Whole Community Palliative Rounding: An Innovative, Collaborative Approach for Rural BC

CHCA Summit 2018
Charlottetown, PEI

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Acknowledgements

- Aboriginal/Indigenous Acknowledgement
- Interior Health Regional Palliative Care Team
- Whole Community Palliative Round Teams in Interior Health
Overview

• Vision – why is it needed?
• Defining Purpose and Structure
• Supporting existing and new development
• Required Supports
• Outcomes and Impact
POPULATION OVER 730,000 IN THE SOUTHERN INTERIOR

WE COVER OVER 215,000 SQ. KILOMETRES
Vision

• IH Palliative Care Model is a primary, generalist palliative care approach
• Population-based focus for PC services is needed
• The palliative journey experience shaped by many influences
• Need for a regular, local communication method to facilitate whole care-continuum discussion to address palliative needs.
Defining Purpose and Structure

- “Whole community” - Conceptual appeal
- Purpose and Guiding Principles are shared & clear
- Collaboration – recognizing and defining internal and external partnerships in new ways
- Importance of local Ownership and Governance
Support

• Intentional development
• Revised and new
• Engaging local stakeholders, sharing vision
• Medical leadership sought and secured
• PDSA cycles, quality improvement
• Regional support – guidelines, tools, mentoring and participation
Required Supports

• Local leadership and shared vision
• Commitment to participate - release of local staff to participate on a regular weekly basis (1-1.5 hours/week)
• Understanding the expanded Circle of Care
• Identifying population and keeping a current local registry
• Documentation and communication tools
Outcomes and Impact

• 1 to 6 to 11 and growing
• Standardized Regional guidelines, tools
• Standardized physician compensation
• Better inter-professional communication, tighter transitions, and more rapid responses
• Evidence-based care-planning
• In-the-moment learning and praxis
• Inclusion of non-traditional partners – FN & CP
• New innovations, mentorship, partnerships
• Team spirit, synergy and engagement
Future

• “Whole Community” works! Keep growing
• Evaluate outcomes from an individual/family perspective (e.g., FamCare survey)
• Future Vision: Consultation through Whole Community Palliative Rounding is well known, widely available and regularly accessed by clinicians from any program or sector to help deliver excellence in palliative care.
Thank-you!

Questions and Discussion?

If you wish copies of this presentation, our Whole Community Palliative Guidelines or tools, please email me at: elisabeth.antifeau@interiorhealth.ca