

Expand

Engage all care partners

OPPORTUNITIES

- Integrated electronic patient care record
- Palliative clinical resource nurses
- Community partners and resources



"I [caregiver] became the information hub. There was a lack of accountability for sharing information (between members of the team)."

"We were in a panic every time she went [to Moncton] that something would happen. Even though the directive went with her, we worried."

"Communication between allied health and nursing wasn't the best. Documentation was kept in separate charts because they were from different service providers."

GAPS

- Access and use of **TECHNOLOGY**
- Unclear **WHO** to communicate with and **HOW**
- Incomplete **INFORMATION**

Update

Consistently communicate

OPPORTUNITIES

- Whole Community Palliative Rounds
- Toll-free provincial palliative care consultation line
- Medication tracker (PEI) involves all members of team



"I don't want to describe my illness journey over and over."

"Feedback on the individual's health changes was slow. Their health was poor and seemed to jump to terminal very quickly. The families could hardly adjust to the sudden change."

"When you are told the news you're not thinking clearly; it's overwhelming and hard to take in. And then the whole care changes and the people change, and the supports change and you don't understand any of it."

GAPS

- Inconsistent **SHARING**
- **DUPLICATE** questions and assessments
- Limited **UNDERSTANDING** of disease trajectory and impact



Empower

Involve patients and their caregivers

OPPORTUNITIES

- Virtual hospice online resource
- Trained advance care planning facilitators
- Culturally sensitive goals of care conversations



"I have an information binder they gave me. If I need anything I can go back and check. It is important to have something to go back to afterwards. You forget. You worry."

"As a same-sex couple, I can say I felt respected and the relationship was valued for what it was. Just like every other couple in home care."

"Our family was not included in the conversations between providers which led to poor communication and decisions that were not in line with needs or care we required."

GAPS

- Too much paper and not enough **EXPLANATIONS**
- Resources not **USER-FRIENDLY**
- Lack of **CULTURALLY** sensitive communications

EFFECTIVE AND APPROPRIATE COMMUNICATION

Home-based palliative care requires effective and efficient communication and shared decision-making.

This Experience Map is a visual representation of opportunities and gaps shared by subject matters experts, patients and caregivers on ways to effectively communicate with patients, caregivers and health care team members. Experiences were identified through a stakeholder workshop, telephone interviews and online surveys of caregivers and patients. Input was validated through an E-Delphi surveys with a panel of experts.



Building Operational Excellence
Home-Based Palliative Care