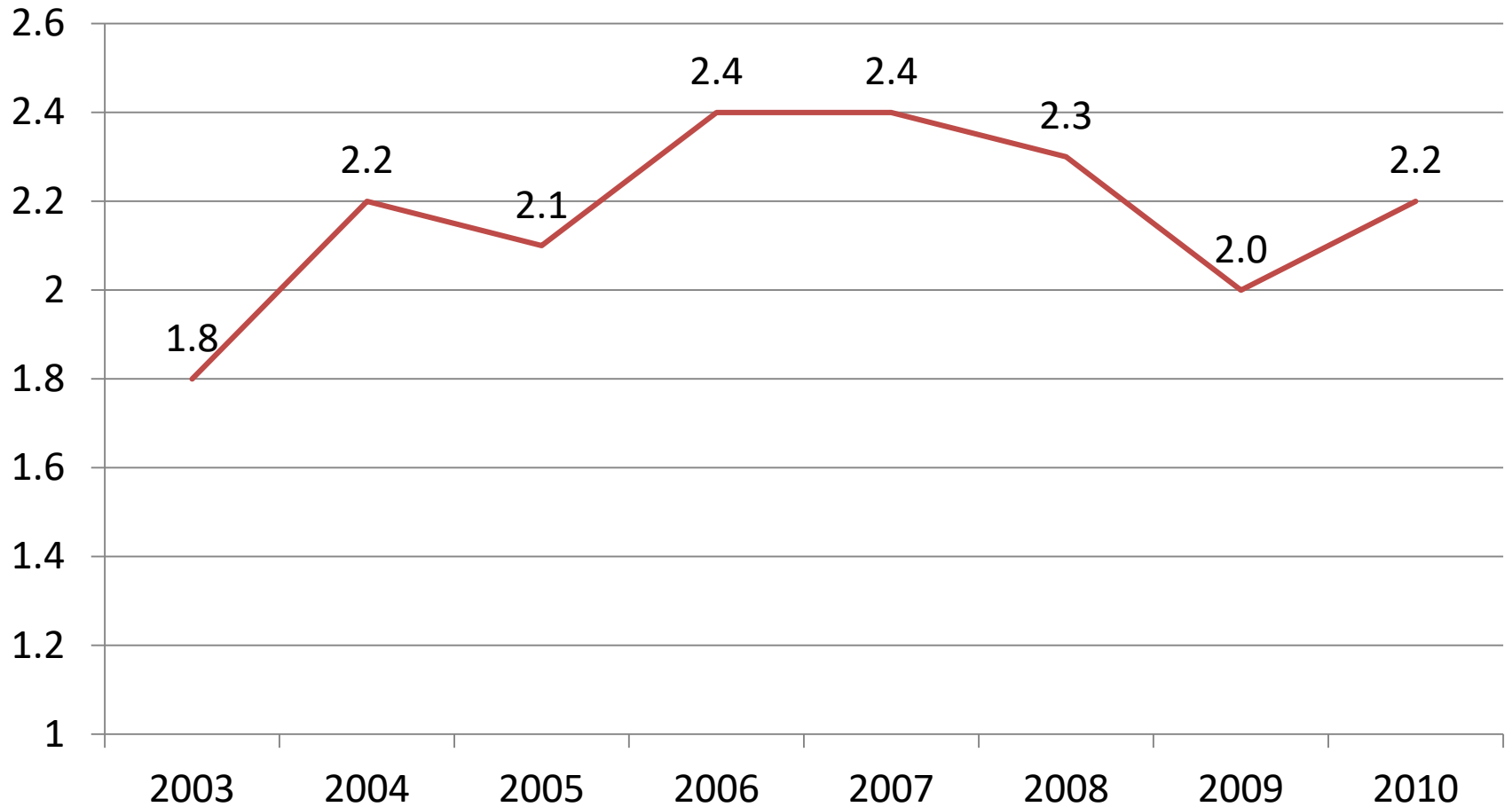
- Alberta Health Services:
 - North Zone
 - Edmonton Zone
 - Central Zone
 - Calgary Zone
 - South Zone
- 5 Zonal Palliative programs
- 1 Provincial Cancer System
 - CancerControl Alberta



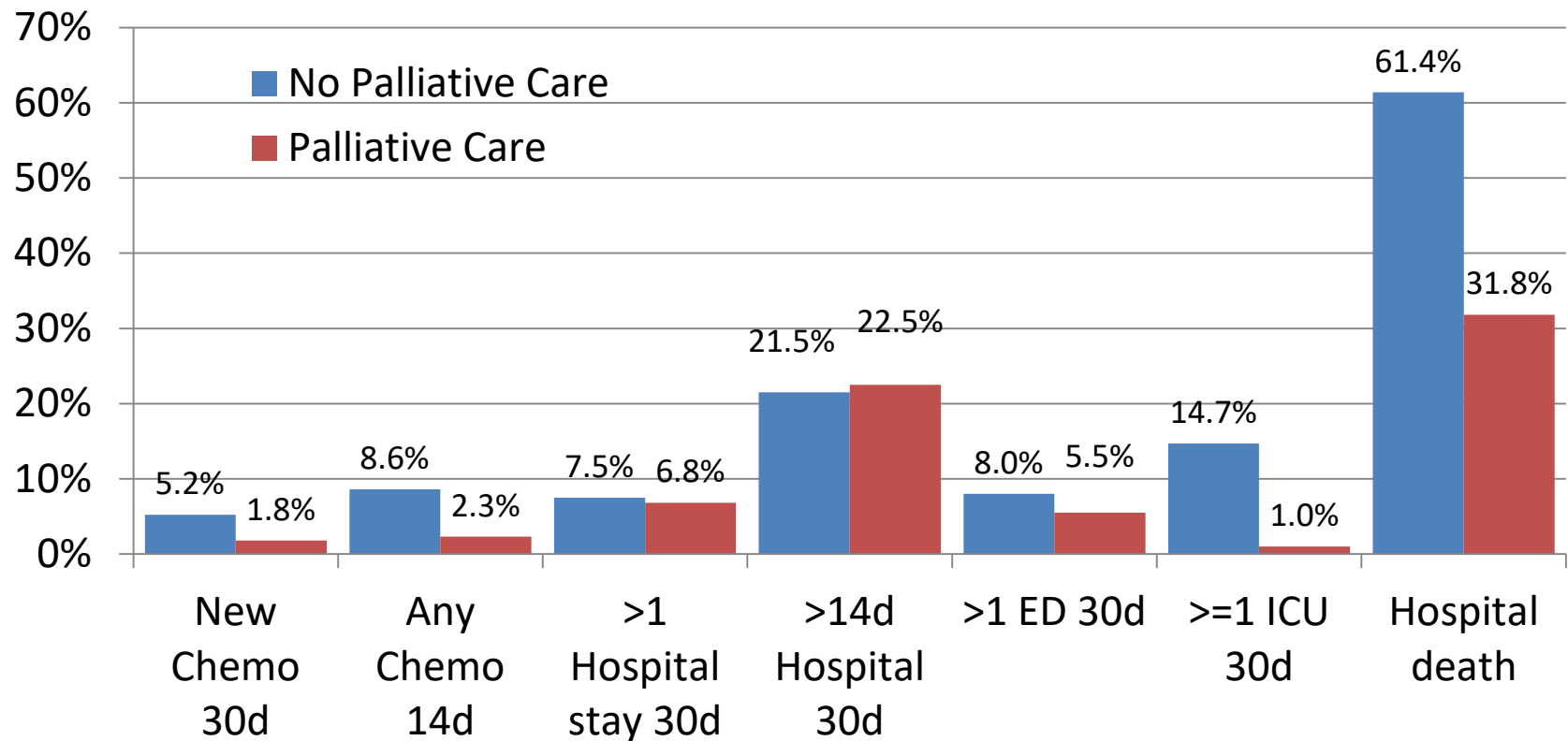
Palliative Care – Tumour Type



Initial Palliative Care – Death (mths)



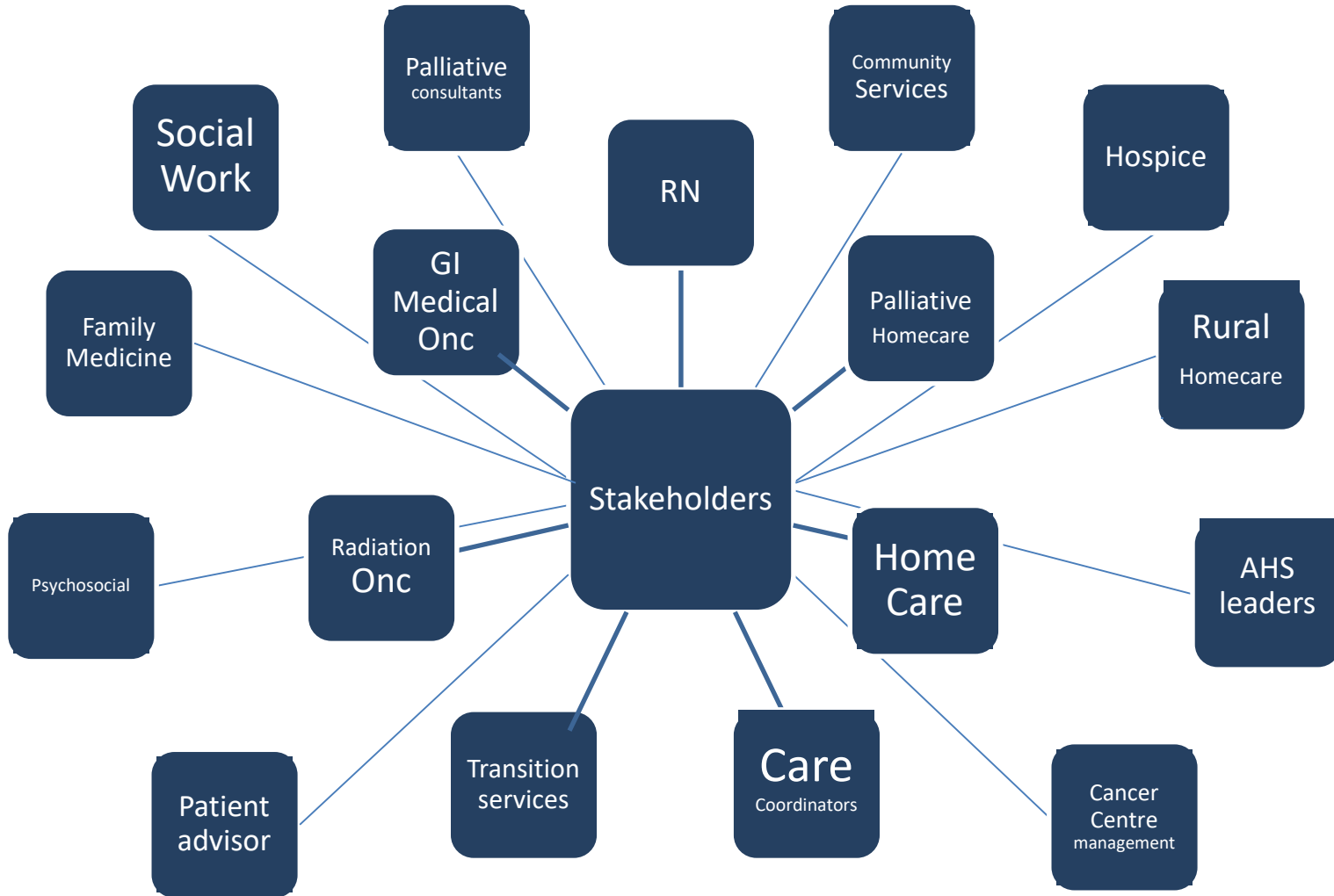
Aggressive Care - Subtypes



Urgent Problem in Alberta

- 60-80% patients with advanced GI cancers have late PC <3 months from death or no PC referral
- Late or no PC is associated with lower patient quality of life and higher caregiver distress
- Late or no PC associated with death in hospital for 50% of patients vs. 25% receiving earlier PC

2. Coalition



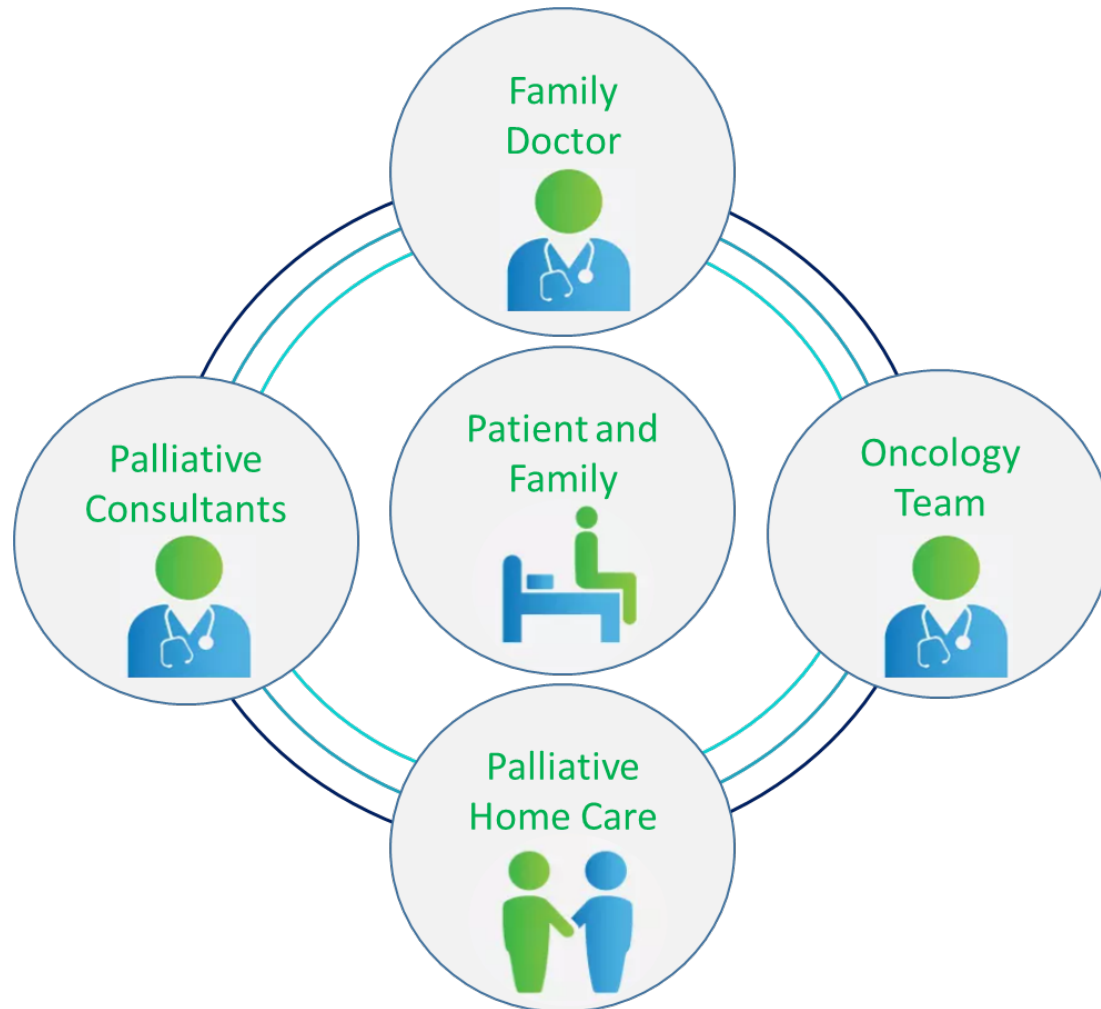
3. Create a Vision

Palliative Care Early & Systematic (PaCES): Early palliative care pathway (processes and resources) for Albertans with ***advanced colorectal cancer*** (initially, as proof of principal)

MISSION

*“To provide **early** and ongoing access to coordinated, comprehensive and compassionate palliative care to improve quality of life for Albertans with advanced cancer.”*

Vision: Improving quality of life for Albertans with advanced cancer



4. Communicate Vision

- PaCES Collaborative (coalition)
 - Regular meetings
 - Executive Committee
 - Sub-WGs
 - Alberta Health Services Executive Advisory Committee
- Provincial GI Tumor Group
- Tumor Council
- Provincial Palliative Innovations Steering Committee

5. Empower others

1 **Maintaining and Improving Quality of Life - What Palliative Care Can Offer**

Palliative care is often misunderstood and can be seen as a negative or scary thing. In fact, it can provide many benefits to both patients and families.

Palliative care can be:

- an added layer of support for you and your family
- appropriate at any age and at any stage of cancer
- provided along with treatment for the cancer or by itself
- needed to help with a one time issue, needed from time to time, or needed as a longterm form of support

What can palliative care do?

Palliative care can help patients and families live life to the fullest.

Palliative care:

- **Improves quality of life by**
 - managing symptoms such as pain and nausea
 - addressing anxiety, depression or spiritual concerns
- **Helps with practical concerns by**
 - providing support with goals of care decision making and advance care planning
 - coordinating referrals
- **Supports people around the end of life by**
 - explaining what to expect at end of life
 - connecting to grief support

When is radiation treatment used as a palliative treatment?

Radiation is used to treat tumours that have

Systemic

Living Your Best Life

Treatment — Systemic

Alberta Health Services
CancerControl Alberta

PaCES
PALLIATIVE CARE EARLY AND SYSTEMATIC

<https://www.albertahealthservices.ca/assets/info/cca/if-cca-systemic-treatment.pdf>

<https://www.albertahealthservices.ca/assets/info/cca/if-cca-radiation-treatment.pdf>

Home Care

Clients do not have to have personal care needs to be eligible for home care services.

Early referrals can:

1. Establish a relationship
2. Access to home care professional services e.g. OT
3. Help clients and families navigate community care services
4. Assist with advance care planning conversations
5. Support clients and families in contemplating & sharing end of life planning.

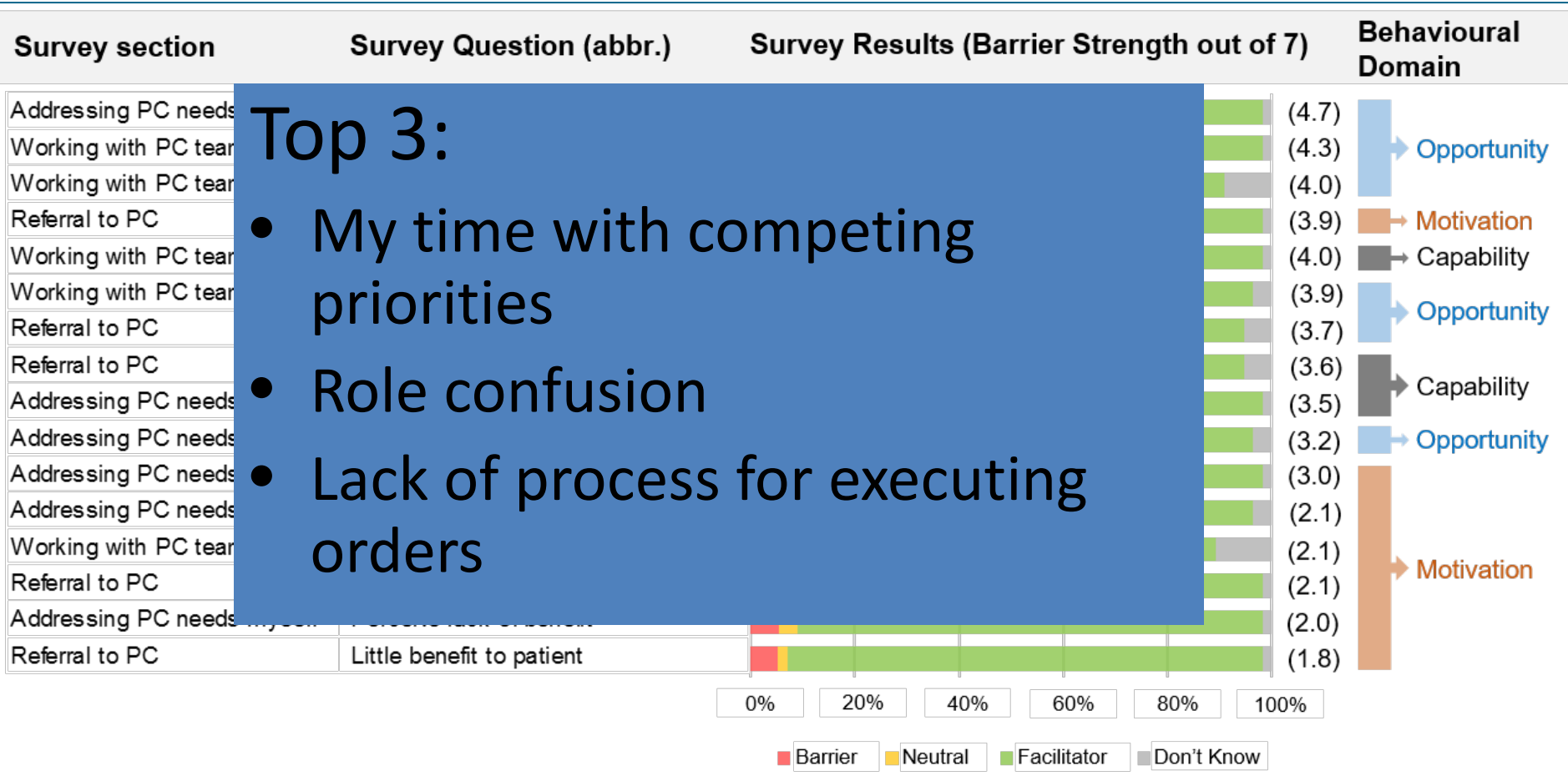
6. Quick Wins

- PaCES Oncology Provider
- PaCES Rural
- PaCES Family Physician / SUPPORT-FM
- PaCES Health Resource

(First 3 done in 6 months, with last one in 12 months)

(posters)

PaCES Oncology Providers



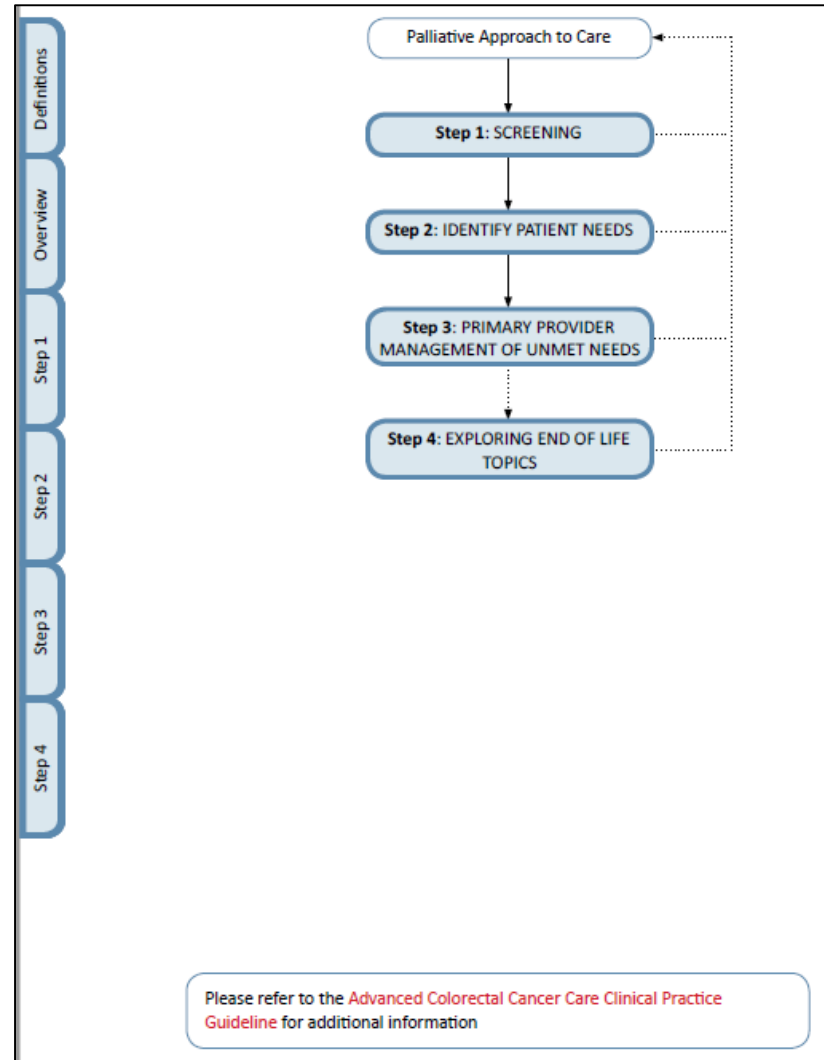
7. More Change

Guideline & Pathway

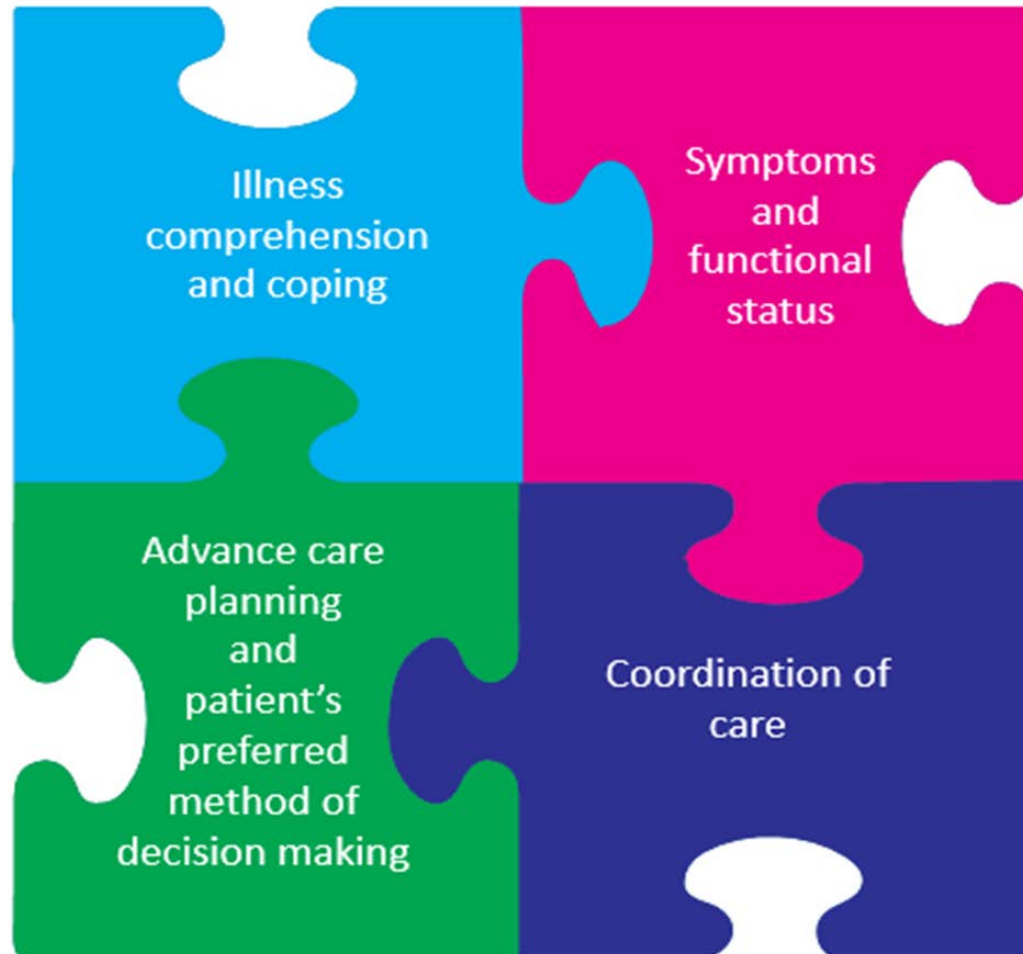
Alberta Health Services CLINICAL PRACTICE GUIDELINE XXX-00X
Version X

Integrating an Early Palliative Approach into Advanced Colorectal Cancer Care
Effective Date: January, 2019

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Essential Components of an Early Palliative Approach to Care



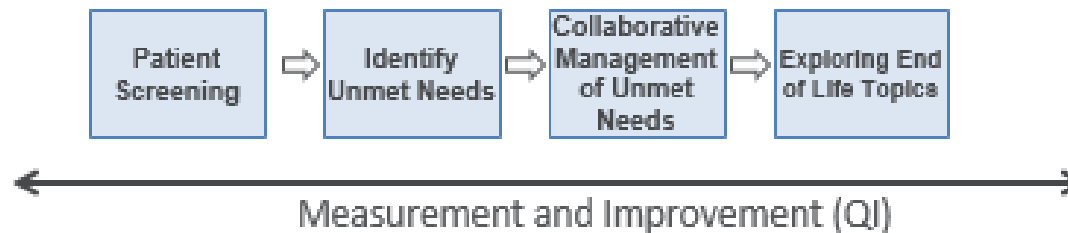
What's there?

Step 1: Screen using Patient reported outcome Dashboard

Step 2: Identify Patient Needs

Step 3: Primary Provider Management of Unmet Needs

Step 4: Exploring End of Life Topics



Information located
under
“Gastrointestinal” and
“Palliative & Supportive
Care”

▼ Palliative & Supportive Care

- [Metastatic Colorectal Cancer: Early Palliative Approach](#)
 - [Interactive Care Pathway](#)
 - [Referral Based Services for Advanced Cancer Care](#)
 - [Local Tips for Providers](#)
 - Advanced Cancer Shared Care Letters
 - [Sample Physician Letter](#)
 - [Sample Patient Letter](#)
 - [Introducing Palliative Care: Tips for Health Care Professionals](#)

Symptom Management Summaries

- [Anxiety](#)
- [Depression](#)
- [Oral Care](#)
- [Tenesmus](#)
- [Sleep Disturbance](#)

Additional Resources

- [ASCO Anxiety and Depression Guideline](#)
- [ASCO Fatigue Guideline](#)
- [CAPO Pan-Canadian Sleep Disturbances Guideline](#)

Implementation Process

Pre Planning

- Learning from similar projects
- Input from front line staff and operations

Pilot

- Pilot in two oncology clinics
- Test and implement proposed changes

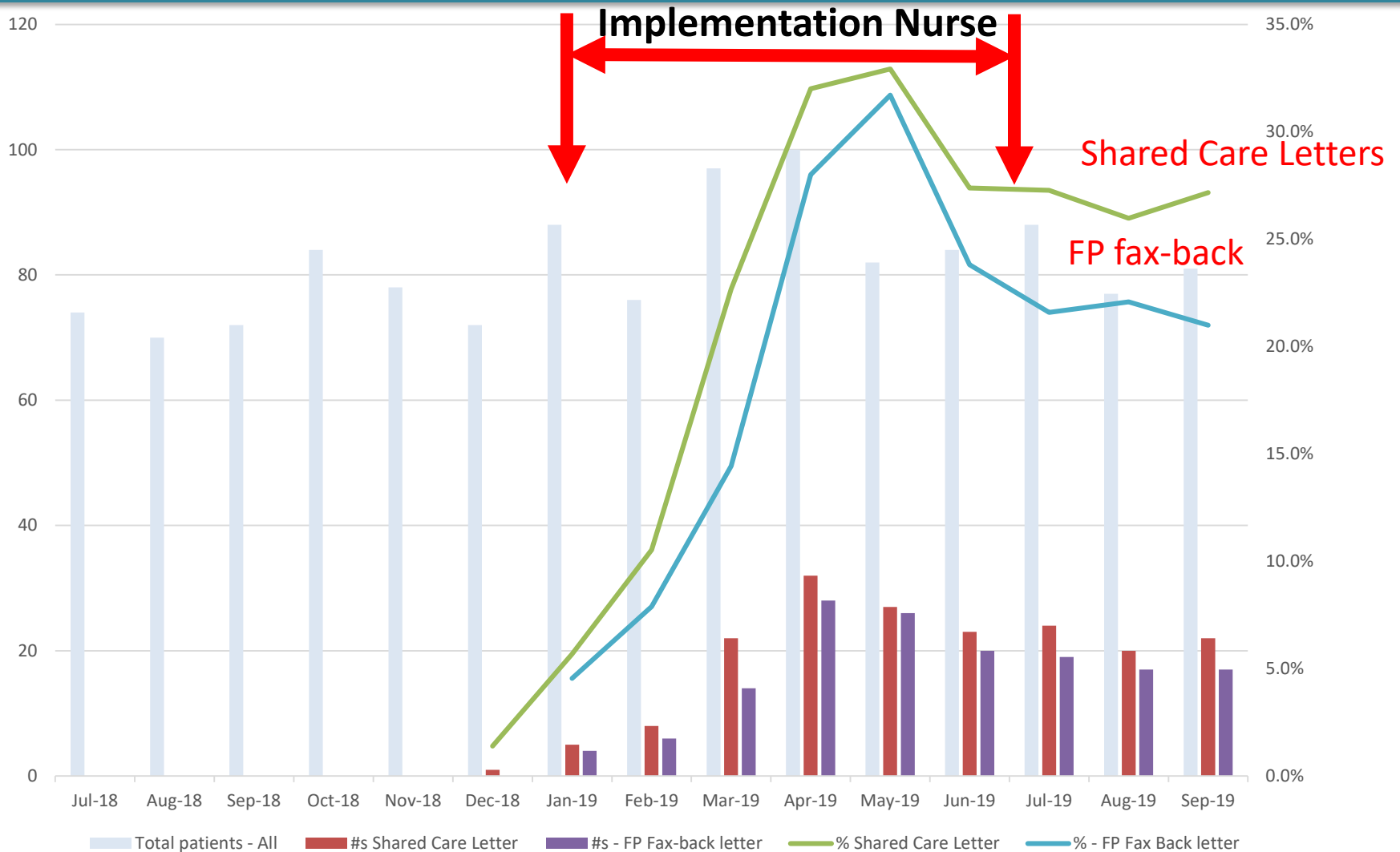
Refine

- Learn from pilot
- Refine process

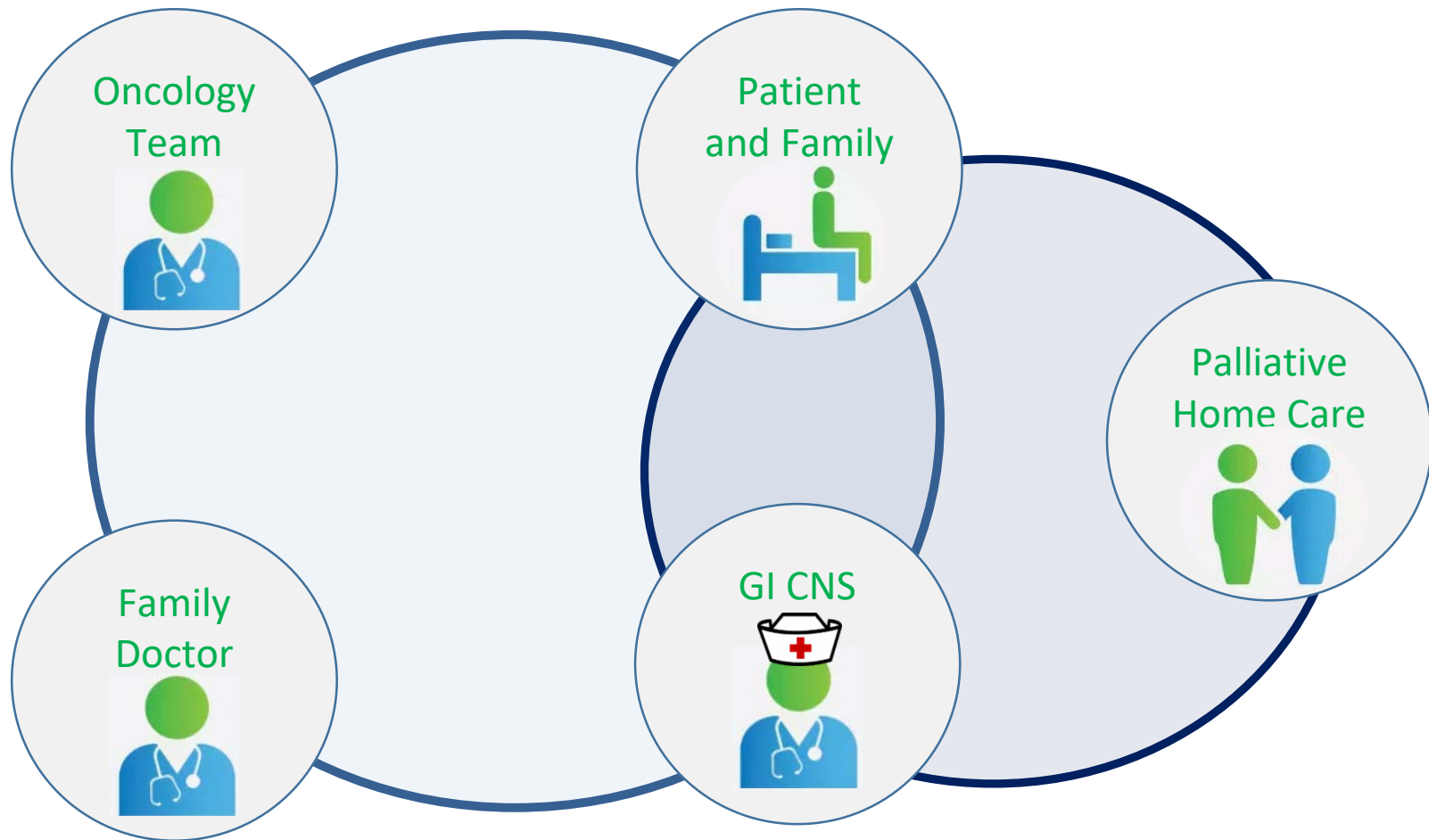
Scale and Spread

- Implement refined process in remaining 6 GI clinics
- Phased change

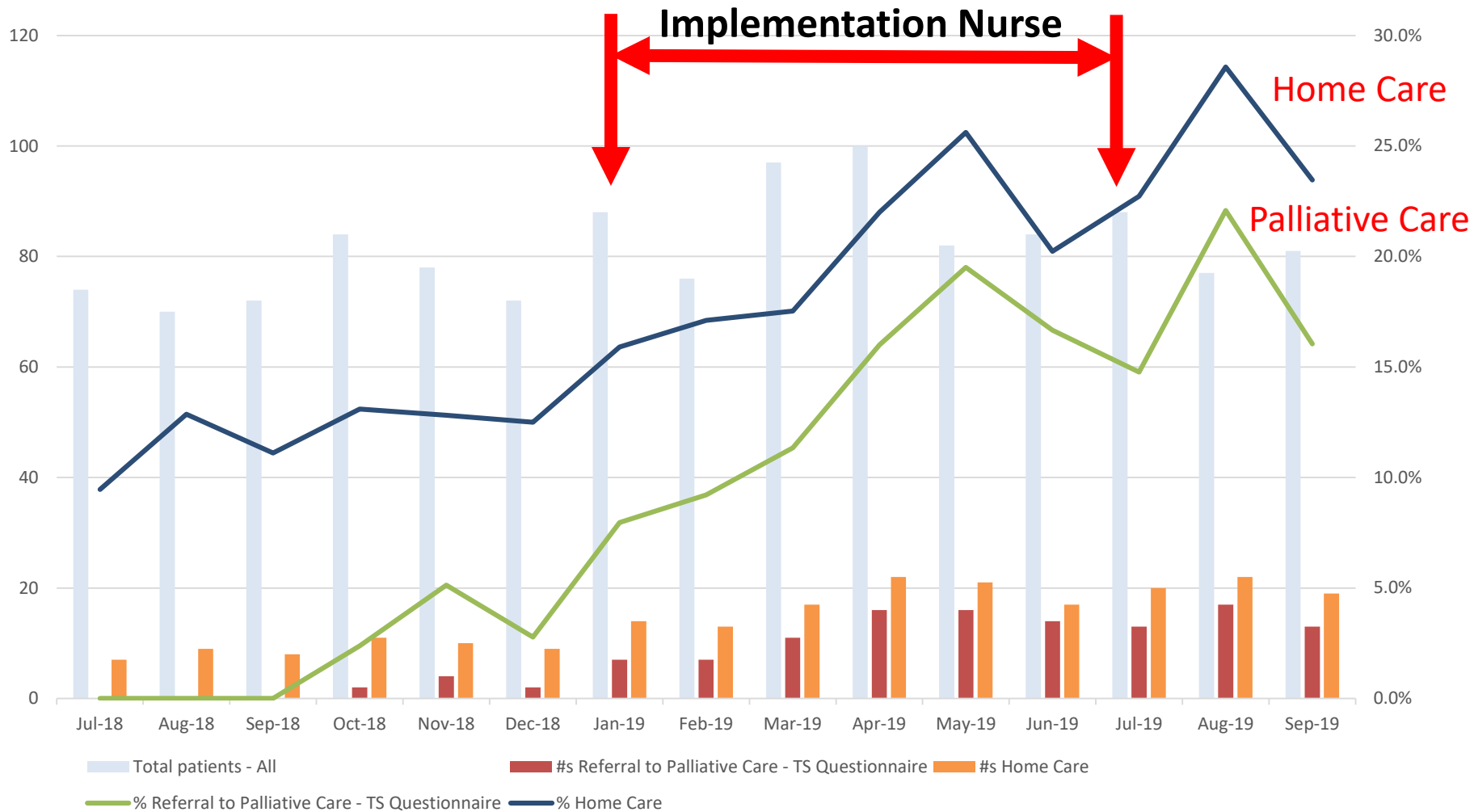
Advanced Cancer Shared Care Letters



Routine referral to PC nurse specialist



Palliative & Home Care Referrals



8. Sustainability

- Existing health system processes
 - Tumor Council
 - Patient Education
- PaCES guideline: Co-owned by GI & Palliative Provincial Tumor group
- Cancer Measurement, Outcomes, Research & Evaluation (e.g. build dashboard)
- Zonal Palliative Programs
- Letter in existing and future EMR

Screen using existing PRO Dashboard

Comments	Qstr Entry Date	Previous PPF Symptom Complexity	Home Care (PPF)	Palliative Home Care (db)	Request for Goals of Care (PPF)	GCD Order (ARIA)	Goals of Care Date (ARIA)	Weight Change(%)
6 weeks f/u as per appt slip...pt aware....ss	2018-Dec-31	L	N		N	M1	03/10/2016	0.18%
f/u as per appt slip...pt aware...zg	2019-Jan-14	L		Y				-9.17%
f/u as per appt slip.mailed.zg	2019-Jan-14	M	Y	Y	N	M1	16/02/2016	-2.04%
f/u as per appt slip...pt aware...zg	2019-Jan-15	L	N					7.83%

Use Existing Tools

	Component	Assessment Tool
Blue	Illness comprehension and coping	Canadian Problem Checklist (CPC)
		Edmonton Symptom Assessment System- Revised: anxiety and depression scales (ESAS-r)
		Serious Illness Care Program (SICP)
Pink	Symptoms and functional status	ESAS-r
		CPC
		Eastern Cooperative Oncology Group (ECOG)
		Palliative Performance Scale (PPS)
Green	Advance care planning and patient's preferred method of decision making	ACP GCD Tracking Record
		CPC
		SICP
Dark Blue	Coordination of care	PPF

Wrapping up

Conclusion / Lessons Learned

1. Stakeholder engagement (easier)
2. Dedicated implementation / change management team (harder)
3. Funding for palliative clinicians to see earlier PC referrals (hardest)

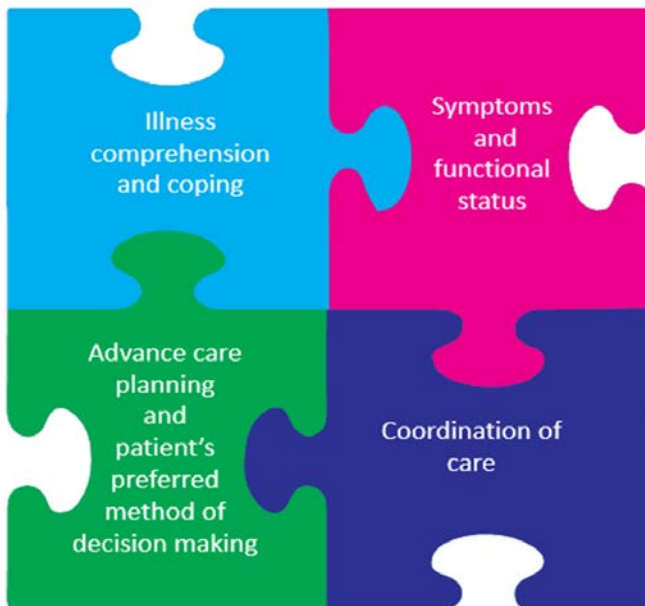
Take home points

Integrate palliative care earlier

Palliative Care is an added layer of support (not just for dying!)

Supports you can use: www.ahs.ca/GURU

Attend to 4 Elements



Enhance Shared Care

Attention Reception Staff: Please ensure this is given to the family physician. After it is reviewed and completed, please fax back to Tom Baker Cancer Centre @ 403-283-1651

Shared Care Information Exchange

We are sharing the care of this advanced colorectal patient. To foster collaborative care, we would like to provide you the opportunity to ask any questions and individualize this patient's care plan.

Please confirm your clinic is the patient's current medical home:

Yes No (if No, no further comments are required)

Please confirm you are managing **non-cancer** related concerns and medication refills:

Comments: _____

Please provide clinic contact information stamp, if the medical oncologist needs to contact you:

Do you feel comfortable in participating in the palliative approach to care for our patient?

Approach to Care	Yes	No	Comments
Symptom Management: (E.g. opioids if required)			
Psychosocial: (E.g. family distress)- are SW access and other supports available?			
Advance Care Planning: do you have a Goals of Care Form (Green Sleeve) on file? (please fax copy if so)			

Non urgent questions you would like answered: _____

Please fax this letter to: 403-283-1651.
Non-urgent messages for the oncologist can be left at:
[Aria Sig Block]

About PaCES

Our Team +

Our Stakeholders

Learn more about PaCES activities

- Measuring current healthcare use
- Engaging oncology clinicians
- Understanding the rural patient experience
- Developing our early palliative care pathway
- Evaluating our early palliative care pathway

PaCES

PALLIATIVE CARE EARLY AND SYSTEMATIC

CLICK HERE

for the early palliative care guideline and pathway!

"I will be forever grateful for the many acts of kindness, both big and small —that reassured both of us that we weren't alone, that others cared, and that her life was honoured and respected to its end."

(PaCES Patient/Family Advisor, on her mother's journey with cancer)

Vision:

Improving quality of life for Albertans with advanced cancer

Mission:

To provide early and ongoing access to coordinated, comprehensive and compassionate palliative care to improve quality of life for Albertans with advanced cancer

What is PaCES?

The Palliative Care Early and Systematic (PaCES) Project is a province-wide [team](#) of researchers and knowledge [end-users](#) working together to develop and deliver an early and systematic palliative care pathway for advanced colorectal cancer

Continuing the journey.....



PaCES

PALLIATIVE CARE EARLY AND SYSTEMATIC

PaCES at CCRC 2019: Posters

- Impact of specialist palliative care delivered over three months prior to death on a colorectal cancer patient's risk of experiencing aggressive end-of-life care
- Feasibility of collecting survey-based patient reported outcome measures (PROMs) from patients living with advanced cancer: emerging findings from the Living with Colorectal Cancer study
- SUPPORT-FM: supporting family physicians to provide community-based primary palliative care for their patients (PI: A Tan)
- Palliative Care Early and Systematic (PaCES): assessing patient and caregiver preferences for early palliative care delivery in rural Alberta
- Barriers to providing palliative care to patients with advanced cancer: a provincial survey of oncology clinicians

Let us know what you're thinking

Ayn.Sinnarajah@ahs.ca

Thank you!

Summary: Integrating Palliative Care

- Quadruple Aim - Improves Outcomes:
 - Patient / caregiver experience
 - Population health
 - Health System efficiency
 - (Health care professional)
- Primary Care are key partners
- Care Coordination is unspoken foundation
- Change Management