

Webinar Q&A

Palliative Care in the Home: Lessons from COVID – Monday June 15, 2020 @ 3 pm ET

Question	CPC Exchange
<p>Jill 03:33 PM</p> <p>Are there areas where the hospices are accepting COVID+ patients for end of life care?</p>	<p>There were several questions submitted during the webinar that the panellists were unable to answer due to the time restrictions of the webinar.</p>
<p>Phayes 03:34 PM</p> <p>We are finding the same for the end of life in home that the family is really not prepared for. We don't provide 24/7 care and therefore our concern is how do we deal with the trauma possibly caused to the family?</p>	<p>Please continue the discussion by joining the Canadian Palliative Care Exchange and posting your question as a discussion topic.</p>
<p>Shawna 03:36 PM</p> <p>What is the uptake of family members utilizing virtual care support after hours? What is the most common ask by family care givers?</p>	<p>There is no cost to participate.</p> <p>Join now to share and learn alongside your colleagues from across Canada: www.cpcexchange.ca</p>
<p>Julie 03:36 PM</p> <p>I am wondering about the challenges of immediate essential physical care burdens on family care givers who may never have attended anyone in these ways (bed care, cleanliness, wound care, comfort positioning, etc.).</p>	
<p>Daniel 03:45 PM</p> <p>What, if any, recommendations could we make to partner with private agencies who can provide care for after hours?</p>	

<p>Polly 03:58 PM</p> <p>Has Pallium Canada been asked to get involved in developing better and more comprehensive EOL plans for residents in LTC facilities given all the inadequacies found in all areas of care during this pandemic?</p>		
<p>Jennifer 04:07 PM</p> <p>Does much discussion occur, and what kinds of thoughts do you have, about engaging end of life Doulas into the team?</p>		
<p>Anonymous 04:12 PM</p> <p>In Ontario, is it within the scope of EMS to pronounce at home if there isn't a nurse or doctor available in remote areas?</p>		
Question	Answer	CPC Exchange
<p>Anonymous 03:31 PM</p> <p>What are some of your ideas for how visitor restrictions might be responsibly relaxed? Training programs for families and caregivers? Visitor friendly wards with patients signing on to added risk? Supervised visits?</p>	<p>This is an excellent question and one that we will likely be addressing in another upcoming webinar; it was mentioned in the recent Hospital based palliative care webinar. It will also depend on the jurisdictional public health authorities and the local LTC or hospital or hospice leadership I suspect.</p>	<p>If you'd like to continue this conversation head to the Canadian Palliative Care Exchange and create a discussion topic or contribute to a conversation already taking place.</p> <p>There is no cost to participate.</p>
<p>Susan 03:32 PM</p> <p>Is there a thought towards having a Spiritual Care Professional added to the Multidisciplinary team to provide consultation and</p>	<p>Hi Susan, the Lethbridge team does work with a spiritual care team and we have greatly benefitted from their support. I apologize for missing them in my presentation.</p>	<p>Join now to share and learn alongside your colleagues from across Canada: www.cpcexchange.ca</p>

<p>support to patients, families and staff?</p>		
<p>Tami 03:33 PM</p> <p>I am not sure if Lethbridge has the EMS-ATR (Assess, treat refer) program that is available in other places in Alberta, but if the program is available, has there been an increase in calls to same (since more people are staying home)?</p>	<p>Hi Tami, we do benefit from the EMS-ATR team- they are a wonderful resource! I unfortunately do not have access to their data to see if use has gone up recently.</p>	
<p>Kathleen 03:33 PM</p> <p>Are there no PSW's with e health for providing meds with nurses on the LHIN?</p>	<p>Hi Kathleen - I believe e-health via a LHIN is an Ontario specific resource. In Alberta we have a similar resource, but it is differently named.</p>	
<p>Rshawmoxam 03:37 PM</p> <p>Thanks Jose, can you also ask how they are tracking the symptom screens and functional assessments in the virtual settings and sharing the information with the team?</p>	<p>In Lethbridge we are doing ESAS screening and functioning screening (IADLs and ADLs) via home care visits. PPS can be done virtually and with the assistance of home care in person when available. We are sharing our notes/plans with the team via confidential work email (AHS).</p>	
<p>Robin 03:45 PM</p> <p>RE the CPOC: it should be administered to physician and NP's regardless of population! not based on</p>	<p>My experience as a provincial lead in Ontario is that the CPOC has still many issues with it and lots of disparities across the province with some groups</p>	

<p>population of the area, for example, NW ON PC MD group was denied CPOC partly due to our small population Since se have huge geography, and MD's serve the whole NW, it should be population agnostic.</p>	<p>receiving none and others receiving it without meeting the full criteria. I agree that the CPOC needs to be fixed.</p>	
<p>Shawna 03:56 PM</p> <p>will try again, how (approx.) has the intake been for virtual calls after hours by family care givers? what have been some common needs during this time for care givers? i.e. symptom management.</p>	<p>From a Lethbridge perspective, we have 24/7 physician and nurse on call coverage for patients on our program. If patients need care after hours - we are usually doing so by phone or in person if needed. We haven't seen a change in virtual uptake in this area.</p>	
<p>Leah 04:00 PM</p> <p>What about access to internet? Or internet connection, computer or cell phone. Not all rural areas have reliable service if at all. Does this eliminate some folks or does the team supply an iPad for example?</p>	<p>Dr. Hollis Roth</p> <p>That's an excellent question. In Lethbridge, we have had the ability to send home care nurses to the patient's home to provide a computer and internet if needed for planned visits. However, this is a struggle if unplanned.</p> <p>Dr. David Henderson</p> <p>We also have many gaps in high speed Wi-Fi so in those areas we rely on phone, phone with home care nurse present, or in person visits</p>	
<p>Jennifer 04:07 PM</p>	<p>Hi Jennifer! I've just started learning more about this and</p>	

<p>Does much discussion occur, and what kind of thoughts do you have, about engaging End of Life Doulas into the team?</p>	<p>our team is open to working with end of life doulas in Lethbridge.</p>	
<p>Julie 04:07 PM</p> <p>So, who helps the families supply their home for the logistics of care?</p>	<p>In Lethbridge we receive excellent assistance from OT to physically set up the home and ensure it is safe for the logistics of care.</p>	