Palliative Care Update

South Island Alliance Palliative Care Workstream (PCW)

July 2020

We're back!

Thank you everyone for your patience as we recover from the upheaval of COVID-19 and get back to our routines and new normal. No doubt everyone has been affected by uncertainty and change – here's hoping for some stability on the horizon.

Reflections from David Butler (Chair, Palliative Care Workstream)

The adage "don't waste a crisis" has been forwarded by armchair philosophers throughout the world during the COVID-19 Pandemic. In our May PCW meeting, this axiom was a recurrent theme. Over the past few months, health care providers around the South Island have held numerous discussions examining health care delivery models across multiple care venues to determine preparedness for the pandemic. Many of our Workstream members actively participated in or led these assessments/discussions. The common 'take away' for us has been that the most challenging barriers to providing good palliative care are oftentimes the same system variables that inhibit effective patient care in general. For example, our palliative care surveys in 2017/18 identified limitations in after-hours GP availability in ARC, ineffective transitions between hospital and community services (and vice versa) and patient information systems that are inaccessible or incompatible across service providers. As reflected recently by one of the teams we have been working with, palliative care offers a unique cross-sector view of the health system as it touches on so many aspects of care delivery. Nearly all care settings (community/PHO, ARC, hospital, NGO etc.) and most health disciplines (cardiology, oncology, respiratory, paediatrics, neurology, renal, haematology etc.) encounter palliative patients. Because of this, are work often helps to facilitate broader quality improvement initiatives that encourage greater cross-sector collaboration and integration. This was reinforced during the recent public health crisis and has given the Workstream clarity on prioritising our time and energy to better support clinicians to provide palliative care in all settings, while simultaneously looking at system-wide projects that mitigate the various barriers to accessible, informed, patient centered care more broadly.

COVID-19

With the arrival of COVID-19 in New Zealand (NZ), some services went in to hibernation while others (such as palliative care) went in to hyperdrive. Cautionary tales from palliative care colleagues overseas outlined key challenges including the need to rapidly upskill clinicians in the use of morphine for breathlessness and managing palliative sedation, the logistics of caring for large numbers of imminently dying patients, and developing sublingual medication protocols where injectables (and the staff/devices to administer them), were in short supply. Armed with these and other insights, many Specialist Palliative Care Services in NZ were able to complete vast amounts of preparatory work in a short space of time.

Here are some of the activities our PCW members were involved in:

- Nurse Maude Hospice worked with the Canterbury Initiative to provide education on the use of sublingual medications as an alternative to subcutaneous medications, especially for stand-alone Rest Homes with limited RN cover, using resources uploaded to the Hospice NZ website (https://www.hospice.org.nz/covid-19/covid-19-for-health-professionals/). Uptake was good and NMH are hoping to continue working with Rest Homes on this. Various NMH staff were also involved in the clinical assessment and care planning of COVID-positive residents at Rosewood, held debriefs for clinical staff at Burwood Hospital and offered all GPs assistance with prescribing for palliative patients (in anticipation of overwhelmed GP practices)
- The CDHB Hospital Palliative Care Team completed an extraordinary amount of work on HealthPathways, including a COVID-19 Palliative Care pathway. They will continue to update the information available as necessary. Many other services (including WellSouth and Otago Community Hospice) also worked closely with their HealthPathways teams
- Otago Community Hospice provided increased education to GPs, DNs and ARC on the corner stones of good palliative care in the community
- The SIAPO Palliative Care Facilitator supported the HealthOne and CCN teams with clinical prioritisation for onboarding community services, and worked clinically at Rosewood ARC facility ('Reflections from Rosewood' is available here https://www.sialliance.health.nz/news-/reflections-from-rosewood/)

Palliative Care Update

South Island Alliance Palliative Care Workstream (PCW)

July 2020

- The Te Ara Whakapiri Workgroup fast-tracked the completion of their Anticipatory Prescribing algorithms for the last days of life. These are available from SIAPO or in CDHB: https://canterbury.hospitalhealthpathways.org/24336.htm (Management section, 4)

Meanwhile, some of our other project work was expediated by our partners:

- All St John Paramedics in the South Island have now been given HealthOne logins and are hoping to 'go-live' with directly accessing HealthOne on the road very soon (fingers crossed)
- St John now have 8 Extended Care Paramedics based in Christchurch - they aim to support patients to stay at home and can prescribe antibiotics, manage pain and IDCs etc and will be a good support for palliative patients in the community. St John hope to increase numbers of ECPs across NZ as funding permits
- The Canterbury Initiative have completed their palliative care pathway for Allied Health professionals and it's now live on AlliedHealthways https://canterbury.alliedhealthways.org.nz/

Well done everyone for achieving so much under such challenging circumstances. AMAZING!

Thank you Karen and Richard

Both Karen Kennedy (Clinical Advisory Pharmacist, pharmacy owner, Timaru) and Dr Richard Fuller (GP, Clinical Director of The Doctors Motueka) joined the PCW in early 2018 and have (sadly for us) now stepped down. Both have been instrumental in the success of key projects over the last two years. Karen took a lead role in the PCW Allied Health Workgroup and has been a strong champion for the contribution of allied health in Palliative Care. Richard co-lead the ePrescribing project in Nelson Marlborough, working closely with Medimap, hospice and DNs to streamline community prescribing of palliative medications. We will greatly miss their professionalism and expertise and wish them both well for their next steps.

Want to join us? PCW vacancies x2

Expressions of interest are now open to fill two positions on the PCW. We are looking for new members who have strong understandings of palliative care and a desire to shape the development and delivery of services across the South Island. We are specifically interested in recruiting **Doctors / Nurses / Allied Health / Planning and Funding** professionals with experience in at least one of the following:

- General practice / primary care
- Aged residential care
- Māori / Pasifika health

Please see our website for further details and the application form: https://www.sialliance.health.nz/vacancies/
Closing date: 21st July 2020.

NZ palliative care data - continued

Following our last Update (where we looked at the projected dramatic increase in the number of deaths in NZ, the increasing age at death and the prevalence of dementia at death), below are two graphs which illustrate hospice use.

The first graph shows that overall, 30.7% of people in the Trajectories study used hospice as part of their end of life trajectory. There is a strong and characteristic pattern by age, with almost 50% of those dying in the age bands from 55 to 70 using hospice.

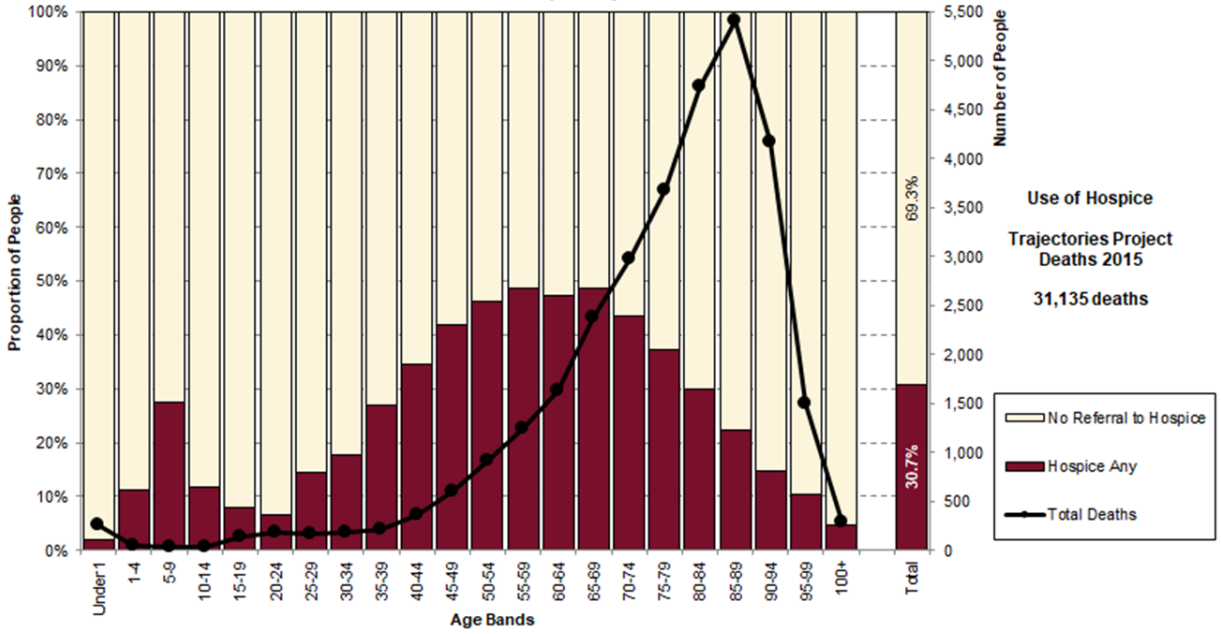
Palliative Care Update

South Island Alliance Palliative Care Workstream (PCW)

July 2020

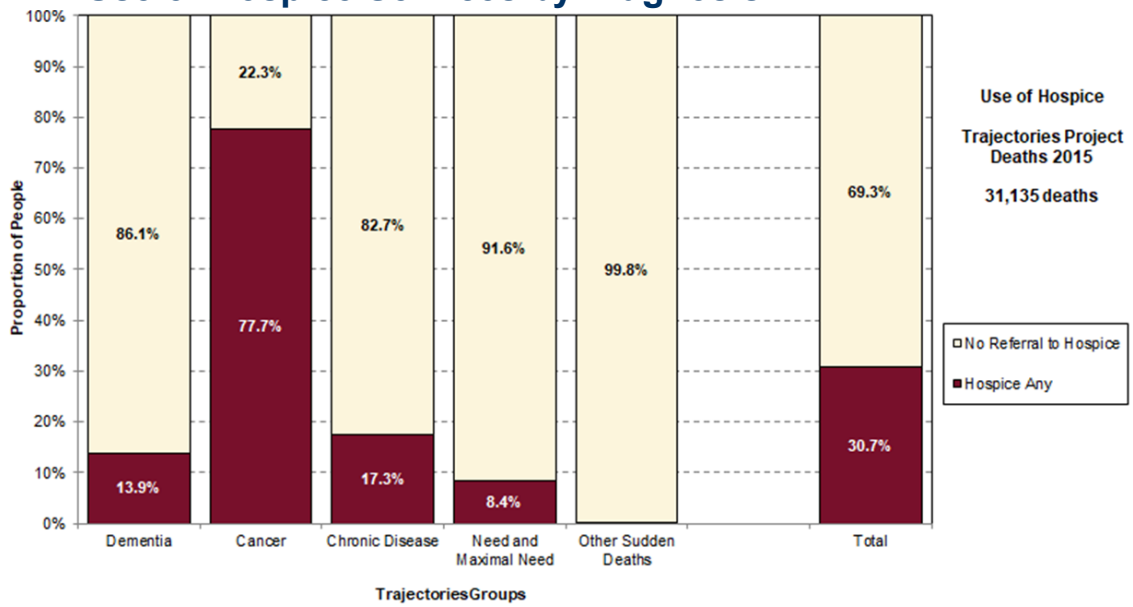
SOUTH ISLAND ALLIANCE
best for people, best for system

Use of Hospice Services by Age



The second graph below illustrates the continued strong pattern of hospice utilization amongst those with Cancer (77.7%), and comparatively low levels amongst those with non-Cancer diagnoses (13.9% for the Dementia group and 17.3% for the Chronic Disease group). There are a number of reasons for this discrepancy, primarily the greater prognostic uncertainty in non-cancer patients (e.g. those with heart failure, CORD, dementia etc) can make the timing and relevance of hospice referral challenging.

Use of Hospice Services by Diagnosis



Source of data: Heather McLeod (www.heathermcleodnz.com) and June Atkinson (june.atkinson@otago.ac.nz)

Thanks everyone, until next time, Jo Hathaway *Regional (South Island) Programme Facilitator for Palliative Care*
+643 378 6914 / 027 512 6122 or Joanna.Hathaway@siapo.health.nz

Our PCW vision: high quality, person centred, palliative and end-of-life care available to the population of the South Island according to need and irrespective of location.

Nelson Marlborough Health | South Canterbury District Health Board | West Coast District Health Board | Canterbury District Health Board | Southern District Health Board