End-of-life symptom management

A kit for use in the home in Northwestern Ontario

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Acknowledgements

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Northwest Ontario Context

- Multiple rural communities, large distances from city center
  - 460,000 square km with a population density of just 0.5 people per square km
- Healthcare practitioners are often isolated with varying degrees of palliative care expertise
- Varied availability of medications and supplies last minute
- Region overseen by the Northwest Local Health Integration Network
  - Government organization, oversees the integration and coordination of local health services
Project goals

- Ensure necessary medications and supplies are readily available in the home, in order to treat the most common end of life symptoms
- Establish consistent practices for EOL care across the region, minimize discrepancies
- Limit medical supply wasted
- Support increase of planned, in-home deaths
EOL Kit development

• Guided by best practice and evidence-based research

• Considerations
  • availability of medications on short notice
  • elimination of redundant medications to prevent waste
  • cost effectiveness

• Stakeholder involvement through a working group
  • Physicians, Nurse Practitioners, Clinical Care Coordinators, remote First Nations’ representatives
EOL Kit Contents

• Obtained through a standardized order-set
• Medications include:
  • Scopolamine, acetaminophen, methotrimeprazine, midazolam, metoclopramide, morphine/hydromorphone
• Medical Supplies:
  • Subcutaneous administration sets, indwelling/intermittent catheters, dressing supplies
• Instructions on order-set for process of ordering
Distribution

- Incorporated into LHIN policy and utilized by all HPCNPs
- Provided to local and regional palliative care teams/working groups through NW LHIN representatives
- Used to guide EOL order sets in hospitals and long term care facilities in our regional catchment area
- Forwarded to local pharmacies
Impact

- In general home care is known to be more cost effective, though there is no direct evidence for NWO.
- Multiple reports of patients and families who have had successful at home deaths and utilized the medications and supplies.
- Helping ensure that all health care organizations in our region are providing end of life symptom management based on best practices and in a consistent regional manner.
Sustainability

- Integration into organization policy
- Significant time savings for medical practitioners when prescribing
- Networking with pharmacies, medical suppliers to ensure stock from form maintained
Questions?

“Good news. Your cholesterol has stayed the same, but the research findings have changed.”