

Dying with Dignity at Home – It Takes a Team

The Palliative Care Consultation Team (PCCT) is a group of specialized health care professionals who provide palliative clients with end of life care at home. The Erie St. Clair Community Care Access Centre (CCAC) co-ordinates care for the PCCT in conjunction with the Erie St. Clair Local Health Integration Network (LHIN), regional hospitals and community partners. The aim is to reduce the amount of time palliative care clients spend in hospitals, emergency departments and in alternative level of care. The PCCT has achieved significant results to date.

Erie St. Clair CCAC delivers home care services to a variety of clients, including palliative clients who need lots of care during the last weeks of their lives. In 2008, access to specialized palliative care in the Erie St. Clair region was limited. At that time, many palliative home care clients had to visit emergency rooms or stay a number of days in the hospital to receive the specialized care they needed. The PCCT was established by Erie St. Clair CCAC to improve the opportunities for palliative clients to die with dignity at home.

PCCT provides expert services to clients who are facing life-threatening illness in the place where they prefer to receive care. A range of services is provided by physicians, nurse practitioners, visiting resource nurses, chaplains, occupational therapists, social workers and music therapists. Home care palliative clients and their caregivers no longer need to depend on hospitals to receive adequate end of life care and support.

Change Ideas:

To support the Palliative Care Consultation Team, Erie St Clair CCAC worked with a nurse practitioner and primary care nurse to strengthen their roles. They tracked palliative client flow and co-ordinated palliative services with a focus on integration. In addition, Erie St. Clair CCAC implemented the following strategies to make palliative services more effective:

- Bi-weekly joint PCCT/hospital assessments of patients to ensure timely discharge;
- On-call services of PCCT resource nurses are available around the clock (24 hours, 7 days a week) to primary nurses prior to transferring palliative patients to hospital;
- Assistance of primary nurses with accessing PCCT nurse practitioners one-on-one education at hospice; and
- Education of service providers in the Erie St. Clair LHIN and sectors involved in palliative care with regard to PCCT resources and practices by its members.

Results:

Significant results have been achieved in palliative care in three communities in the Erie St. Clair LHIN area:

- From April 2008 to March 2011, palliative home care clients stayed fewer amount of days during the end of their life at the Blue Water Health General hospital and its Blue Water Health Petrolia hospital site. These two hospitals in the Sarnia-Lambton community also succeeded in reducing alternative level of care (ALC) day rates:

- Blue Water Health General – by 10 per cent
 - Blue Water Health Petrolia – by 13 per cent.
- Access to the PCCT allowed palliative clients to avoid visiting emergency departments. This contributed to a reduction in emergency rooms visits by six per cent at Bluewater Health and by one per cent - at the hospital serving Chatham and Kent.

**ALC rate (percentage of days spent in hospitals by patients who could receive care elsewhere)
In Sarnia-Lambton community***

Fiscal Year	2008-09	2009-10	2010-11
Blue Water Health hospital	18%	11%	8%
Blue Water Health hospital (Petrolia site)	28%	19%	15%

*DAD, MOHLTC, FY 2002-FY2010

Emergency rooms visits in Sarnia-Lambton and Chatham-Kent communities**

Fiscal Year	2009-10	2010-11
Blue Water Health hospital	65067	61370
Chatham-Kent Health Alliance	61335	60709

** NACRS, CIHI, Nov. 2009 – Nov. 2011

By establishing the Palliative Care Consultation Team, Erie St. Clair CCAC has increased access to palliative care services within the Erie St. Clair region and will continue to provide educational opportunities to develop and sustain the palliative expert team. The Erie St. Clair CCAC's PCCT has developed a palliative care framework that will continue to share this best practice with other regions.