

Palliative Care Team's Model Sets Gold Standard

By Joanne McDonald

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A gem of integrated health care is resting comfortably at West Lincoln Memorial Hospital from where a remarkable team of palliative care specialists reaches out to every care setting across west Niagara to support people nearing the end of life.

Nurtured and championed by the Grimsby hospital in partnership with the Hamilton Niagara Haldimand Brant (HNHB) Community Care Access Centre (CCAC), the Niagara West Palliative Care Team's shared-care framework for providing services has been chosen as a model for Canada and is being used by Local Health Integration Networks (LHINs) across the province.

"We are a beacon of integration," says Dr. Denise Marshall who led in the development of the shared-care model which is now part of a gold standard in palliative care. The partnership between the hospital and CCAC enables palliative care experts to follow patients in any and all care settings.

Dying is an experience that is difficult to accept under the best of circumstances. Family doctors want to remain involved but need help with complex end-of-life issues. Families want to stay close but need support to manage the care, the worries, emotions and physical comfort of their loved ones.

Sharing the care - integrating the expertise of the team with those familiar faces and places that have defined an individual in life - builds on community and engages people at a time they are most needed. It makes the process more compassionate, more gentle, more peaceful.

A study funded by the province has shown it's also a relatively inexpensive and effective way of mobilizing problem-solving resources.

In the end, it's about the relationships that emerge. "It has to be personalized to have integration. We can know the players," said team bereavement support clinician Janet Devine.

It's a powerful message that was sent to the HNHB LHIN over the course of recent open houses. The Niagara West team is eons ahead of pockets across the province where teams can't cross care settings.

"We have the hybrid model – not tied to a care setting," said Devine. "We do this so well because we're small."

The Niagara West team is an exemplar of how to deliver shared-care and it exists because the hospital invested in it, said Dr. Marshall, inaugural Director of the Division of Palliative Care and Assistant Dean for Faculty Development in the Faculty of Health Sciences at McMaster University.

"The model is what the team uses, but the entire hospital is shared-care," Dr. Marshall said. "The entire hospital is a hub of integration."

It dates back to 1997 when the hospital first believed in, then developed and funded, the old West Lincoln Palliative Care Team.

The LHIN needs look no further for a successful model of integration. "Everyone knows we have to work together in new ways."

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It's both exhilarating and maddening says Dr. Marshall. "We have a model that is sustainable, survives and people can manage it. We want to start this concept everywhere." The End of Life Care Network in the local LHIN envisions nine shared-care teams, including supplementing four existing teams and creating five new teams.

The medical community's ear has been tuned to Grimsby since a search for innovative models of care, commissioned by Canadian Partners Against Cancer, selected Niagara West's shared-care as a model of choice.

LHINs across the province have come forward to observe the model, take it home and put funding into rolling it out in their own communities. The local team has set a gold standard, championed the model and with adequate funding, says Dr. Marshall, the End of Life Care Network can develop teams across the local LHIN.

"The model is being taught across several LHINs but we haven't system-wide been able to move this ahead here, as we haven't got sufficient funding or endorsement at a high enough level, we don't feel endorsed or sanctioned enough at the LHIN level," Dr. Marshall said.

The WLMH is a generation ahead of its time. "The model has been put into service, it works and is a terrific way to provide care over time."

"This was truly organic, in that the community and family doctors started this," Dr. Marshall said. "The model is primary care driven, primary care focused and we work to maintain this. This concept has never been lost. We started organically and never lost that."

"With new funding, more teams could be rolled out across the LHIN," Dr. Marshall said. "We have a model that works and we'd like to see more of this regionally, but we can't move it forward."

"We have been chosen as a model of choice for Canada," said Dr. Marshall, crediting the community's open arms support in developing the concept. "Family doctors feel supported, we capacity build, and it's logical, basic care."

And it says that bigger, is not better. In fact, says Dr. Marshall, "it will fundamentally fail if we build bigger-scale models. We need to fund models that are patient centered, and locally driven with collaboration, where everyone is working together."

Seventeen years as a palliative nurse and Mary Catherine Rilett has a mindfulness and compassion that touches people in need. She knows the value of life and the meaning of living each moment deeply. "We bear witness every day to the best of humanity. We see people caring for one another and loving one another in great acts of love and courage ... it is very affirming and heartwarming," Rilett said.

"What people need is physical control of physical symptoms because they are things that get in the way of the business of living. They need control of pain, nausea, and also need support with understanding what is happening."

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“Family members need to know how to be helpful and supportive. They need instruction to be able to fulfil the promise of caring for someone at home,” Rilett said. “We teach the families how to manage their care and we also address the emotional worries and fears. We have a psycho-spiritual clinician to help people who are struggling with unfinished business or have a crisis.” Psycho-Spiritual Clinician Maureen O’Connor fills that role. “She’s a gem,” Rilett said.

Devine, as bereavement support clinician, provides care to families following the death of a loved one.

“Janet blends the skills, knowledge and empathy needed to support individuals through the grieving process,” Rilett said. “She is exactly the right person. She knows how to help.”

“Dr. Marshall has been here since 1996. She started the team and in 2004 received grant money to look at outcomes when a full team was in place for palliative care,” Rilett said. “What they were able to provide was that patients feel better supported, family physicians and nurses feel better supported and able to manage care.”

At any given time the case load varies between 55 to 70 individuals. “We see anybody who is facing a life-threatening illness and unmet needs — physical, emotional and spiritual,” Rilett said.

“We provide services over a period of time, so we like to be involved in care as early as possible.”

Others on the six-member team include instrumental team member Paola Lawrence, a supportive care case manager with the CCAC, who assesses for and coordinates palliative care services in the home. April Hiscock, administrative assistant, is the glue that binds the team. “We’re ready to parachute in any time.”

Between 2003 and 2006, the province funded three projects focusing on helping doctors deliver palliative care in the shared-care model. Outcomes found an enhanced capacity for family doctors to provide palliative care at a cost less for home compared to hospital.

This led to the formation of the new Niagara West Palliative Care Team, which is now jointly funded by WLMH and the Ministry of Health homecare program, the HNHB CCAC.

“We are a leader in understanding end of life care with our integrated palliative care program,” said WLMH board chair Robert Whitenect. The program, “provided through the WLMH and HNHB CCAC, is being held as a provincial model for other hospitals and LHINs to adopt.”

The team cares for patients in every care setting including McNally House.

“I’m looking for a spirit of collaboration...how do we make this work,” said Dr. Marshall. This model has merit. Let’s have the will to move it forward.”

To reach the Niagara West Palliative Care Team call 905-945-2253 ext. 413. They are located at West Lincoln Memorial Hospital.

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