Complex Continuing Care & Residential Hospice Care - Palliative Care Program

Complex Continuing Care (CCC) – Palliative Care Program Description (GRH - Freeport Hospital, St. Joseph's Health Care, Groves Memorial Hospital):

The CCC Palliative Care Program provides a range of palliative care to meet the needs of patients with both oncological and non-oncological care needs which include pain and symptom management through to end of life care. Patients requiring palliative care can be admitted from any sending facility in the system, including home. (Admissions from LTC to be considered on a case-by-case basis)

The CCC Pain and Symptom Management Program provide time-limited assessment and intervention for uncontrolled symptoms in persons with life-threatening illnesses. The program is able to address symptoms that do not require surgical intervention or diagnostics (MRI, CT, U/S) to address the underlying cause of the symptom. Once symptoms have stabilized, patients are assessed for discharge to an alternative level of care. The target length of stay is less than 90 days and there must be a discharge plan at the time of application. While the goal of this program is to manage and stabilize symptoms in order to allow patients to return to the community, the reality is that not all patients will either stabilize or be able to return home.
Note: At Groves, Pain and Symptom Management is provided in an acute care bed.

End of life (EOL) care is available for persons with a prognosis of less than 90 days, Palliative Performance Scale (PPS) <40% (or on expectation that a patient with a higher PPS score will rapidly decline) and with complex physical, social, psychological and or spiritual needs that do not respond to simple or established protocols of care and require highly individualized care plans. This population may have sporadic exacerbations of pain and other symptoms, coping is compromised and they require more frequent oversight and intervention by a medical practitioner with skills in hospice palliative care than can be provided in the community.

Waterloo Wellington Community Residential Hospice Program Description (Innisfree House, Lisaard House, Wellington Hospice)

Residential Hospices provide a range of palliative care to meet the needs of patients at end of life. Residential Hospice is available for persons with a prognosis of less than 90 days, Palliative Performance Scale (PPS) <40% (or on expectation that a patient with a higher PPS score will rapidly decline) and with complex physical, social, psychological and or spiritual needs that do not respond to simple or established protocols of care and require highly individualized care plans.

Patients requiring palliative care can be admitted from any sending facility in the system, including home.

Residential Hospices follow standards developed by a committee of interested parties for Hospice Palliative Care Ontario. These standards form the foundation of care provided in Waterloo Wellington Community Residential Hospices as described below.

Standards of Care

1. Waterloo Wellington Community Residential Hospices have a model of care which is collaborative in nature & provides individualized palliative care to both residents and their significant others using a holistic approach through an inter-professional team that has expertise in palliative care.
2. On-going person-centered assessments are performed by professional staff throughout residential care in order to identify goals of care and a treatment plan of care in alignment with the 'Health Care Consent Act' (i.e. each resident receives the necessary information to make informed decisions about treatment options, goals of care & expected outcomes).
3. Waterloo Wellington Community Residential Hospices have an ethical & legal responsibility to maintain the confidentiality & privacy of health information of any person in their care, as per the rules of PIPEDA.
4. Waterloo Wellington Community Residential Hospices provide care delivery 24 hours / 7 days a week (i.e. has a Registered Nurse on site 24 hours/day and physician coverage 24 hours/day.

Guiding Principles for Coordinated Bed Access Process for Pain & Symptom Management Program and End of Life Care (CCC & Residential Hospice)

- **Access to a hospice palliative care bed when and where it is needed to enable:**
    - Death in preferred place (including city and bed type) – patient choice is respected
    - High quality end of life care and experience
- **A system in place to optimize:**
    - Patient/caregiver experience
    - Optimal utilization of regional resources
- **Real-time data about the availability of regional hospice palliative care resources to support:**
    - Patients to access the care that they need
    - Improved understanding of service availability (to build trust in system capacity)
    - Improved understanding of service utilization for capacity planning

Determining Medical Stability for End of Life Care (Complex Continuing Care & Hospice Care)

- A clear diagnosis and co-morbidities have been established.
- All abnormal lab values have been acknowledged and addressed as needed.
- All diagnostic tests have been completed and the patient is no longer receiving disease modifying medical interventions.

- All consults and diagnostic tests for the purposes of diagnosis or treatment of acute conditions have been completed and reported.

- The patient is not currently receiving curative disease modifying treatments.

- Medical conditions can be managed within the scope of an RN/RPN.

Admission Criteria for End of Life Care (Complex Continuing Care & Hospice Care)

Patients diagnosed with a life threatening illness:

- Who have been assessed by a Palliative Care Physician, Palliative Care Team and or Pain and Symptom Management team within the last 4 weeks

- PPS Score less than 40% (EOL)
  (Note: PPS Score less than 60% for Pain & Symptom Management)

- Who require frequent reassessment or interventions to achieve and maintain symptom control by an interdisciplinary team

- Who's substitute decision maker has consented to treatment in the program

- Who meets the criteria for medical stability

- Patient's medical care and special equipment needs have been determined and these needs can be met within the existing resources of the program (Refer to the HPC Services Matrix)

- There are no acute psychiatric issues

Additional Admission Criteria (End of Life Care) specific to Residential Hospice sites only

- A confirmed diagnosis of cancer is required for admission to Lisaard House only.

- Have an understanding that resuscitation & other life sustaining interventions are not offered (discussed on an individual basis in pediatric population)

- Live within or have family residing within the geographical boundary of the hospice as determined by each hospice

Additionally, for the Pain and Symptom Management Program (GRH - Freeport Hospital, St. Joseph's Health Care, Groves Memorial Hospital):

- PPS Score less than 60% for Pain & Symptom Management
- Patients who may have sporadic exacerbations of pain and other symptoms, whose coping is compromised and who requires more frequent oversight and intervention by a medical practitioner with skills in hospice palliative care than can be provided in the community

- There is reason to believe that, based on clinical expertise and intervention, the patient's uncontrolled symptoms or concurrent illness (i.e. pneumonia, cellulitis, osteomyelitis, urinary tract infection) have the potential to stabilize or resolve

- A follow-up plan is in place at the time of the referral and follow-up appointments have been made at the time of discharge from the acute site

- Goals have been established and are specific to pain and symptom management

- A discharge plan has been documented

Exclusion Criteria
(Pain & Symptom Management Program and End of Life Care (CCC and Residential Hospice))

- Patient has not had a palliative care team/physician or pain and symptom management consult

- Those exhibiting violent behaviours with tendencies to harm self, others or property

- Exit-seeking behaviour

- Those patients with active treatment plans that require off site transfer i.e. radiation for pain relief.

- Those with medical conditions/treatment needs that are not supported by the site (refer to HPC Services Matrix)