Early Identification for a Palliative Approach to Care

Background

Although 89% of Canadians could benefit from palliative care, only 15% receive it.[1] Early identification of those who could benefit from a palliative approach, resulting in timely care, is associated with better patient and system outcomes.[2,3,4] While primary care providers (PCPs) can play an important role in adequately meeting the needs of patients who require palliative care,[5] only 41% are well prepared to manage patients with those needs.[6]

Palliative care is a priority for Ontario Health Teams (OHTs). Nine of the 24 (38%) first-round OHTs have identified palliative care as a key element to providing holistic, integrated care to their year-one target populations, and 79% of the first OHTs have listed either palliative care or seniors as part of their year-one focus populations.[7] This highlights an opportunity for clinicians across Ontario to implement enhanced screening and care planning for patients who may be in need of palliative care services.

Palliative EMR Toolkit

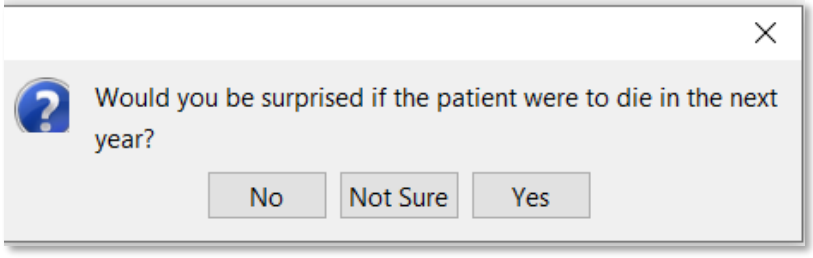
The Palliative EMR Toolkit is developed for Telus PS Suite (PSS) EMR, which is used by ~6000 PCPs across Ontario[8]. The Toolkit is designed to assist PCPs in the early identification of patients nearing end of life and who could benefit from a palliative approach to care, is free to download, and is already used by 65 Ontarian primary care practices.

The palliative care tool can be downloaded at no cost from the COMMUNITY PORTAL

Click here or visit www.ehealthce.ca to get started!

The template was developed in collaboration with subject matter experts from the Integrated Hospice Palliative Care Regional Program and Regional Cancer Program for Waterloo Wellington. Clinical best practice guidelines follow the Early Identification & Prognostic Indicator Guide, which was been adapted from the Gold Standards Framework (GSF) Prognostic Indicator Guidance tool.

Prompted by the Surprise Question ("Would you be surprised if the patient were to die within the next year?"), the PCP is provided with decision support options to assess the palliative needs of the patient and is then provided with the appropriate regional resources available to them, depending on the patient's current Palliative Performance Scale (PPS) phase. Patient goal planning and local referrals to hospice services and home and community supports are some of the features available within the tool, along with many others. These features are, and have been, easily customized to suit the needs and resources available in other local regions in Ontario.



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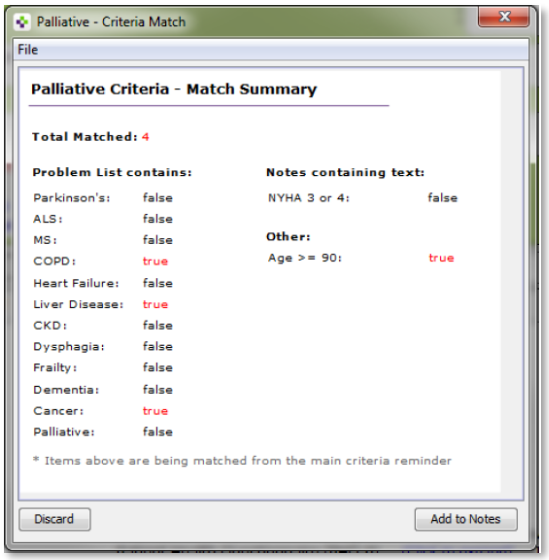
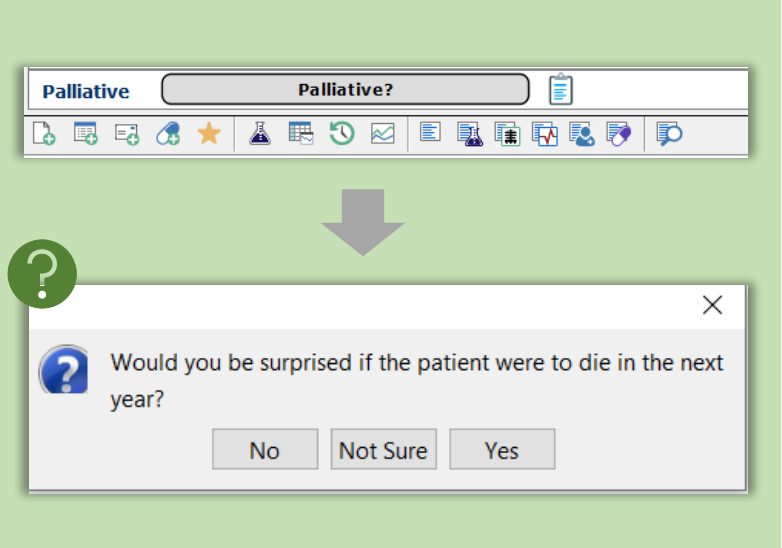
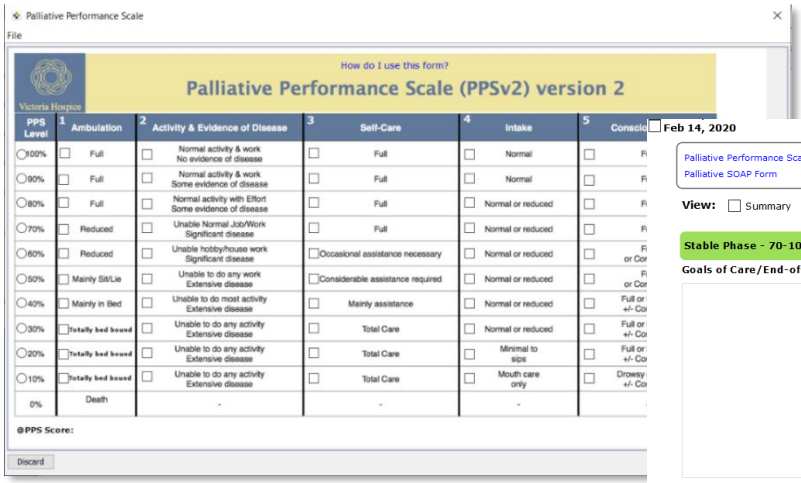
How it works

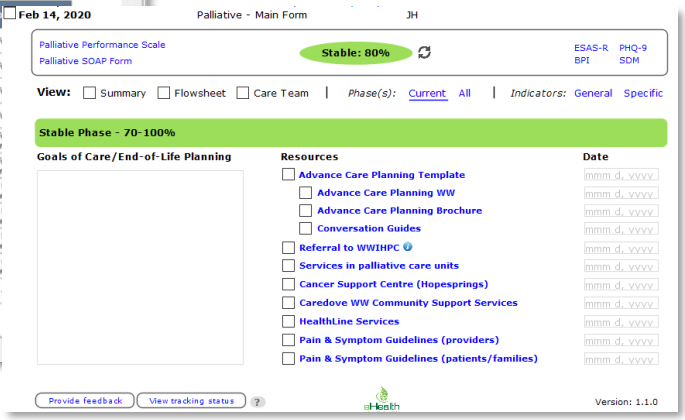
The Palliative Toolbar will automatically appear in the patient chart for those who match specific criteria (such as having conditions such as ALS, COPD, Frailty, etc. continued in the problem list). This set of criteria is fully customizable and the baseline set can be seen below. By selecting the 'Palliative?' button on the toolbar, the PCP is presented with the **Surprise Question** and three options; 'No', 'Not Sure', and 'Yes'.





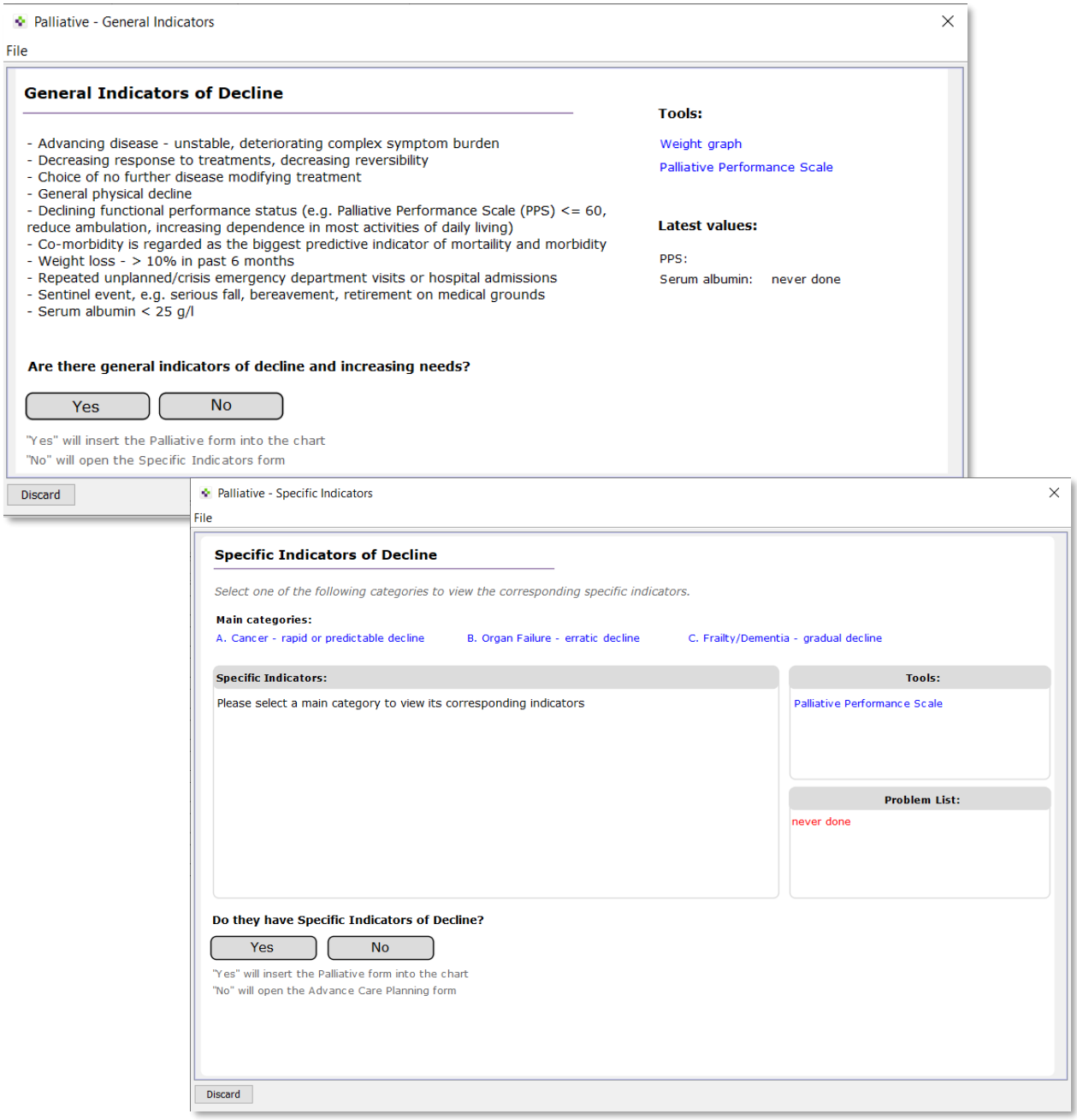
If 'No' is chosen, the tool checks for an existing PPS form completed for the chart; if none is found, it will present one to be completed. With a completed PPS form, the tool inserts the main form as a special note into the chart. From here the PCP can access a variety of assessment tools such as the BPI, ESAS-R, and PHQ-9.



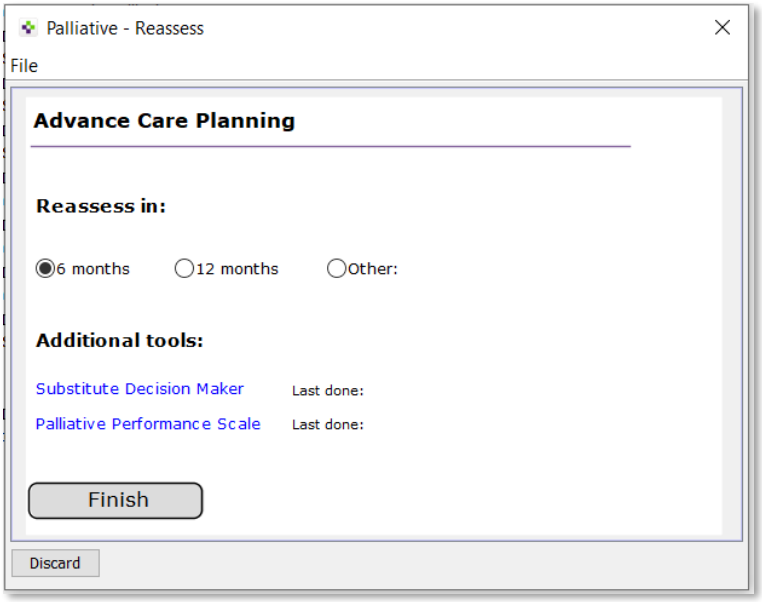


They can access templates such as a SOAP form for documenting a visit or a Substitute Decision Maker (SDM) form. They are also presented with a list of links to relevant resources to the patient's PPS phase.

If 'Not Sure' is chosen, the PCP is first presented with General and then Specific Indicators of Decline. These measures/criteria are there to help guide PCPs in what can be considered together with a range of clinical, co-morbidity, social and other factors that give a whole picture of deterioration. If 'Yes' is selected to either set of indicators, the workflow in the above paragraph is initiated.



If 'Yes' is chosen for the surprise question as an answer to the surprise question, or the PCP indicates the patient does not have any indicators of decline, the PCP is presented with the Reassess form. This will allow the PCP to set a time delay for when they would like to revisit these options for the patient, as well as presenting access for the SDM template and PPS form which can be done at any time. It is important to consider reassessment: even if they would not benefit now, the toolbar appeared in their chart due to a condition matching the criteria, therefore it is likely the patient could benefit from a planned reassessment.



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[2] Shippee, ND, et al. (2018). Effect of a Whole-Person Model of Care on Patient Experience in Patients With Complex Chronic Illness in Late Life. American Journal of Hospice & Palliative Medicine. 35(1):104-109.
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[5] Shadd, J.D. (2013). Defining and measuring a palliative approach in primary care. Can Fam Physician. 59(11):1149-1150.
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