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Paramedics Providing Palliative Care at Home Program:

Bridging the gap during a crisis

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The *Paramedics Providing Palliative Care at Home Program* in Nova Scotia and Prince Edward Island enhances the care provided by paramedics for those receiving palliative care by "bridging" palliative care supports until the patient's usual care team can take over. This article will focus on the program in Nova Scotia (more information on the service in PEI can be found at: www.healthpei.ca/palliativecare).

Background

In Canada, of those who have a preference, 75% wish to die at home or receive their care at home in the last weeks and days of life.[1] Despite this, 70% die in hospital,[2] and most will visit an emergency department.[3, 4] Paramedics, also known as emergency medical services (EMS), facilitate over half of these emergency department visits.[5] Emergency departments tend to be loud, busy, overcrowded, and are stressful for patients receiving palliative care who are often seeking urgent symptom control.[6, 7, 8]

In 2014, with funding from the Canadian Partnership Against Cancer, Cancer Care Nova Scotia and Nova Scotia Emergency Health Services (EHS), in partnership with Health PEI and Island EMS, launched the *'Paramedics Providing Palliative Care at Home Program'* to enhance the care paramedics provide to patients receiving palliative care.

About the Program

The aim of the *Paramedics Providing Palliative Care at Home Program* is to:

- Improve access to palliative care supports at home regardless of time of day or location in Nova Scotia;
- Enhance the palliative and end-of-life experience for patients and their families by "bridging" palliative care supports until the usual care team can take over;
- Avoid/reduce emergency department visits for patients receiving palliative care; and
- Improve paramedic comfort and confidence in supporting patients (and their families) receiving palliative care.

> **"We felt very comforted in the fact that we could call any time, day or night, even if the home care office was closed we could call the paramedics if there was a problem."**
> *Family Member*

Paramedic Palliative Care Clinical Practice Guideline

Palliative crises/emergencies can occur for physical (e.g., pain, dyspnea, delirium, etc.), emotional, and/or existential reasons, and often involve both patient and their family/caregiver.[6] Patients or their families seek EMS support when their usual supports are delayed,[9] when there is a sudden increase in need (e.g., the patient unexpectedly worsens) and/or the usual care team is unavailable.[10,11]

Prior to the *Paramedics Providing Palliative Care at Home Program*, most clinical practice guidelines (CPG) were designed to stabilize patients and transport them to the closest emergency department. However, paramedics indicated that these CPGs often did not fit with the needs and wishes of patients receiving palliative care.[12] The project team helped to develop an innovative palliative CPG for paramedics. This guideline provides

About the Program *(cont'd)*

paramedics with enhanced resources, medications, and the ability to treat patients at home, without transporting them to the emergency department. While the *Program* strives to keep patients at home some may still require transport to the emergency department based on complexity of their condition, uncontrollable symptoms, lack of follow-up care provider, and/or patient/family requests. The new guideline enables paramedics to administer additional medications including Hydromorphone, Metoclopramide, and Haloperidol, to assist in symptom management. As well, Morphine can now be given for breathlessness. Paramedics responding to palliative calls are required to consult with their EHS Online Medical Oversight Physician.

Paramedic Training in a Palliative Care Approach

Until now, resources and approaches for palliation were not part of paramedic training. Lack of palliative education/training has been cited as a key barrier in preventing paramedics from delivering quality palliative care.[13] In 2014, the project team collaborated with Pallium Canada to develop a palliative curriculum specific to the EMS context. In May-June 2015, all ground ambulance paramedics in Nova Scotia were trained in the new Learning Essential Approaches to Palliative and End of Life Care (LEAP) Mini for Paramedics.

> **"Paramedics treated dad like a king. Without this, we would have had to put him in the hospital. This was my only comfort, knowing I could call them."**
> *Family Member*

Providing Care in Line with the Patient's Wishes

The EHS Special Patient Program

Although people may discuss their end-of-life wishes with a family member, rarely are these preferences shared with health care providers.[14] However, patients who have end-of-life discussions with their health care team and family are more likely to be satisfied with their care, require fewer aggressive interventions and are more likely to die at home.[15] Knowing and understanding these wishes has been a particular challenge for paramedics who arrive at a person's home in the midst of a crisis.

In Nova Scotia, the EHS Special Patient Program (SPP) was developed over a decade ago to identify and promote strategies to maintain the comfort and quality of life for patients with unique care needs. In 2015, the SPP was expanded to include patients who are receiving palliative care, enabling paramedics to access their wishes for care.

> **"Being enrolled in the SPP program will help my mother, as the EMS team will have better knowledge of her needs and wishes and it will relieve the extra stress on myself, just knowing this is all set up ahead of time."**
> *Family Member*

You can help – Enroll your Patients in the EHS Special Patient Program

Enrollment into the SPP is the best way to make a patient's wishes for care known to paramedics. Family physicians and other health care providers are asked to complete a SPP Enrollment Form, in discussion with patients/families to ensure palliative patients receive the best support possible from paramedics. The SPP Enrollment Form, as well as information on completing and submitting the form, is available on the EHS website: *www.novascotia.ca/dhw/ehs/palliative-care.asp*.

After the completed form is reviewed and approved by the EHS Provincial Medical Director, the patient is mailed a light blue SPP card with a unique identification number. Patients also receive a SPP magnet with their identification number, a copy of the care plan, as well as an information brochure. Should the patient's condition and/or wishes change, providers may submit an update.

Following enrollment in the SPP, patients/families that require an EMS response, should call 9-1-1 and when transferred to Ambulance Dispatch, identify themselves or their loved one as a "Special Patient" and provide their identification number. Paramedics will be dispatched and will receive the information from the enrolment form on their computer tablet.

If paramedics arrive to provide assistance to a palliative care patient who has not enrolled in the SPP, they are still able to provide supports. However, it may take time to establish goals of care and some aspects of the support may not be possible. For example, if a regular care team is not clear, as it would be if the patient was registered in the SPP, it may not be appropriate to give a one-time dose of medication and leave the patient at home with no long-term solution. Patients receiving palliative care who are not registered with the SPP are assessed and managed on a case-by-case basis.

Evaluation

The *Program* is currently being evaluated to improve understanding of the outcomes of this new model. The evaluation is being focused on impacts at three levels: paramedic, patient/family, and emergency health system. An interim analysis has revealed that EHS paramedics are able to keep patients with palliative goals of care at home 55% of the time. For patients who are able to stay home, the total time from when paramedics are dispatched on a call to when they clear the scene or turn over care to another provider is comparable to those who are transported to hospital.

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In Summary

- The *Paramedics Providing Palliative Care at Home Program* provides Nova Scotia paramedics with education and supports to respond to calls from patients receiving palliative care when their usual palliative care team is unavailable.
- Nova Scotians experiencing an acute palliative crisis can contact paramedics, 24/7, to receive support for pain and other symptoms (e.g., breathlessness, nausea, agitation, etc.) as well as psychosocial support.
- All patients receiving palliative care with comfort goals of care are eligible to receive care under the palliative Clinical Practice Guideline regardless of diagnosis.

Family Physicians Play an Important Role

Family physicians and other primary care providers can support the *Paramedics Providing Palliative Care at Home Program* and ensure their palliative patients receive care consistent with their wishes by enrolling their palliative patients in the SPP, (*www.novascotia.ca/dhw/ehs/palliative-care.asp*). This will enable patients to receive more specific palliative supports (e.g., expanded formulary) if this is part of their SPP care plan.

This will align a patient's emergency care with the care outlined in their care plan, which they and their health team discussed and developed. This may increase the probability of the patient being able to remain at home.

For More Information

If you would like more information or would like to enroll a palliative patient in the EHS Special Patient Program, please visit *www.novascotia.ca/dhw/ehs/palliative-care.asp*.

If you would like more information and tips on serious illness conversations, please visit: *https://www.ariadnelabs.org/areas-of-work/serious-illness-care/resources/*.

If you have questions about the *Paramedics Providing Palliative Care at Home Program*, please email Marianne Arab at *Marianne.arab@ccns.nshealth.ca* or call her at 902-473-3825.

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Cancer Care Nova Scotia is part of the Program of Care for Cancer. Its mandate is to evaluate, coordinate and strengthen the cancer system in Nova Scotia.

Cancer Care Nova Scotia works with and supports professionals and stakeholders in the health care system to bring about patient-centred change. Its ultimate goal is to reduce the burden of cancer on individuals, families, communities and the health care system.

In Practice is written specifically for primary care practitioners with information that we hope will make a difference in your cancer practice.

Please contact Christine Smith, Communications Manager, Program of Care for Cancer, by phone at 902.473.2932 or by email at christine.smith@ccns.nshealth.ca with comments or suggestions for future topics.

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References

1. Canadian Hospice Palliative Care Association. (2013). What Canadians Say: The Way Forward – Survey report. Accessed from: *http://hpcintegration.ca/media/51032/The%20Way%20Forward%20-%20What%20Canadians%20Say%20-%20Survey%20Report%20Final%20Dec%202013.pdf.*
2. Statistics Canada. (n.d.). Table 102-0509 – Deaths in hospital and elsewhere, Canada, provinces and territories, annual, CANSIM database. Accessed from: *http://www5.statcan.gc.ca/cansim/a26?lang=eng&id=1020509.*
3. Barbera, L. T., Taylor, C. & Dudgeon, D. (2010). Why do patients with cancer visit the emergency department near the end of life? *CMAJ*, 182 (6), 563-568.
4. Burge F, L. B. (2003). Family physician continuity of care and emergency department use in end-of-life cancer care. *Med Care*; 41 (8), 992-1001.
5. Lawson, B. J., Burge, F. I., McIntyre, P., Field, S., & Maxwell, D. (2008). Palliative care patients in the emergency department. *Journal of Palliative Care*; 24 (4), 247-55.
6. Schrijvers, D. &. Van Fraeyenhove (2010). Emergencies in palliative care. *Cancer Journal*; 16 (5), 514-520.
7. Smith, A. S. et al. (2010). Emergency department experiences of acutely symptomatic patients with terminal illness and their family caregivers. *Journal of Pain and Symptom Mangement*; 39 (6), 972-981.
8. Hjermstad, M. J. et al. (2013). Are emergency adminissions in palliative cancer care always necessary? Results from a descriptive study. *BMJ Open*; 31 (3).
9. Paramedics Providing Palliative Care at Home Project. (2014). Focus groups with families/caregivers.
10. Carron, P. D. et al. (2014). Palliative Care and Prehospital Emergency Medicine. *Medicine*; 93 (25).
11. Pettifer A, & Bronnert, R. (2013). End of life care in the community: the role of ambulance clinicians. *J Paramedic Practice*; 5 (7), 394–9.
12. Kelley M, W. A. Williams, A., DeMiglio, L. & Metam, H. (2011). Developing rural palliative care: validating a conceptual model. *Rural and Remote Health*; 11 (2), 1717.
13. National End of Life Care Programme (NEoLCP). (2012). The Route To Success in End of Life Care – Achieving Quality in Ambulance Services. Accessed from: *http://www.leedspalliativecare.co.uk/wp-content/uploads/2014/05/rts_ambulance_services_final_web_27022012.pdf.*
14. Heyland, D. B. et al. (2013). Failure to engage seriously ill hospitalized patients and their families in advanced care planning: Results of a multicentre prospective study. *JAMA Intern Med.*; 173, 778-787.
15. Wright, A. et.al. (2008). Associations between end-of-life discussion, health care expenditures patient mental health, medical care near death, and caregiver bereavement adjustment. *JAMA*; 300 (14), 1665-1673.