

eShift – Creating a Virtual in Home End of Life Care Team

The Palliative Care e-Shift (e-Shift) program is a model of care that allows for personal support workers (PSWs) connected virtually to nurses through Smartphone technology, to provide palliative clients the end of life care they need. The South West Community Care Access Centre (CCAC), with support from the South West Local Health Integration Network (SW LHIN) is the co-ordinators of care for the e-Shift model. South West CCAC organized the e-Shift program in conjunction with hospitals, long-term care homes, community organizations and community partners. E-Shift seeks to improve palliative clients’ quality of life during the final days of their life, reduce hospital and emergency visits and decrease caregiver burden. The e-Shift model of care has achieved its objectives.

In many rural communities it is often difficult to arrange for nurses, who provide specialized overnight assistance to families of palliative clients. This nursing shortage resulted in more frequent use of hospital resources to support home care palliative clients at the end of their life and a limited ability to support clients to die in their location of choice. The new e-Shift model of nursing care was introduced to meet the needs of home care clients who want to die at home with their families. E-shift involves specially trained PSWs receiving support from an off-site nurse through a Smartphone application. The PSW carries out activities on behalf of the nurse while providing overnight care for palliative clients. Family members are then able to get much needed rest at night, so they can be ready to care for their relatives throughout the day.

South West CCAC partners with 19 hospital corporations, 60 community support agencies, 77 long-term care homes, 19 Family Health Teams and 12 service provider agencies to deliver services to more than 53,000 clients annually – including those who wish to die at home. The South West CCAC provides end-of-life clients with a robust service plan, which can include nursing visits, therapies and personal care. During the last 20-30 days of life palliative clients experience increased pain and limited mobility. Families caring for a dying relative need support to help prevent caregiver burnout and to assist palliative clients to experience a peaceful death at home.

The e-Shift Model

| Aims | Measures |
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| Support more palliative clients, who wish to die at home by increasing PSWs specialty expertise and access to specialty trained nurses, including in rural areas. | Percentage of clients admitted to e-Shift who died at home as per their wish. |
| Reduce caregiver burnout by leveraging access to specialty PSWs and nurses in real time through the use of technology (one nurse with a trained PSW at the bedside connected by a Smartphone application). | Percentage of caregivers of palliative clients who did not experience burn out. |

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| Decrease palliative clients visits to the emergency department in the last weeks of life through the provision of virtual specialized nursing support services. | Percentage of emergency department visits by palliative clients in the last weeks of life. |
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Change Ideas:

South West CCAC implemented the following strategies to develop and introduce an enhanced model of palliative care for home care clients with less than six months of life remaining:

- Redesign of CCAC referral process;
- Using a comprehensive assessment with a palliative focus when clients join the e-Shift program;
- Specialized case management of palliative clients upon referral to CCAC;
- Integration specially-trained PSWs into the nursing team;
- Delivery of palliative nursing services by one nurse to up to four clients receiving the e-Shift service;
- E-portal access by the client's care team, including physicians; and
- Team access to the electronic client record in real-time, so all team members have immediate access to the latest client re-assessment and can adjust care plan quickly to address pain and symptom management issues.

In addition, the e-Shift program provides significant resources that enhance the skills of health professionals and personal care workers, including:

- Intensive palliative training of personal support workers, including how to observe and report vital signs and symptoms to a registered palliative nurse;
- Training for PSWs to use Smartphone and computer technology to share information;
- RNs technology training to provide virtual support and communication to the PSWs; and
- Training of CCAC Supportive Care Team to view and use electronic patient records.

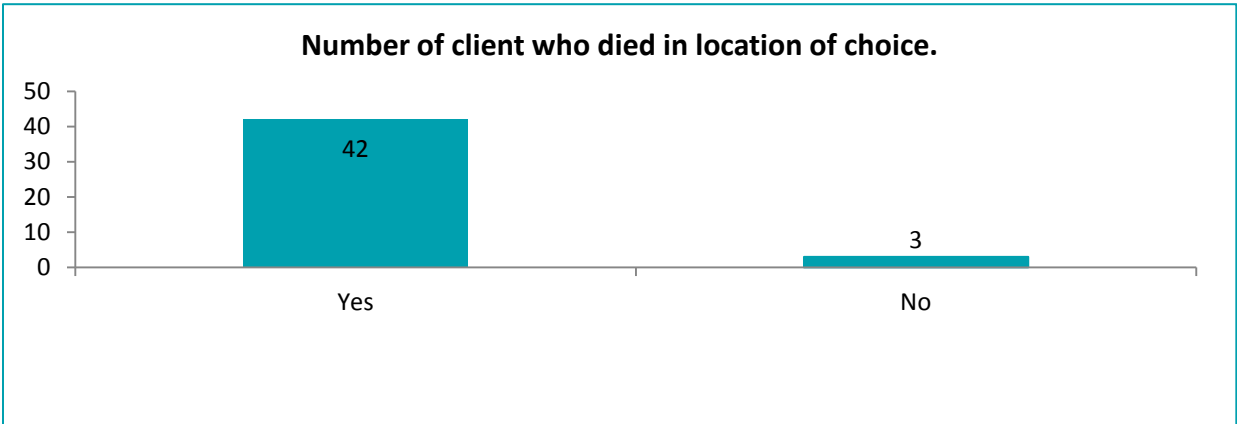
The e-Shift program pilot was launched for palliative clients in 2010. As of April 1, 2012 e-shift has become a core program at South West CCAC. Additional enhancements are being introduced to the program, including an access portal that provides real-time data to address the needs for physicians and family members.

Results:

The following represents results for the e-Shift model practice with palliative non-pediatric home care clients throughout several counties of South West LHIN:

- Improved quality of end-of- life for palliative home care clients: 92.3 per cent of e-Shift program palliative clients did not visit an ER in the last weeks of their life;
- 32.6 per cent more clients died at home as per their wish – compared to the 52% of clients without e-Shift service;
- Reduced caregiver burden: 92.3 per cent of caregivers indicated they did not experience caregiver burnout.

Analysis of the first 45 clients who passed away on e-shift program*



*40 died at home which was their location of choice; two died in hospital, which was their location of choice; three died in hospital yet home was location of choice.

South West CCAC has undertaken a step-by-step implementation of the e-Shift model and is currently in the process of spreading these improvements in the rest of South West LHIN. Other CCACs in Ontario are also in the process of adopting the e-Shift model.