

# Integrating an Early Palliative Approach into Advanced Colorectal Cancer Care

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# Funding



# Objectives

- Describe the details of the Alberta early palliative care pathway for patients with advanced colorectal cancer.
- Summarize early findings of implementation of the early palliative care pathway in Calgary
- Discuss challenges and successes to imbedding early, integrated palliative care into oncology treatment clinics.

# PaCES Core Team



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# PaCES: Palliative Care Early and Systematic

## MISSION

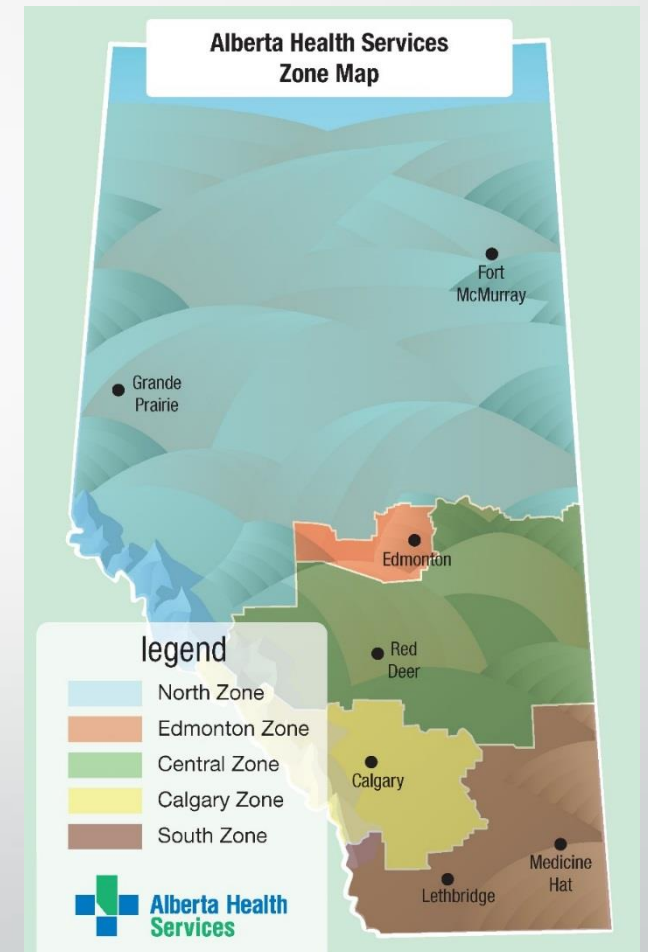
*"To provide early and ongoing access to coordinated, comprehensive and compassionate palliative care to improve quality of life for Albertans with advanced cancer."*



A word cloud of terms related to palliative care. The most prominent words are 'care', 'support', and 'compassion', which are large and dark blue. Other significant words include 'person-centred', 'proactive', 'hope', 'communication', 'client management', 'coordinated', 'cohesive', 'life', 'choice', 'centered', 'relief', 'reassurance', 'early', 'patient-centred', 'supportive', 'personalized', 'optimal', 'palliative', 'focused', 'caring', 'empathy', 'respite', 'well', 'timely', 'quality', 'symptom', 'resilience', 'liverwell', 'decision', 'family', 'integrated', 'ideal', 'centred', 'informed', 'cooperation', 'coordinated', 'cohesive', 'life', 'choice', 'centered', 'relief', 'reassurance', 'early', 'patient-centred', 'supportive', 'personalized', 'optimal', 'palliative', 'focused', 'caring', 'empathy'. The words are arranged in a circular pattern, with some words appearing multiple times. The colors of the words range from dark blue to light green.

# Location

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



# Why?

- The Good: High palliative care access
- The Bad: Late palliative care access
- The Ugly: Patients and families suffering distress in transition from cancer-focused interventions to palliative-focused care



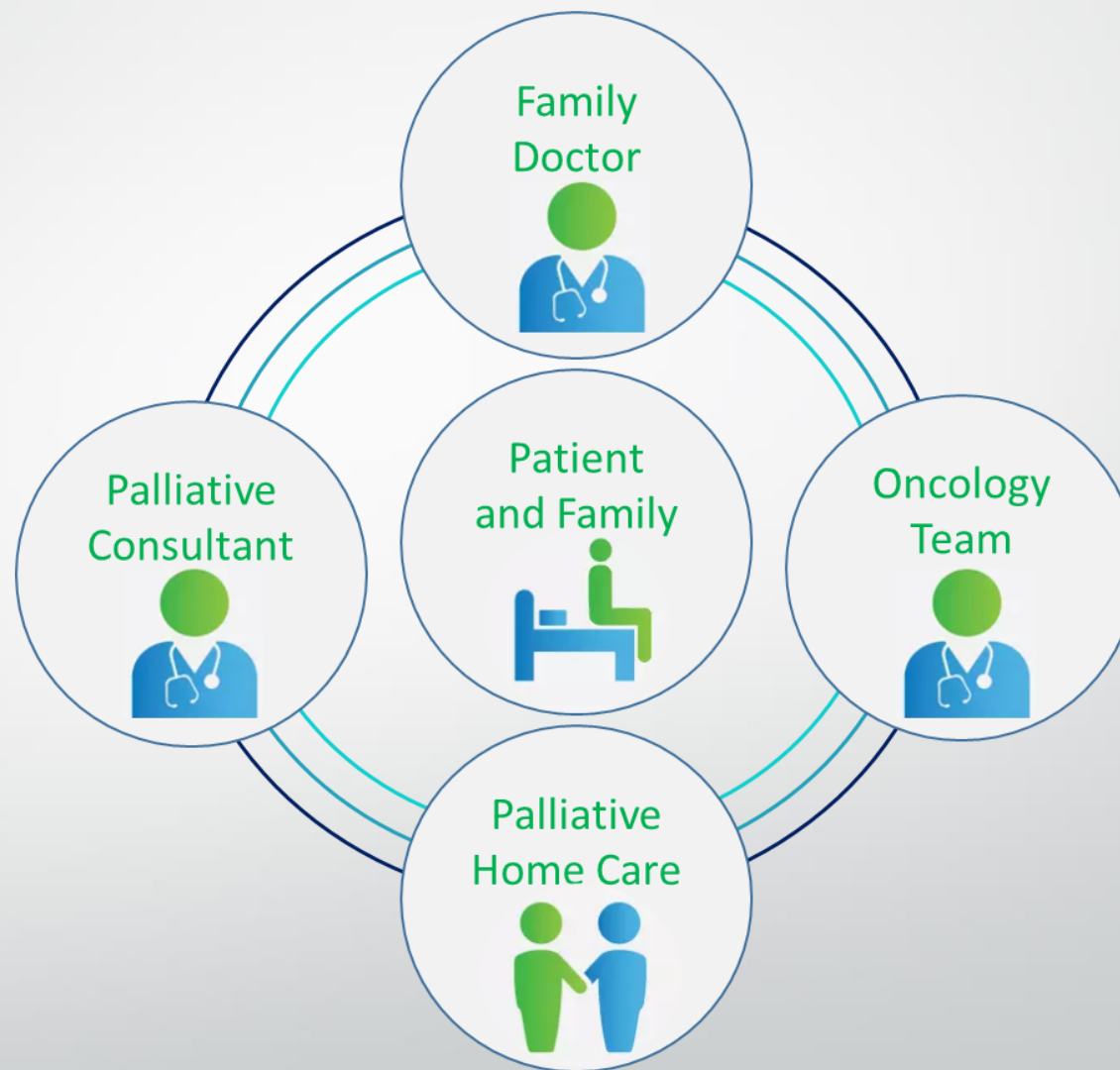
# Population

All mCRC patients >18 yr, at Cross Cancer Institute or the Tom Baker Cancer Centre , with any of:

- Failed first-line chemotherapy (disease progression on imaging)
- High symptom need (any score Edmonton Symptom Assessment System Revised [ESAS-r]  $\geq 7$ )
- Unable to receive 1st line chemotherapy
- Surprise Question

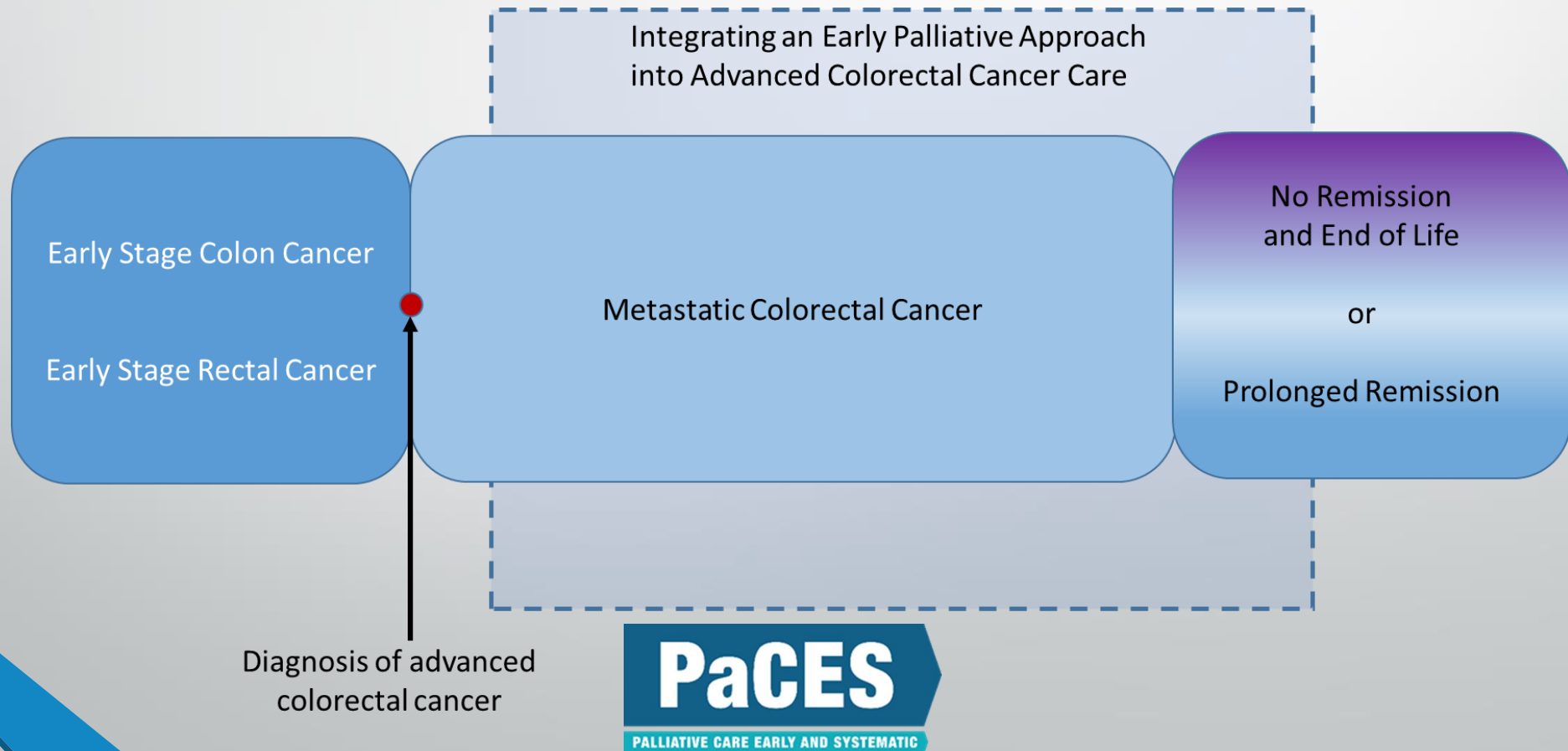
# Goal

To increase by 20% the number of patients with advanced colorectal cancer referred to palliative care services more than three months before death.

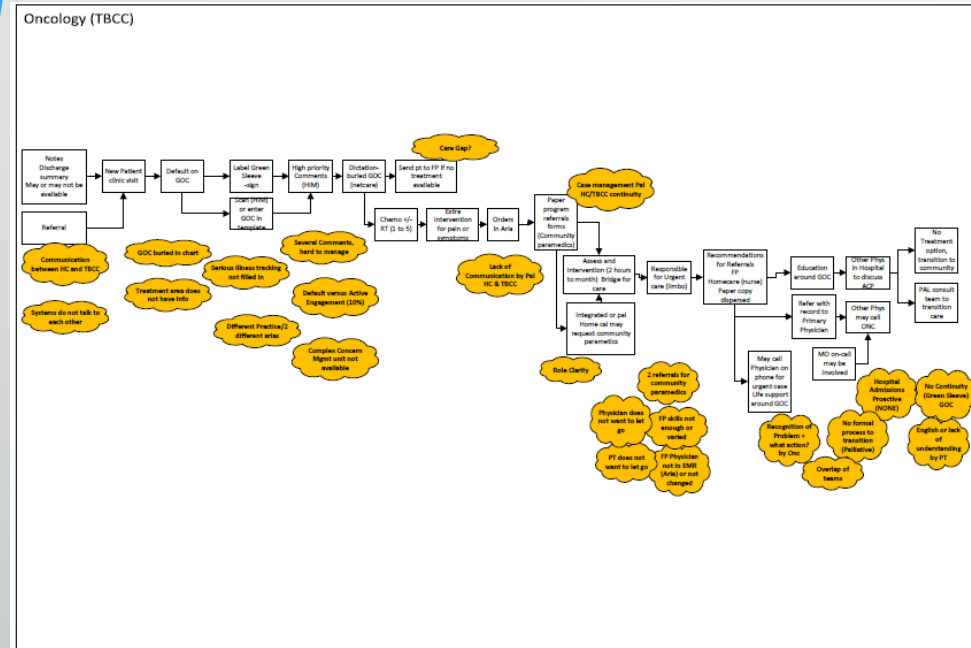


# What do we mean by early?

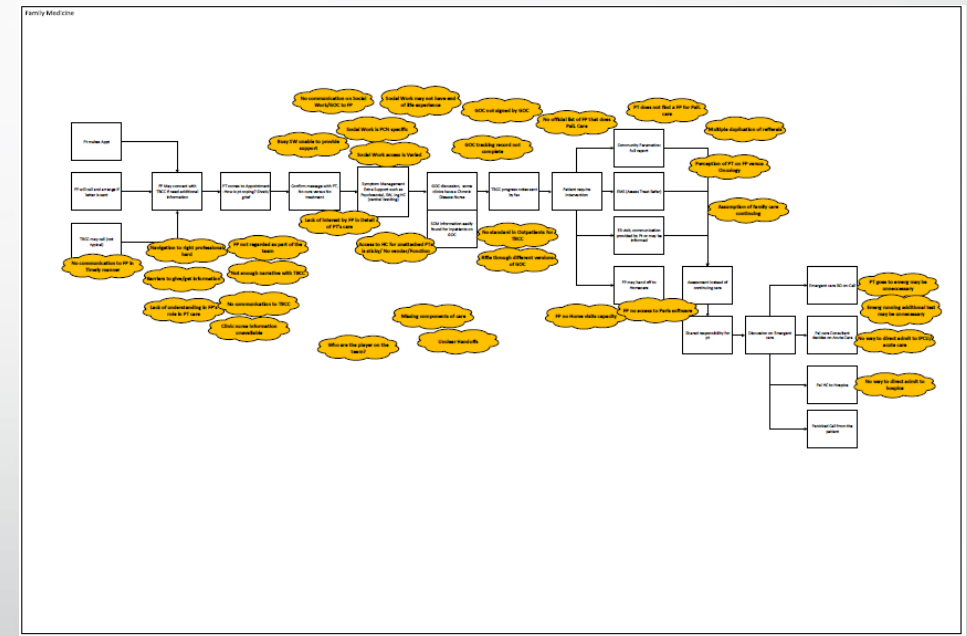
A palliative approach to care that occurs  
concurrently with cancer treatment



# Pain Points- A Sampling



101 pain points  
or gaps  
identified



**Problem Statements**

**Transitions**

**Communication**

**Role**

**Definition**

**Standard Goals of Care Practice**

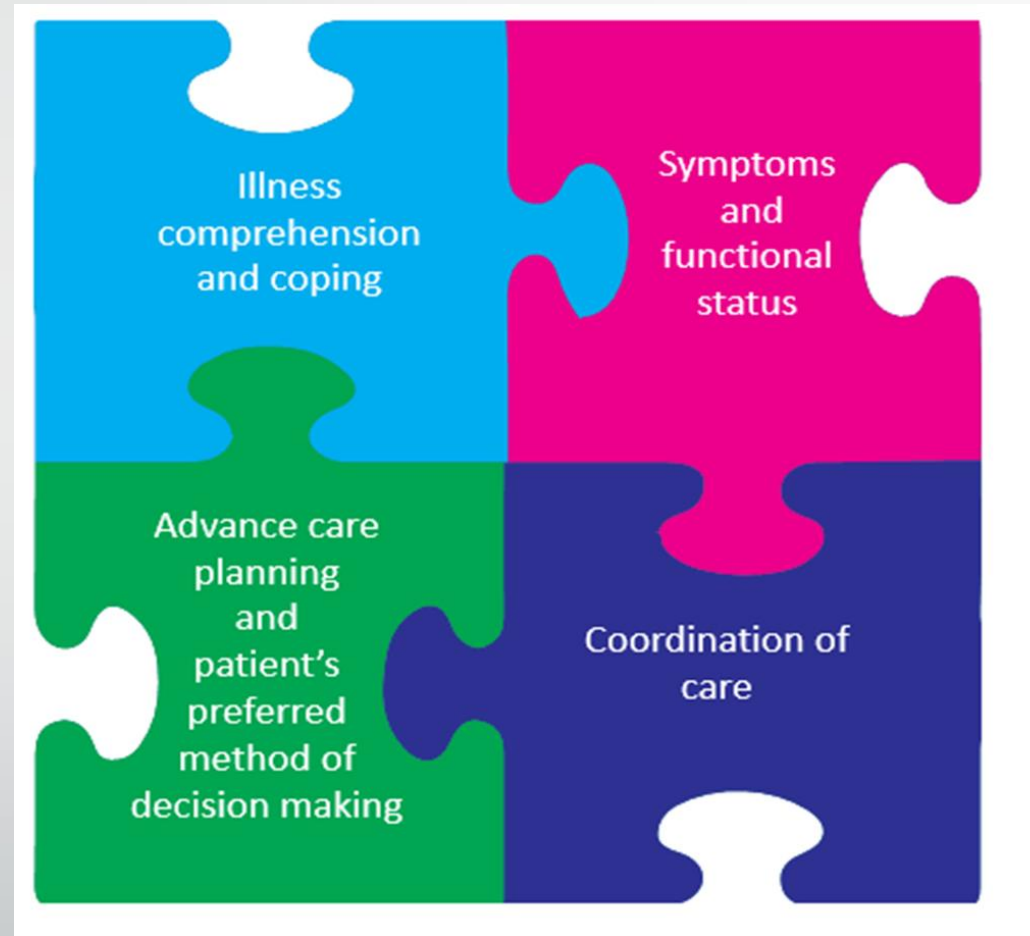
**Patient Journey**

**Varied Skills**

# What is a palliative approach to care



# Four key elements of an Early Palliative Approach to Care



# Managing unmet Needs

[www.ahs.ca/GURU](http://www.ahs.ca/GURU)

## ▼ 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](#)

# Referral Service Descriptions



Created: Dec 2018  
Next Review: Dec 2019  
Guideline Resource Unit (GURU), CancerControl Alberta

## Referral Based Services for Advanced Cancer Care

This table provides information about referral to supportive services and specialist providers who may assist in fulfilling an early palliative approach to care. Symbols within the table represent the following:

☎ : Phone Number      ☎ : Fax Number      📠 : Pager Number

For guidelines, please go to [www.ahs.ca/GURU](http://www.ahs.ca/GURU)

For most accurate program referral criteria and availability, please visit Alberta Referral Directory (ARD): [www.albertareferraldirectory.ca](http://www.albertareferraldirectory.ca)

### TABLE OF CONTENTS:

1. Oncology services:
  - [1.1 Radiation Oncology / Medical Oncology](#)
  - [1.2 CancerControl Alberta Cancer Line](#)
  - [1.3 Psychosocial Oncology](#)
  - [1.4 Rehabilitation Oncology](#)
2. Palliative services:
  - [2.1 Palliative Home Care](#)
  - [2.2 Palliative Care Consultants](#)
  - [2.3 Cancer Centre Palliative Clinics](#)
  - [2.4 Tertiary Palliative Care Inpatient Units](#)
  - [2.5 Hospice](#)
3. Community services:
  - [3.1 Integrated Home care](#)
  - [3.2 Community Paramedic Program](#)
  - [3.3 EMS –ATR \(Assess Treat and Refer\)](#)
  - [3.4 Bereavement](#)

Service	Description	Contact Information
2.1 Palliative Home Care	<p>Provides in-home care, support, and comfort to people coming to the end of their lives and their families with a focus on managing symptom issues, providing emotional and psychological support. Works with clients with a progressive, life limiting illness. Provides 24 / 7 support to the patient and the family.</p> <p><b>*Note: Rural areas do NOT have a separate Palliative Home Care program; they have Integrated Home Care with mixed caseloads and Palliative Care Consult support</b></p>	<p><b>ROUTINE REFERRAL:</b></p> <p><a href="#">Alberta Referral Directory</a> - Search by Edmonton OR Calgary</p> <p>Accessible in these cities through <a href="#">Community Care Access</a> (for clinicians or patient self-referral:</p> <p><b>Edmonton:</b> ☎ : 780-496-1300 ☎ : 780-496-8438</p> <p><b>Calgary:</b> ☎ : 403-943-1920 OR 1-888-943-1920 ☎ : 403-943-1602</p>

[www.albertahealthservices.ca](http://www.albertahealthservices.ca)

For changes and updates, please contact [GURU@albertahealthservices.ca](mailto:GURU@albertahealthservices.ca)

Page 1 of 10

# PaCES

PALLIATIVE CARE EARLY AND SYSTEMATIC

# Local Tips

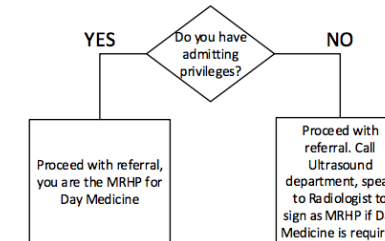
<a href="#">Contents</a>	
AADL- Alberta Aids to Daily Living.....	3
Blood Transfusions.....	6
CAMPP .....	8
Financial Concerns .....	9
Food/Meals.....	10
Calgary Community Services – Directories.....	10
Hospice.....	12
Legal and Financial Issues .....	14
Mobile Lab .....	16
Palliative Coverage Program .....	19
Drug Benefits and Access.....	21
Palliative Oxygen.....	24
Patient Transportation.....	26
Personal Directives (PD) and Advance Care Planning .....	28
Psychosocial and Grief Support .....	29
For Care Givers.....	31
Rehabilitation Resources .....	33
Respite Care .....	34
Service Descriptions .....	37
Thoracentesis or Paracentesis .....	43
Dyspnea clinic at TBCC .....	44

## Thoracentesis or Paracentesis

**Guiding Principles:** Patients with advanced colorectal cancer are at risk of ascites which can contribute to breathlessness and abdominal pain. A **palliative approach** means that paracentesis to drain ascites should be based on patient preference and/or symptoms. It should be explained to patients and caregivers **early** on that there may come a time when the interventions no longer benefit the patient, at which time they would be stopped.

**End of Life Considerations:** As the patient nears the last months to weeks of life, interventions should continue only for so long as they are of symptomatic benefit. Near end of life, it might no longer be appropriate to manage ascites via paracentesis. Using medications to provide symptomatic benefit is usually sufficient. For symptom summary management tips, go to [www.ahs.ca/GURU](http://www.ahs.ca/GURU) and view under “Symptom Management Summaries”.

Should drainage be greater than 4L, the patient will need to be monitored in Day Medicine and may require administration of Albumin. The referring physician (even if radiologist accepts MRHP) needs to complete History and Physical form and Day Procedure forms.



**Urgent/Emergent** requests must be discussed by direct consultation by physician/NP with the radiologist.

If the patient had a previously scheduled appointment but requires drainage **sooner**, please call the ultrasound department. Ask for the attending radiologist to discuss options to see the patient earlier on an urgent basis. Must be physician/NP with radiologist consultation.

Ultrasound department contacts:

Hospital	Phone	Fax
Foothills Medical Centre (FMC)	403-944-1132	403-944-1836

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PALLIATIVE CARE EARLY AND SYSTEMATIC

# Introducing Palliative Care





## Contents

Moments to introduce palliative care: .....	2
Introducing Palliative Treatments (Chemotherapy, Radiation Therapy, and primary palliative care).....	2
Shared Care Letter .....	2
Referring to Specialist Palliative Care .....	3
Reframing and hope.....	6
Family and Caregiver Support.....	6
What it means to have a serious illness.....	7
Advance Care Planning / Goals of Care.....	7
Serious Illness Care Program (SICP) .....	7

# Normalizing Palliative Care with patients

**Systemic Treatment:**  
**Chemotherapy, Targeted Therapy and Hormone Therapy**  
Information for Patients and Families



**Living Your Best Life During Cancer Treatment**

**Alberta Health Services**  
CancerControl Alberta

Please bring this booklet to the class and your appointments.

atment — Systemic

Living Your Best

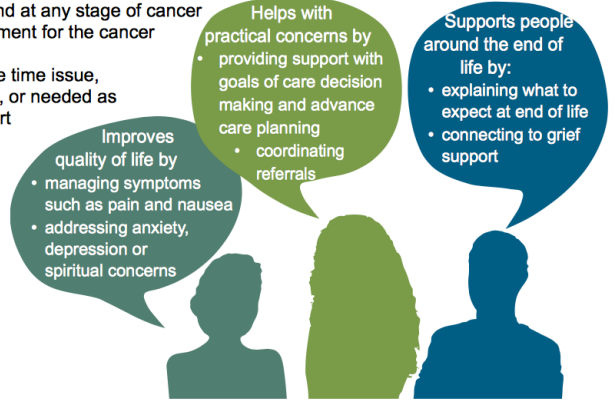
**K Maintaining and Improving Quality of Life — What Palliative Care Can Offer**

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:




**Who provides palliative care?**  
Your current care team can provide some palliative care. There are also specialized palliative care teams (doctors, nurses, pharmacists, social workers and other professionals) who work together with you, your cancer doctor and your family doctor to focus on issues important to you. This team works with you to make care plans based on your values, preferences and wishes.

**How do I get palliative care?**  
Palliative care is available in the home, community, nursing homes, outpatient clinics and hospitals. If you think palliative care may help you ask your care team for more information.

**For more information:**

- Talk to your health care team

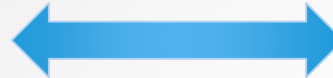
Find out more about palliative care in Alberta or find programs and services in your community - <https://myhealth.alberta.ca/palliative-care> (ALBERTA)  
Check out [www.virtualhospice.ca](http://www.virtualhospice.ca) and [www.livingmyculture.ca](http://www.livingmyculture.ca) (CANADA)




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# Shared Care Letter




**Alberta Health  
Services**

Physician  
Advanced Cancer – Shared Care  
**SAMPLE LETTER ONLY**

Re: Advanced Cancer Shared Care

Dear Dr. \_\_\_\_\_,

Your patient [Aria: Insert name] is in treatment at our Cancer Centre for an advanced, incurable, colorectal cancer. This requires a **collaborative effort and a palliative approach to care**. We will work closely with you to coordinate care, improve quality of life and symptom management. We appreciate your ongoing management of non-cancer related problems, while the Cancer Centre will focus on issues related to cancer and its treatment. This document outlines **relevant information for you as their primary care provider related to:**

- o Potential signs and symptoms of cancer related emergencies
- o Other palliative supportive measures
- o Contact information for the GI oncology team

Please refer to the latest consultation note for prognosis specific to your patient (will be sent separately), if no prognosis is noted or you have further questions, please contact us. All Cancer Centre consult and progress notes, imaging, and lab work are available in NetCare. At any time if you have any concerns or are in need of more information, please contact the medical oncologist.

#### **COLLABORATIVE CARE**

We have asked the patient to make a follow up appointment with you and your team. Maintaining a close relationship is important for emotional support, advance care planning and follow-up of non-cancer related health issues. Studies suggest that active involvement with family physicians, psychological and emotional services, and connections within the community improve patient and family outcomes. We ask that non-cancer related concerns and issues including medications be managed by your team. Symptoms can also be co-managed together. To optimize shared care, please communicate to us any significant changes or updates.

Care Component	Cancer Care Team	Family Medicine Team
Chemotherapy and chemotherapy related concerns	•	
Organizing investigations related to cancer treatment	•	
Symptoms (i.e. pain, anxiety, depression, sleep disturbances, constipation, psychosocial)		•
Advance Care Planning	•	•
Patient and Family concerns	•	•
Legal/financial concerns (e.g. POA)	•	•
Accessing community resources	•	•
Non-cancer comorbidities		•

Please note patients with pre-existing:

- **Diabetes** may require changes to their medications due to changes in oral intake, weight loss, and concurrent antidiabetic medications.
- **Anti-hypertensives** may require adjustments, especially if they lose weight.

It is advised to avoid becoming pregnant or fathering a child while receiving chemotherapy. An adequate method of contraception should be used for both men and women. The combination of a barrier method and the contraceptive pill would give the best protection.

#### **MONITORING FOR COMPLICATIONS**

Chemotherapy side effects will have been reviewed in previous letters prior to initiation of treatment.

- **Fever (temperature over 38°C for one hour or 38.3°C once) while on chemotherapy**, may indicate a threatening febrile neutropenia. Direct patient to Emergency Room.

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
<b>Symptom Management:</b> (E.g. opioids if required)			
<b>Psychosocial:</b> (E.g. family distress)- are SW access and other supports available?			
<b>Advance Care Planning:</b> do you have a Goals of Care Form (Green Sleeve) on file? (please fax copy if so)			

Non urgent questions you would like answered: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**se fax this letter to: 403-283-1651.**


gent messages for the oncologist can be left at:

g Block]

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## PALLIATIVE CARE EARLY AND SYSTEMATIC

# Shared Care Patient Handout

 **Alberta Health Services**

## Shared Care for Advanced Cancer

To help you live well with advanced cancer, we would like to offer information and support for you and your family members. This can be a challenging time, and as your health care team, we are here for you. We encourage "shared care" that combines support from your oncology doctor (cancer team) and your family doctor (community team) to help you live your best. Together, we can get you the support you need.


 **Who is sharing my care?**

Your family doctor and your oncology team will share your care with you. We ask that you make an appointment with your family doctor within the next month, even if you feel well. It is important to plan and put supports in place. Please take this letter with you. If needed, your family doctor can ask your oncologist (cancer doctor) for more information. Your family doctor will also receive updates from the Cancer Centre.

It is really important to have a family doctor. If you do not have one, here is how to find a list of doctors accepting patients in your area:

- Call Health Link Alberta (811)
- Visit <https://www.ahs.ca> and search for "find a doctor". This website will give you choices to help you find the family doctor who is right for you. If you need help navigating the site, have a friend or family member help you.

If you have a new doctor, be sure to tell them about your cancer diagnosis and treatment. Your new doctor can request access to your treatment summary and other records. If you cannot find a family doctor, please discuss this with your oncology team.

 **What is "advanced cancer"?**

When cancer is advanced, we focus on helping you live as well and as long as possible. Different doctors may use different words to describe when a cancer is advanced. Depending on your condition, you may hear words such as secondary, metastatic, progressive, incurable, non-curative or end-stage. When cancer is not likely to be cured, we will continue to give you medical care that will help you to live with hope and support your goals.

**Who will help me manage my symptoms?**

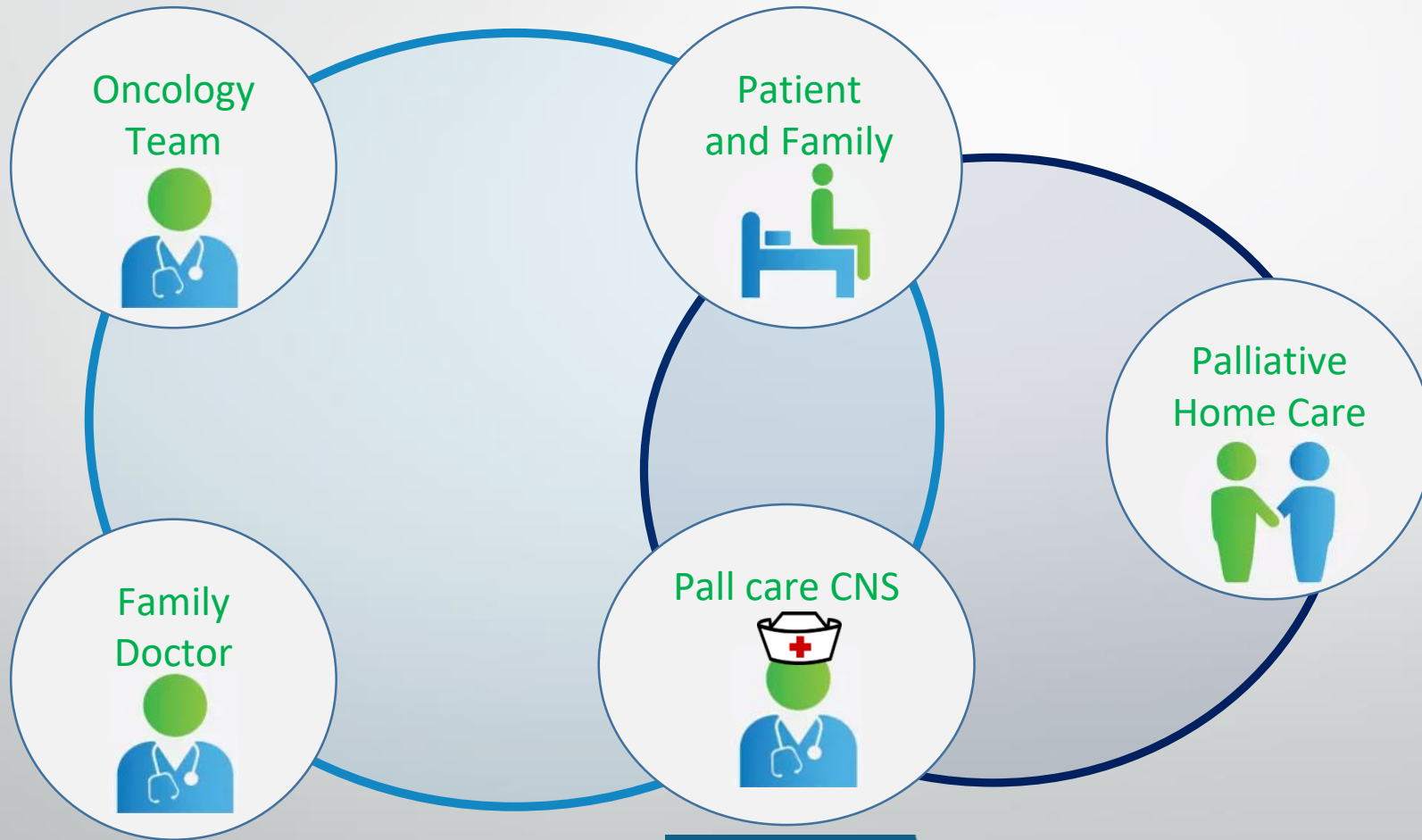
Your Oncologist	Your Family Doctor
Both teams can help manage symptoms from your cancer or treatment, (such as pain, stress, constipation, or sleep problems). Make sure to ask how you can best manage each issue you have.	
Manages your cancer treatment plan and cancer-related concerns.	Manages non-cancer related concerns. For example: <ul style="list-style-type: none"><li>• refills of your medications not related to cancer treatment</li></ul>

Who is sharing my care?  
What is advanced cancer?  
Is there a role for palliative care?  
Who provides palliative care?  
What can I do to plan?  
What else can I do for myself?  
Other resources and programs

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PALLIATIVE CARE EARLY AND SYSTEMATIC

# Routine Referral to PC nurse specialist



# PC Nurse specialist



1 Rural  
6 Admissions (5 patients)  
4 Transfers to palliative home care  
5 Deaths



15 "Early"  
5 "Late"

# Early Palliative Care Elements

Element	Time (min)
Illness Understanding and coping	815
Symptoms and function	715
Advance care planning and decision making	535
Coordination of care	300
Total	2365 (=39+ hours)

Indirect time: 385 min

Includes chart review, documentation, communication

Does NOT include travel time

# PC Specialist nurse- emerging experiences

Patients have been overwhelmingly grateful for PC support:

- "I wish you [PC] had been introduced to us at the very beginning."
- "No one has asked me about time and the quality of my life before."
- "I was afraid to ask about what was coming, but it helps to have it out in the open. I feel like I don't have to push those thoughts away all the time."

# Challenges

- Not just oncologists but palliative as well
  - Educate in 2 directions – palliative home care and TBCC specialists
- Early/late adopters



# Are we ready?

- As clinicians who work with CRC patients?
- As palliative care clinicians???

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



**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.