



Provincial Palliative and End-of-Life Care

April 2023

Provincial Palliative and End-of-Life Innovations Steering Committee

Spring has sprung and the Provincial Palliative and End-of-Life Care (PEOLC) team is busy planning for the fiscal year ahead!

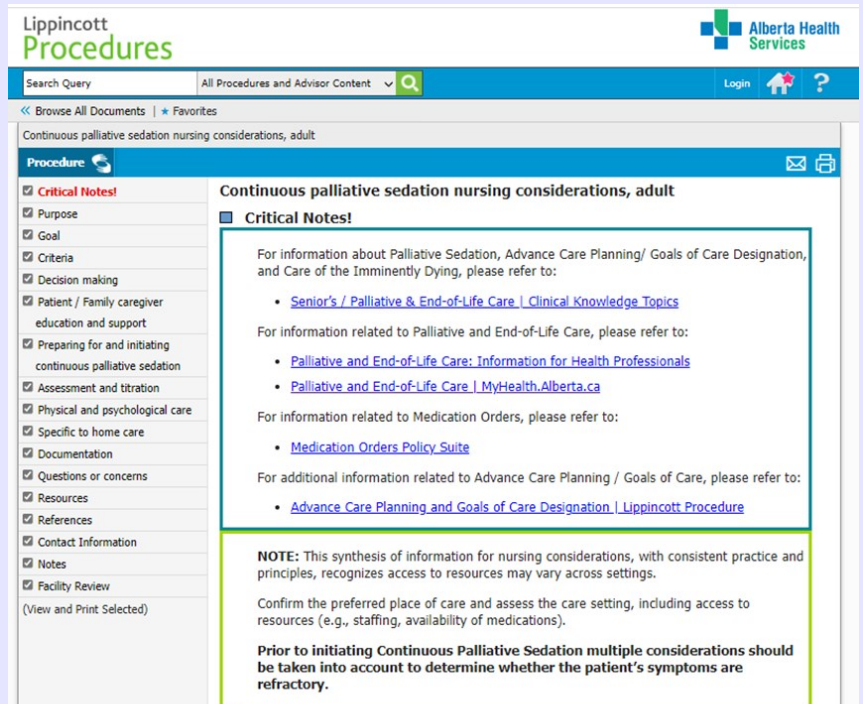
Recently the Provincial PEOLC team completed a mapping exercise to determine if the Alberta Health grants that were awarded as part of the PEOLC review will fulfill any of the outstanding PEOLC Alberta Provincial Framework initiatives and/or gaps identified in the Addendum. A document outlining how the grant activities will impact existing gaps and challenges for Albertans faced with PEOLC needs has been shared with the Provincial Palliative and End-of-Life Innovations Steering Committee (PPAL/EOL ISC).



Lippincott Procedure: *Continuous Palliative Sedation Nursing Considerations, Adult*

After much anticipation and hard work, the fully customized Lippincott Procedure *Continuous Palliative Sedation Nursing Considerations, Adult* is now live!

On behalf of Charlotte Pooler and Michelle Peterson Fraser, the co-chairs of the Palliative Sedation Nursing Considerations Working Group, we wanted to thank our working group and each individual who contributed their time and subject matter expertise to the creation and review of this provincialized AHS content. The feedback we received is extremely valuable in crafting a procedure that is both relevant and usable for our nursing staff. You can find the new Lippincott Procedure on AHS Insite and [Continuing Care Connection](#) (login required).



The screenshot shows the Lippincott Procedures interface. The main heading is "Continuous palliative sedation nursing considerations, adult". On the left, there is a checklist of procedure components, all of which are checked, including "Critical Notes", "Purpose", "Goal", "Criteria", "Decision making", "Patient / Family caregiver education and support", "Preparing for and initiating continuous palliative sedation", "Assessment and titration", "Physical and psychological care", "Specific to home care", "Documentation", "Questions or concerns", "Resources", "References", "Contact Information", "Notes", and "Facility Review". The main content area is titled "Continuous palliative sedation nursing considerations, adult" and contains "Critical Notes". The notes provide information on where to find more details about palliative sedation, advance care planning, and medication orders. A prominent note states: "NOTE: This synthesis of information for nursing considerations, with consistent practice and principles, recognizes access to resources may vary across settings. Confirm the preferred place of care and assess the care setting, including access to resources (e.g., staffing, availability of medications). Prior to initiating Continuous Palliative Sedation multiple considerations should be taken into account to determine whether the patient's symptoms are refractory."

For PEOLC education opportunities, review the Provincial PEOLC Education Bulletin link.

www.albertahealthservices.ca/info/page14438.aspx



April 16th is National Advance Care Planning (ACP) Day!



Look for National ACP Day activities the week of April 16th!

Visit the Alberta Webpage at

www.conversationsmatter.ca

Or email us at

conversationsmatter@ahs.ca

Calgary Zone

As of June 1 2023, Calgary Zone's PEOLC Medical Director, Dr Charlie Chen, will be stepping down from the Medical Director role to assume the role of Physician Advisor: Wellness, Diversity, and Development with the with AHS Associate Chief Medical Officer of Physician Experience. Charlie stepped into his role with the CZ PEOLC Portfolio in December 2019. Charlie's exceptional leadership contributions, dedication to the delivery of patient/family centered palliative services and system quality improvement has strengthened Calgary Zone's PEOLC community. Charlie led during unprecedented times through the Covid pandemic and with Connect Care implementation – both in exceptional ways. He has been highly regarded by leadership and clinicians across our Portfolio, the Provincial PEOLC Operational Dyad group, PPAL/EOL ISC, the Department of Family Medicine, and within the Seniors, Palliative and Continuing Care portfolio in the Calgary Zone. The leadership, engaging relational style and the deep compassion he brought to his role will be missed. Charlie continues as the Medical Leader for Calgary Zone's ACP/GCD program and will remain as a Palliative Physician with our Palliative Care Consult Service. They thank Charlie for all of his tremendous contributions and wish him well with his Physician Advisor role!

Calgary Zone's PEOLC portfolio will be hosting its 22nd annual Mary O'Connor Conference on May 30. More details can be found in the PEOLC Provincial Education Bulletin or visit the website [here](#).



Pain and Mood Toolkit Feature

Recreation Therapy Interventions for Pain and Mood Distress

Clinical Innovation and Practice Supports, Provincial Seniors Health and Continuing Care



Root causes of distress are often unclear. Consider involving recreation therapy early, as part of the interdisciplinary team, to assess and manage distress. Therapeutic recreation can safely improve pain and mood, as part of a bundle of interventions.

Psychosocial interventions, such as recreation therapy, can be effective first-line interventions for depressive symptoms, according to the [2021 Canadian Guidelines on Prevention, Assessment and Treatment of Depression Among Older Adults](#).

- [Interventions for Depressive Symptoms](#) include socializing, singing, pet therapy, horticulture, music, sensory stimulation, aromatherapy, exercise, and reminiscing.

Non-drug therapies should always be part of the pain management plan, according to [GeriatricPain.org: Core Principles of Pain Treatment](#).

- [Non-drug Pain Interventions](#) include exercise, music, relaxation, and distraction,

To maximize therapeutic value, reduce background sounds, ensure eyeglasses and hearing aids are worn, and support overall comfort. Consider opportunities to involve designated support persons, volunteers, staff, and privately hired service providers.

[Dementia communication strategies](#) can support successful interactions with persons who have cognitive impairment.

Looking for more resources? Check out:

- [Pocket card](#): Canadian Coalition for Seniors Mental Health
- [Changing Behaviours – Pat’s Story](#) demonstrates how music and behaviour mapping significantly improved the quality of life of a resident named Gracie.

For more information, visit ahs.ca/painmoodtool



Covenant Health's Palliative Institute

Thank you to all those who continue to participate and collaborate in the work of the Palliative Institute. The Alberta Interprofessional Palliative Care (IPC) Competency Framework is now available on the AHS website. These competencies were developed by 110 interdisciplinary Alberta health care providers to enhance service delivery through competency alignment. Alberta now has a standardized resource to inform team-building activities, professional development, continuing education, accreditation, professional and employer standards and academic curricula.

The Palliative Institute is accepting abstracts for the 34th annual Palliative Education and Research Day conference. For more information please see the Education Bulletin or visit palliativeconference.com.

The Advance Care Planning and Palliative Care Awareness grants are well into the development of public education tools. Collaborative work with Canadian Virtual Hospice, the All-Ireland Institute of Hospice and Palliative Care and Palliative Care South Australia will help us augment existing resources in Alberta. These materials will provide community organizations with additional resources to support health and personal planning and palliative care conversations when they matter most.

The Palliative Institute is postponing the date of the next Compassionate Communities Forum to the fall. Please stay tuned for more updates. They are continuing to add content and improve the Compassionate Alberta website. None of these activities would be possible were it not for collaboration with our colleagues across the province and beyond. If you would like more information or would like to be involved in the work of the Palliative Institute, please reach out to them at palliative.institute@covenanthealth.ca.

Appropriate Prescribing and Medication Use for Older Albertans

Imagine taking a walk in the life of George. George is a 78-year-old man living in a supportive living facility. He takes 28 pills everyday but does not know what they are for. His daughter Laura is also struggling to find out why he needs this many medications.

Gaining insights to these experiences, Provincial Seniors Health and Continuing Care (PSHCC) created a strategy in 2020, to optimize the safety and quality of life of older adults through the appropriate prescribing of medications.

The Provincial Appropriate Prescribing and Medication Use Strategy for Older Albertans (APMUSOA) Committee seeks to support the strategy's recommendations.

We can address this together!
We are seeking to collaborate with you and your teams to address inappropriate polypharmacy in older Albertans!

For more information, visit: [APMUSOA | Alberta Health Services](https://www.alberta.ca/apmusoa)



Do you have feedback or ideas that support **appropriate prescribing and medication use** for older adults? APMUSOA would love to hear from you!
Contact them with your ideas: big or small!
Please complete the [APMUSOA Intake Tool](#) or email us at seniorshealth.scn@ahs.ca

Thanks to all in PEOLC for your amazing work in continually innovating and improving care for Albertans. Here is a summary of what you achieved in the PaCES colorectal care project.

- PaCES Team (www.pacesproject.ca)



PaCES
PALLIATIVE CARE EARLY AND SYSTEMATIC

NEW PATHWAY INCREASES EARLY PALLIATIVE CARE

FOR PEOPLE LIVING WITH ADVANCED COLORECTAL CANCER



The Problem

Integrating palliative care earlier in the process



Most people living with advanced colorectal cancer only receive specialist palliative care in the **last two months of life**, despite research showing the benefit of early palliative care.

CALGARY
IMPLEMENTATION SITE

EDMONTON
CONTROL SITE

We implemented an early palliative care pathway for people living with advanced colorectal cancer, that included:




A **"Shared Care Letter"** between oncologists and family physicians, and patient handout

A **palliative care nurse specialist** to see patients early, and help clinicians use the new pathway

The duration of palliative care involvement went up to a median of **240 days before death** for those who got both the Shared Care Letter and the Palliative Nurse Specialist, compared to **86 days** for those who got neither, in Calgary. Comparing those who died in **Calgary** (*intervention site*) with those who died in **Edmonton** (*control site*) in a before-after comparison:

What Did We Find?

+ For more information, visit: pacesproject.ca



17%

INCREASE

17% increase in early palliative care consults (i.e. more than 3 months before death)



69

DAYS

69 days of earlier palliative care



30%

UPTAKE

30% uptake of shared care letter



2

EXTRA DAYS

People stayed 2 extra days at home in the last 3 months



\$4,467

LESS

Cost the system \$4,467 less per patient as a result

How Are We Doing?

"She [palliative care nurse] just really wants to see how I'm doing and make sure that I'm right on track with what they're offering me, and it's been working out really really well...We're given time, we're given space, and we can ask questions. I've stumbled into a team with really good folks."

- PATIENT

"For myself and my wife, the sooner we understood what was happening and what services were available, it gave us a peace of mind and it didn't diminish the hope for best quality of life and what's ahead. It did give us a chance to be a bit more prepared in our minds of what to expect and to know there's services out there."

- FAMILY MEMBER

"It [shared care letter] makes it nice and clear what the expectations are in general terms. It's nice and simple, it's easy to follow, it's pretty clear who's doing what."

- FAMILY DOCTOR

"And I really loved the program, to be frank. I really did. I thought it was a way to capture -- to complete patient care. And it's not all on one person."

- ONCOLOGY NURSE

"I think it was a very clear pathway with very clear steps for the physicians...triggering or cueing was really important for me because I think there are so many other things that we're thinking about in clinic."

- ONCOLOGIST



UNIVERSITY OF CALGARY



UNIVERSITY OF ALBERTA



Alberta Health Services



Alberta Health



CIHR IRSC
Canadian Institutes of Health Research / Institut de recherche en santé et en services sociaux



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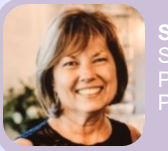
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