

# Angela Nickoloff, RN, MHS, Ontario Telemedicine Network (OTN); Lisa Shishis, RN, Champlain Hospice Palliative Care Program; Sandra Mierdel, RPT, MA, OTN; Lency Abraham, MHSc, OTN

# Background

Health Quality Ontario's Palliative Care at the End of Life (2016) report advocates for early palliative care intervention and support for care in the patient's location of choice. Earlier palliative care can lead to better quality of life throughout the illness trajectory. However, many challenges exist in the healthcare system for Ontarians receiving pallia-

- tive care:
- . Most prefer to die at home, however nearly 2/3 die in hospital
- Approximately 2/3 had an unplanned Emergency Department (ED) visit
- . Only 43.3% received palliative home care services
- . Caregiver burnout is a key contributor to emergency room visits in the last stages of life

Evidence suggests team-based care with direct patient contact increases patient satisfaction and likelihood of dying at home, and decreases ED visits and hospital admissions. Studies also show virtual care options are effective in monitoring patient symptoms.

The Ontario Telemedicine Network (OTN), in collaboration with the Ontario Palliative Care Network, issued an expression of interest (EOI) for innovative virtual palliative care models to support individuals who prefer to be at home. The EOI sought partnerships between health service providers and primary care/community agencies, working collaboratively with their regional palliative care networks.

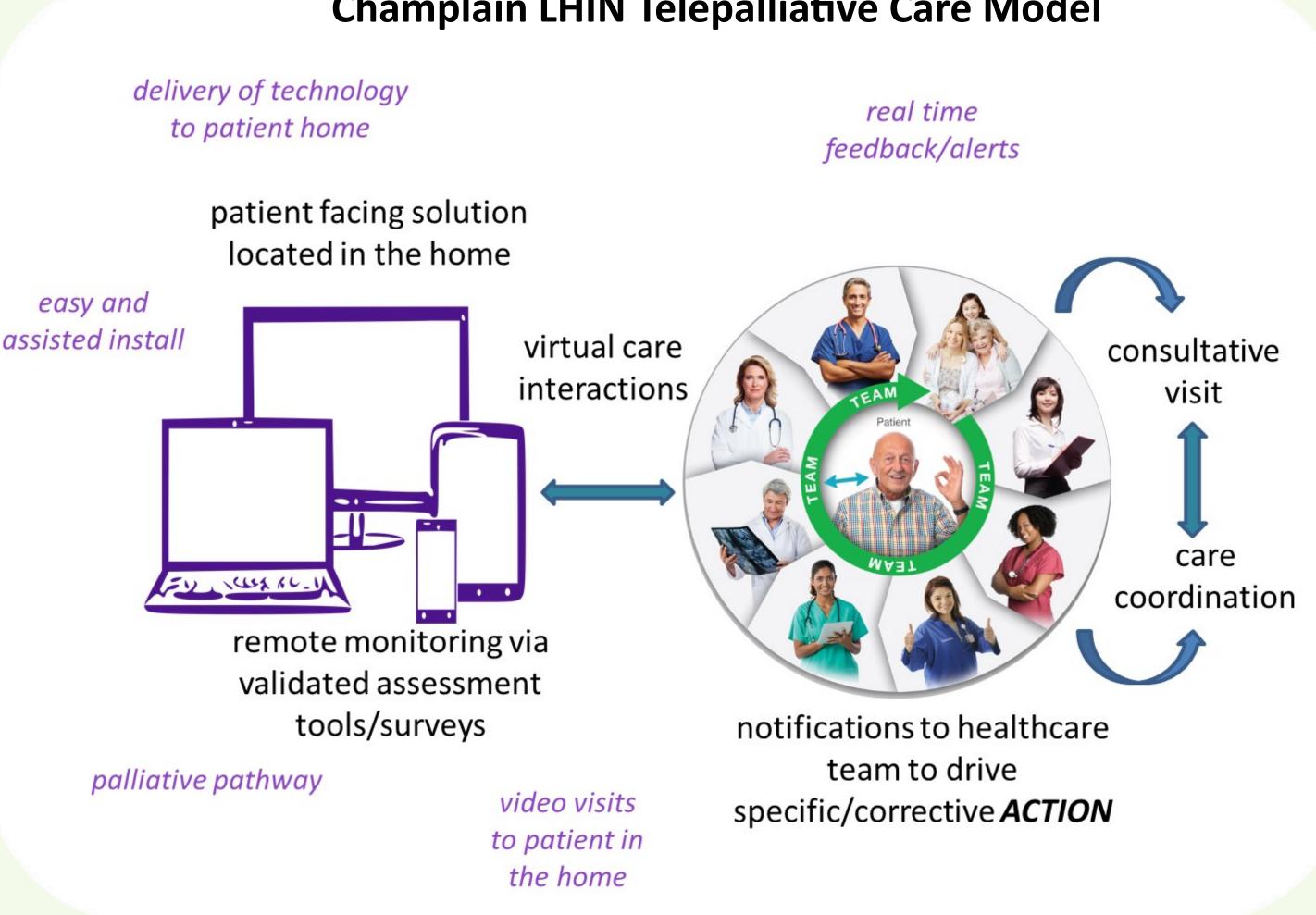
# **OBJECTIVES**

The Virtual Palliative Care project, which concluded in April 2018, had the following objectives:

- Improve patient and caregiver experience
- . Improve patient outcomes
- Provide home monitoring solution to patients
- . Improve provider experience with a virtual care model
- Promote earlier identification of patient and caregiver needs
- Increase access to resources for patients and caregivers
- Improve efficiency by reducing travel requirements
- Reduce unnecessary transfers to acute care (i.e. ED visits and hospital admissions)
- Increase primary care engagement in palliative care
- Develop an improved service that is sustainable and scalable

# **About the Virtual Palliative Care Project**

The Champlain LHIN, selected as a project partner, developed a virtual palliative care model that could enable a regional system with capacity for palliative care to be delivered in different settings: the right care delivered at the right time in the right place.



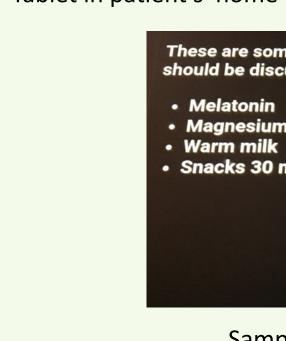
# **Partner Organizations:**

- Hospice Cornwall
- The Ottawa Hospital
- LHIN Home and Community Care
- Madawaska Valley Hospice Palliative Care
- Regional Palliative Consultation Team
- Services

**Project Management:** Champlain Hospice Palliative Care Program

118 patients were enrolled in the virtual palliative care service from October 2017 to April 2018. The average Palliative Performance Scale level was just over 50% (n=81).





# Virtual Palliative Care: Enabling Patient-Directed Support for Adults at Home

Not Applicable

### Champlain LHIN Telepalliative Care Model

### **Patient Criteria**

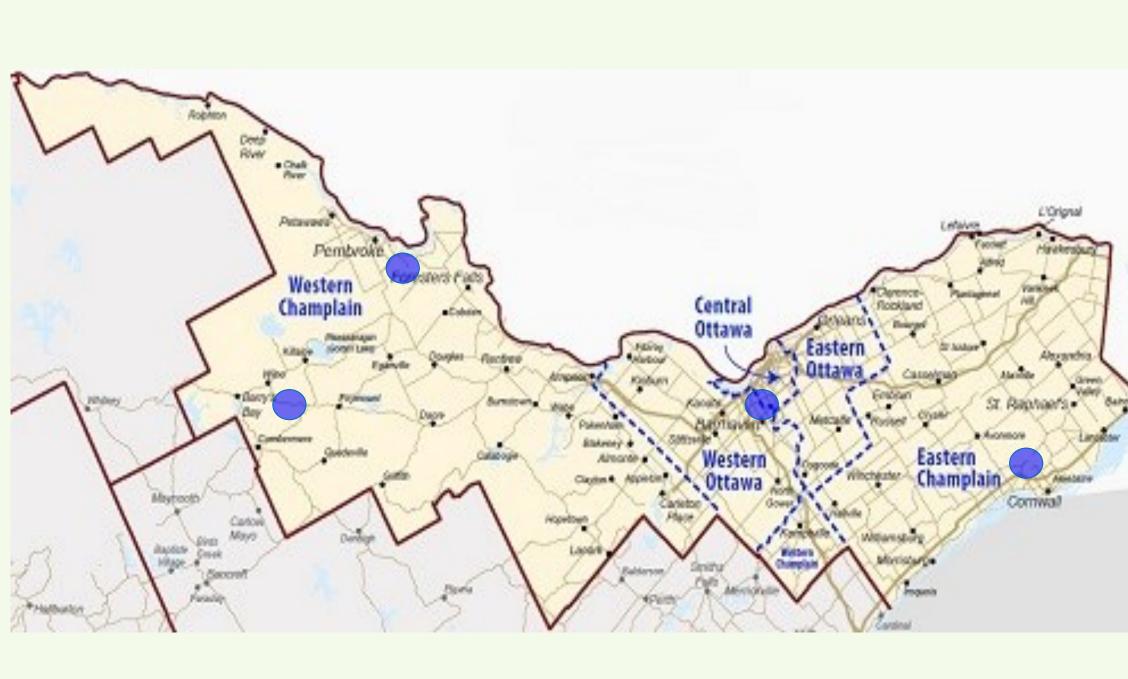
- Care providers answered yes to "Would I be surprised if this patient died in the next 12 months?"
- Life-limiting diagnosis
- Willing to accept a palliative approach to care
- Willing and able to operate technology solutions or willing to work with someone for support

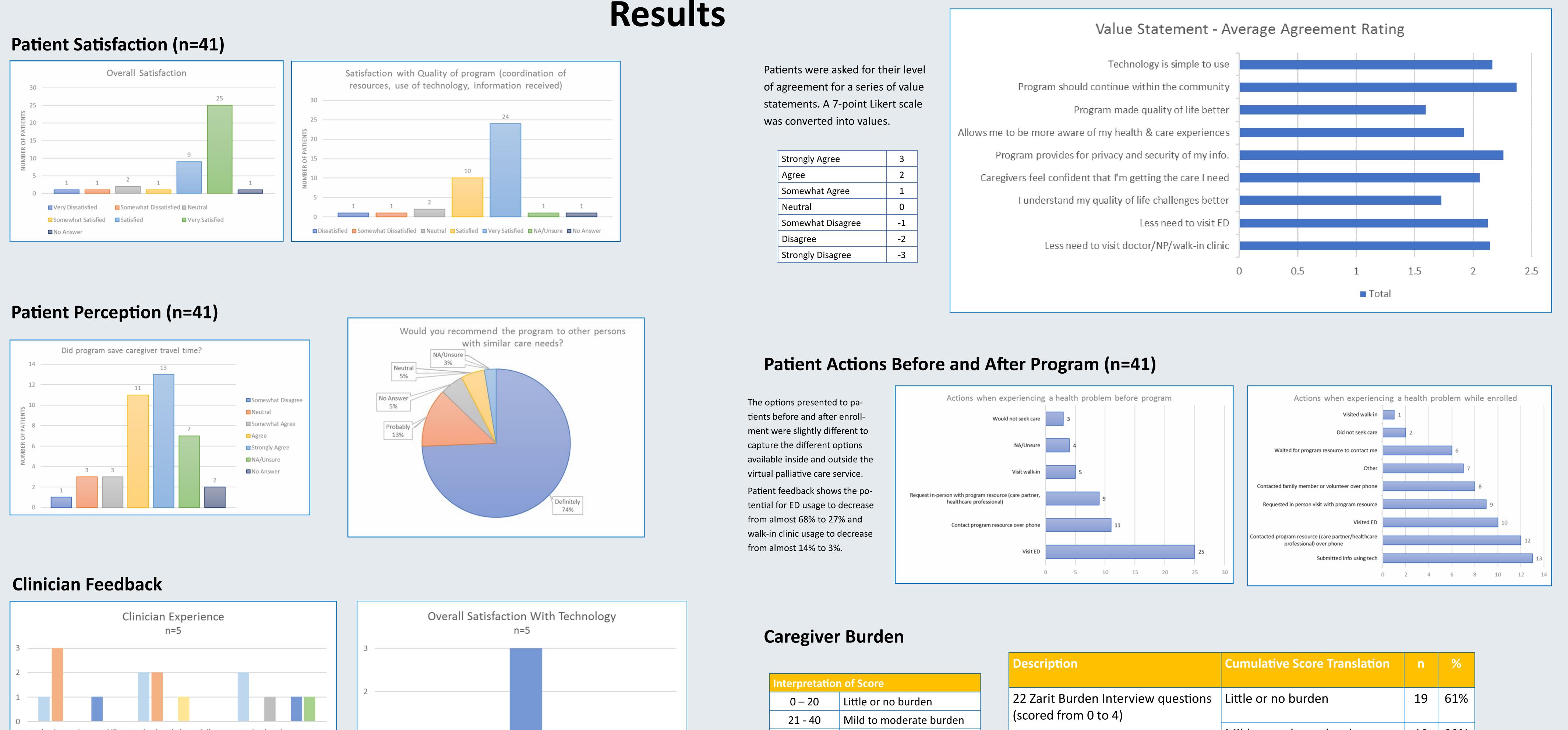
### **Project Participants**

- Lead Organization: Bruyère Continuing Care
- Marianhill Inc. Long Term Care and Community Support

### **Remote Patient Care**

	Alerts	
Why are you skipping meals? Select all that apply.	✓ Accept All 🗙 Reject All	18/06/2018 11:31 * No Action Required * Ongoing Monitoring; Reviewed trending and data received Medium Alert: Where 0 = 'you have no other health problems' and 10 = 'you have many other health problems', select the number that best describes how you feel now.: 6.)
I have no appetite.	Mon, 18 Jun	18/06/2018 11:30 * Consulted with Circle of Care (i.e. Pharmacist, RT, PT, etc.)  (Medium Alert: Why have you not taken your medications? : I am confused about how to take my medications)
I need help preparing meals.	Is this pain new or increased from your usual pain? : Yes.	18/06/2018 11:30 Discussed patient responses to survey questions and explored/identified areas for further focus. * Contacted Patient/Caregiver; Assessed/Teaching Provided as Required
Medicine makes me sick.	Where 0 = 'Best wellbeing' and 10 = 'Worst possible wellbeing', select the number that best describes how you feel now. : 9.	18/06/2018 11:30       * No Action Required            (Medium Alert: Where 0 = 'No lack of appetite' and 10 = 'Worst possible lack of appetite', select the number that best describes how you feel now.: 4.)
None of the above.	Where 0 = 'No anxiety' and 10 = 'Worst possible anxiety', select the number that best describes how you feel now. :	18/06/2018 11:29 * Contacted Patient/Caregiver; Assessed/Teaching Provided as Required * Consulted with Most Responsible Provider (i.e. PCP, NP, Specialist) (A(High Alert: Is this pain new or increased from your usual pain?: Yes.)
	8. Where 0 = 'No depression' and 10 = 'Worst possible depression', select the number that best describes how	18/06/2018 11:29       * Contacted Patient/Caregiver; Assessed/Teaching Provided as Required
OK OK	<sup>09:34</sup> you feel now. : 8. Where 0 = 'No nausea' and 10 = 'Worst possible nausea',	18/06/2018 11:29       * Request Made to Schedule Home Visit            (High Alert: Where 0 = "No anxiety" and 10 = "Worst possible anxiety", select the number that best describes how you feel now. : 8.)
	select the number that best describes how you feel now. : 8.	18/06/2018 11:28 Alert(s) reviewed and accepted: (High Alert: Where 0 = 'Best wellbeing' and 10 = 'Worst possible wellbeing', select the number that best describes how you feel now. : 9.)
Sample question in palliative pathway	ls this pain new or increased from your usual pain? : Yes.	18/06/2018 11:28 * Contacted Patient/Caregiver; Assessed/Teaching Provided as Required  (High Alert: Is this pain new or increased from your usual pain? : Yes.)
	Where 0 = 'No lack of appetite' and 10 = 'Worst possible lack of appetite', select the number that best describes how you feel now. : 4.	
s you can try to fall back asleep. Any supplements your health care team.	Have you been getting the help you need? : No.	
	Why have you not taken your medications? : I am 09:35 confused about how to take my medications	
	Where 0 = 'you have no other health problems' and 10 = 'you have many other health problems', select the number that best describes how you feel now. : 6.	
bedtime		
	For more information please	e contact Angela Nickoloff, anickoloff@otn.ca
h tip in palliative pathway		eontaet Angela Mickolon, amekolon@otn.ea





# Conclusion

41 - 60

61 - 88

The Virtual Palliative Care Project was supported by technology that enabled providers to receive real-time patient-reported symptoms with alerts that identified changes in patient care needs and prompted timely reaction. The project has shown initial success related to patient, caregiver and clinician experience and has the potential to decrease the reliance on acute health services usage. The strong support reported by patients to continue virtual palliative care in the community and to recommend virtual palliative care to others suggests that this model of care may help address a need in the healthcare system when they are integrated into community care models and in the hands of the patient. The small percentage of expressed dissatisfaction by patients presents an opportunity to further identify how to best leverage existing palliative care teams, specialists and other healthcare providers to ensure necessary follow-up actions are taken and patient concerns re addressed. Clinicians found the technology useful and applicable.

'he ability to videoconference with the patient in their home was reported by clinicians to be of high value, enabling more efficient care and reducing time and osts associated with travel to patients homes. Further enhancements to support integration of virtual palliative technology into other clinical systems can help to oster buy-in with clinicians. Although most caregivers report little to moderate burden, a pre-post analysis in the future would help to understand if the program as an effect on caregiver burden.

Recommendations for a sustainable business plan are under consideration by the Champlain LHIN, which will enable the project partners to achieve their vision and ransition the project to a regional model that would be available to all eligible patients and their caregivers. A qualitative evaluation, conducted over summer 1018, will further identify insights that can inform the specific features of digital/virtual solutions that would be required for broader adoption as well as sustainability factors such as cost, required resources, training, leadership and organizational commitment.

	Description	<b>Cumulative Score Translation</b>	n
on of Score			
Little or no burden	22 Zarit Burden Interview questions	Little or no burden	19
Mild to moderate burden	(scored from 0 to 4)		
Moderate to severe burden		Mild to moderate burden	10
Severe burden		Moderate to severe burden	2