Hospice Palliative Care Community of Practice

Facilitator:

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Date:

November 28th, 2024

Project ECHO Palliative Care - Canada BY Pallium Canada

Covenant Health Palliative Institute

The Palliative Care ECHO Project

The Palliative Care ECHO Project is a five-year national initiative to cultivate communities of practice and establish continuous professional development among health care providers across Canada who care for patients with life-limiting illness.

Stay connected: www.echopalliative.com

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Disclosures

The Palliative Care Public Awareness project is funded by the Government of Alberta. The views expressed herein do not necessarily represent the views of the Government of Alberta.

Reminders

- Your microphones are on mute.
- Please do not disclose any personal health information during the session.
- Your microphones are muted. When we invite participation, please unmute yourself if you'd like to speak at that time.
- If you experience technical difficulties, please let us know in the chat.

Covenant Health
Palliative Institute

Hospice Palliative Care Community of Practice

November 28th 2pm-3pm MST

[Angela Parisian: supporting Indigenous patients at Grey Nuns hospital (covenanthealth.ca)]

Let's Reflect:

https://youtu.be/92BQdxeGsAs

Member Introductions

Tell us a little about you:

-Your role

- Location of work

-Your favorite beverage

Terms of Reference

Microsoft Word Document

Terms of Reference

Background

The goal of this community of practice is to advance palliative and end of life care in Alberta by sharing a repertoire of resources, working together to fulfill common needs and goals and creating new knowledge and innovation. Connecting the practitioners from across the province will allow us to build links, share strategies and work together to deliver excellent palliative and hospice care

Objectives

To encourage professional connection, build local competence and to align the excellent palliative and end of life care being delivered in Alberta, we are starting a community of practice for the hospices and palliative care units in Alberta.

Terms of Reference

Membership and Structure

Membership of the CoP is open to all staff champions, clinical nurse educators, charge nurses/assistant head nurses and unit managers from hospices and palliative care units across Alberta who deliver inpatient care.

The CoP will be an hour-long quarterly virtual meeting.

Terms of Reference

There is a standing agenda which outlines 5 main sections to each meeting;

1. New Members Introduction;
2. Focus Presentation: A 20-minute presentation (as planned by the CoP chair) on a specific topic of interest from experts across the province/country sharing innovative concepts. Linking members to discover new information.
3. Open Discussion: 20-minutes allocated to discussion about developing and disseminating best practice tools and guidelines to align care in the province. Enabling members to work together for change.
4. Roundtable: Where each member has 1 minute to share concerns, ask for ideas and share what works well. Helping members share objectives, and approaches.
5. Future Agenda and Next Meeting Timeframe.

All members are expected to share their expertise, and any documents or other resources they have which they think will be useful to all members.

Terms of Reference

The responsibility of CoP Chair will rotate between members each meeting. The chair is responsible for:

- Facilitating group discussion to ensure that communication is appropriate and respectful.
- Developing the agenda and/or objectives for the subsequent CoP meeting.
- Taking record of decisions and actions notes (RODA).
- Sending out regular messages to all CoP members about the next meeting/activity.

Focus Topic:

Cognitive Assessment

4.1.4 The team uses a holistic approach to **assess and document** the client's physical and **psychosocial health.**

4.1.7 The team **uses validated, standardized, and evidence-informed assessment tools** to identify clients' palliative care needs and the complexity of those needs.

4.1.17 The team **regularly re-assesses clients' health status and documents the results**, and all services provided, in the client record in a timely manner, and particularly when the health status changes.

Focus Topic:
Cognitive Assessment

Nursing Delirium Screening Scale (Nu-DESC)

[Fast, Systematic, and Continuous Delirium Assessment in Hospitalized Patients: The Nursing Delirium Screening Scale - ScienceDirect]

Features and descriptions	
Symptom	Time Period
I. Disorientation Verbal or behavioural manifestation of not being oriented to time or place or misperceiving persons in the environment	
II. Inappropriate behaviour Behaviour inappropriate to place and/or for the person; e.g., pulling at tubes or dressings, attempting to get out of bed when that is contraindicated, and the like.	
III. Inappropriate communication Communication inappropriate to place and/or for the person; e.g., incoherence, noncommunicativeness, nonsensical or unintelligible speech.	
IV. Illusions/Hallucinations Seeing or hearing things that are not there; distortions of visual objects.	
V. Psychomotor retardation Delayed responsiveness, few or no spontaneous actions/words; e.g., when the patient is prodded, reaction is deferred and/or the patient is unarousable.	

Memorial Delirium Assessment Scale (MDAS) Summary

[MDAS.pdf (palli-science.com)]

Item	Scale item
1	Reduced level of consciousness
2	Disorientation
3	Short-term memory
4	Impaired digit span
5	Reduced ability to maintain and shift attention
6	Disorganized thinking
7	Perceptual disturbance
8	Delusion
9	Decreased or increased psychomotor activity
10	Sleep-wake cycle disturbance

Confusion Assessment Method (CAM)

[ahs-scn-bjh-hf-delirium-screening-tool.pdf (albertahealthservices.ca)]

Screening Tool: Confusion Assessment Method (CAM)

Table 3. The Confusion Assessment Method (CAM)[33]

(1) Acute onset and fluctuating course
Is there an acute change from the patient's baseline as reported by family/caregiver/healthcare provider? Does the changed behavior alternate in clarity and confusion, come and go over time, increase or decrease in severity over time?

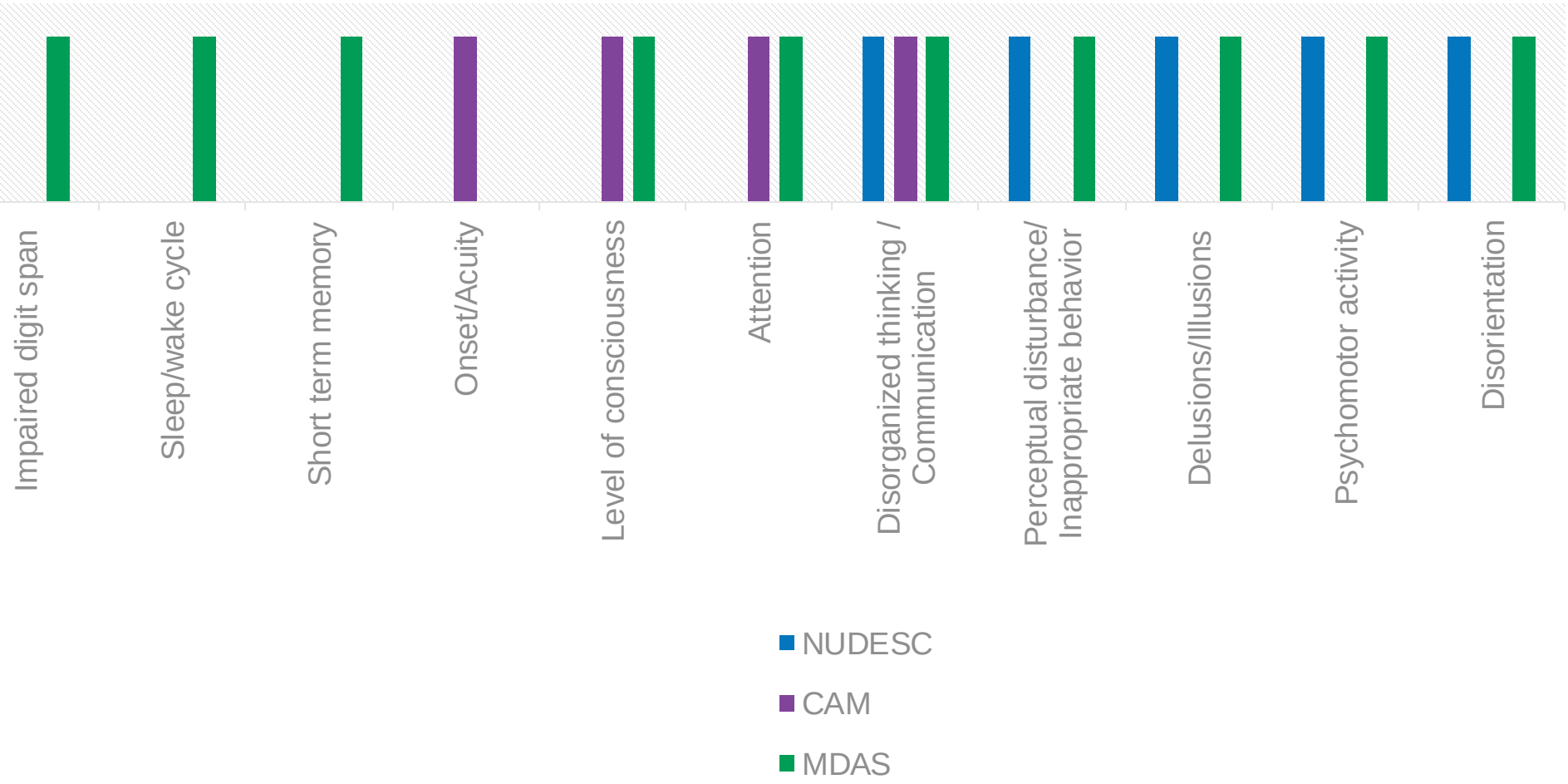
(2) Inattention
Does the patient have difficulty focusing on topic? Can the patient not count back from 10, recite months of year backward or spell WORLD backward?

(3) Disorganized thinking
Does the patient have rambling or incoherent speech? Do they unpredictably switch from subject to subject?

(4) Altered level of consciousness
Is the patient's level of consciousness hyperalert (agitated), drowsy, stuporous or comatose?

A diagnosis of delirium requires the presence of features 1, 2, and either 3 or 4

[Symptom Assessment Tools | Alberta Health Services]


Impaired digit span
Sleep/wake cycle
Short term memory
Onset/Acuity
Level of consciousness
Attention
Disorganized thinking / Communication
Perceptual disturbance/ Inappropriate behavior
Delusions/Illusions
Psychomotor activity
Disorientation
NUDESC
CAM
MDAS

Open Discussion

- What do you use?
- Who on the team does it?
- How often do you do it?
- Where do you chart/ document?
- What is working well?
- What could be improved?

Going Forward

Topic requests

Guest speaking suggestions

Thank you

Reach out: palliative.institute@covenanthealth.ca

References

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Gaudreau, J. D., Gagnon, P., Harel, F., Tremblay, A., & Roy, M. A. (2005). Fast, systematic, and continuous delirium assessment in hospitalized patients: the nursing delirium screening scale. *Journal of pain and symptom management*, *29*(4), 368–375. https://doi.org/10.1016/j.jpainsymman.2004.07.009

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Recchia, A., Rizzi, B., Favero, A., Nobili, A., & Pasina, L. (2022). Prevalence of Delirium in End-of-Life Palliative Care Patients: An Observational Study. *Medical principles and practice : international journal of the Kuwait University, Health Science Centre*, *31*(2), 118–124. https://doi.org/10.1159/000521994

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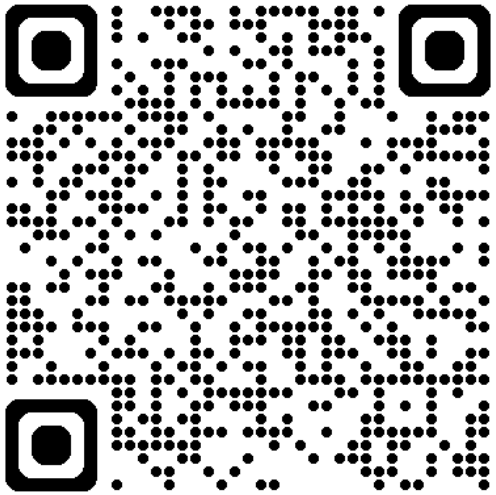
Evaluation



https://redcap.link/hpccop

Upcoming Hospice Palliative Care Community of Practice Sessions

- January 30th, 2025
- March 27th, 2025
- May 29th, 2025
- September 25th, 2025

To register, please visit: https://covenanthealth.ca/news-and-events/events/alberta-hospice-palliative-care-community-of-practice

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Thank You!

The Palliative Care ECHO Project is supported by a financial contribution from Health Canada. The views expressed herein do not necessarily represent the views of Health Canada.

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