

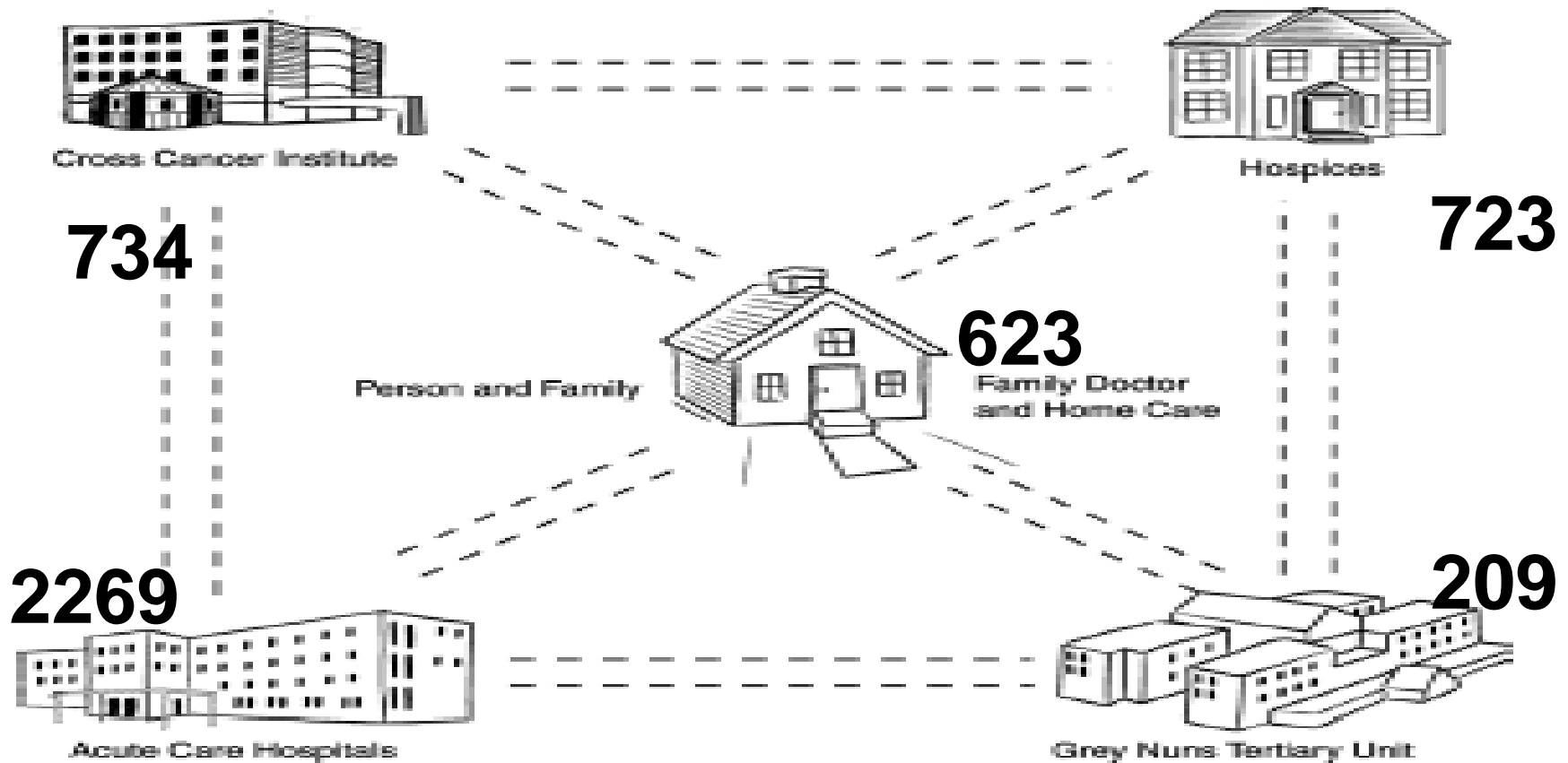
# EZPCP Cross Site Report

Annual General Meeting

June 13, 2013

Presented by Robin Fainsinger

# Comprehensive Integrated Clinical PC Service

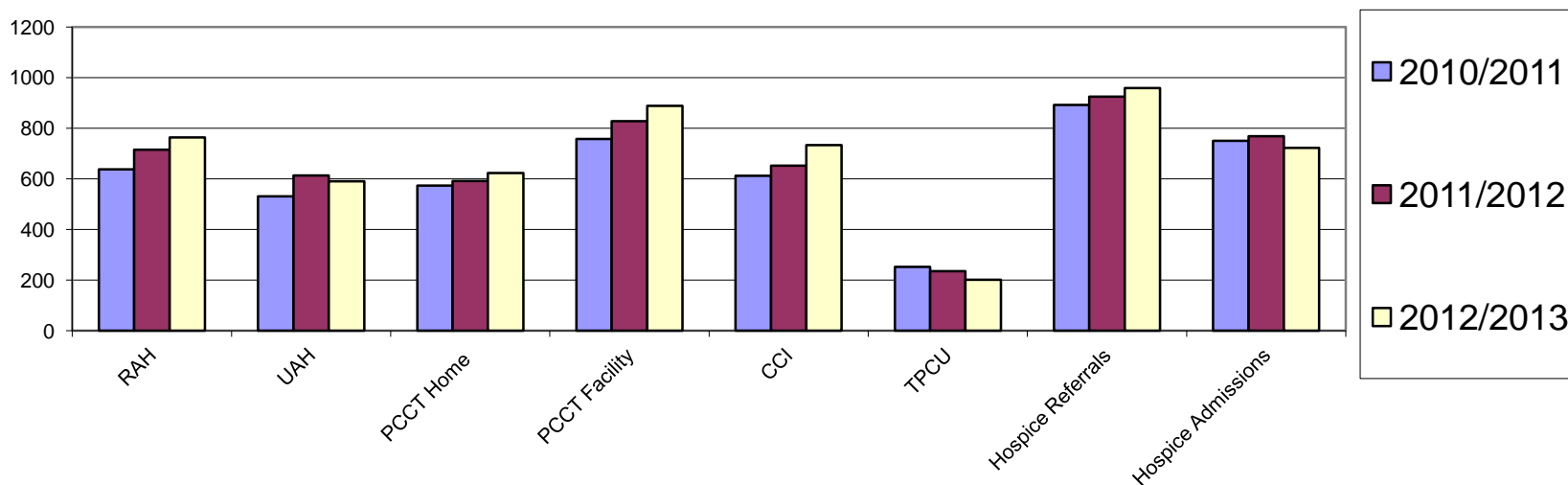


# 2010/2013 EZPCP Services

## Consults/Discharges

	RAH	UAH	PCCT		CCI	TPCU	Hospices	
	RAH	UAH	PCCT Home	PCCT Facility	CCI	TPCU	Hospice Referrals	Hospice Admissions
<b>2010/2011</b>	638	531	574	758	612	252	892	751
<b>2011/2012</b>	715	614	592	828	652	235	925	769
<b>2012/2013</b>	<b>764</b>	591	623	<b>889</b>	734	209	<b>959</b>	<b>723</b>

2010/2013 Palliative Care Consults/ Discharges



## 2010/2013 PCCT Facilities

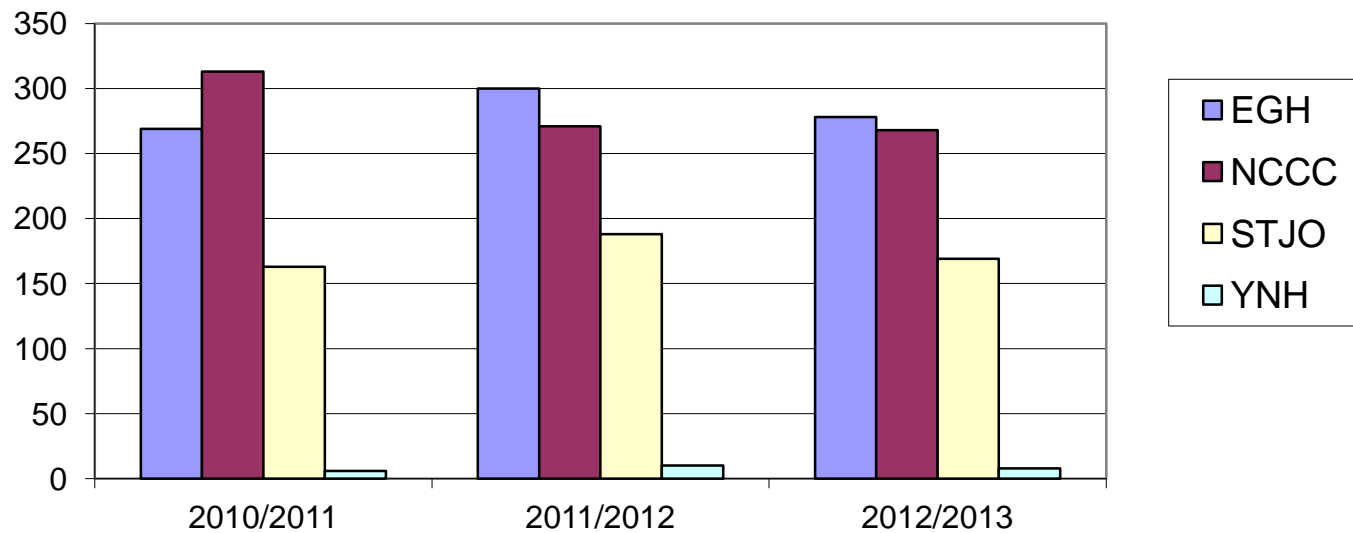
REFERRAL FACILITIES	2010/2011	2011/2012	2012/2013
GREY NUNS HOSPITAL	254	233	281
MISERICORDIA HOSPITAL	173	206	199
STURGEON HOSPITAL	151	138	166
OTHER HOSPITALS	100	113	112
OTHER*	80	138	131
<b>TOTAL</b>	<b>758</b>	<b>828</b>	<b>889</b>

\* LTC, Support Living, Glenrose, Out of zone etc

# 2010/2013 Hospice Admissions

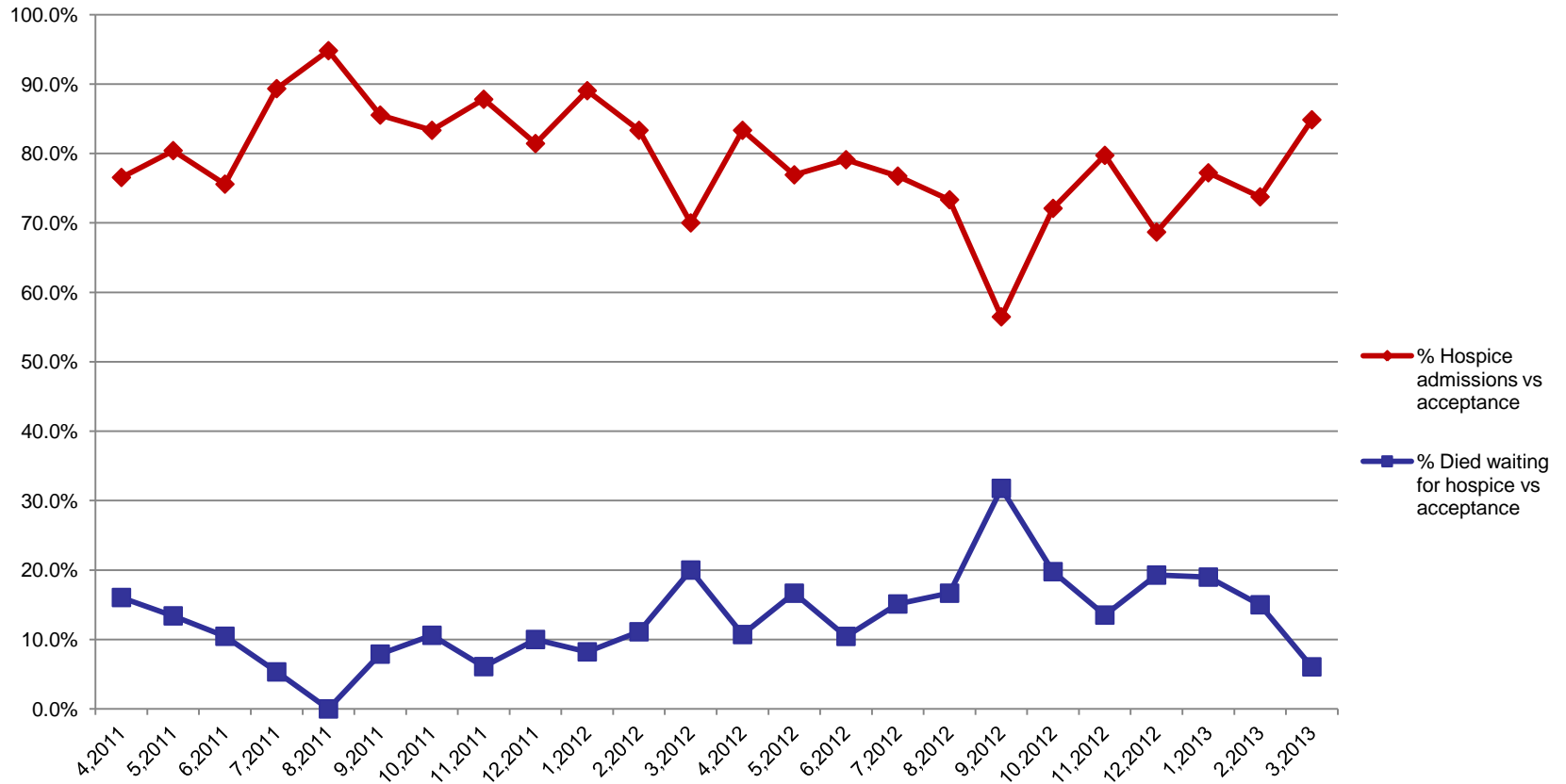
	2010/2011	2011/2012	2012/2013
EGH	269	300	278
NCCC	313	271	268
STJO	163	188	169
YNH	6	10	8
<b>TOTAL</b>	<b>751</b>	<b>769</b>	<b>723</b>

2010/2013 Hospice Admissions



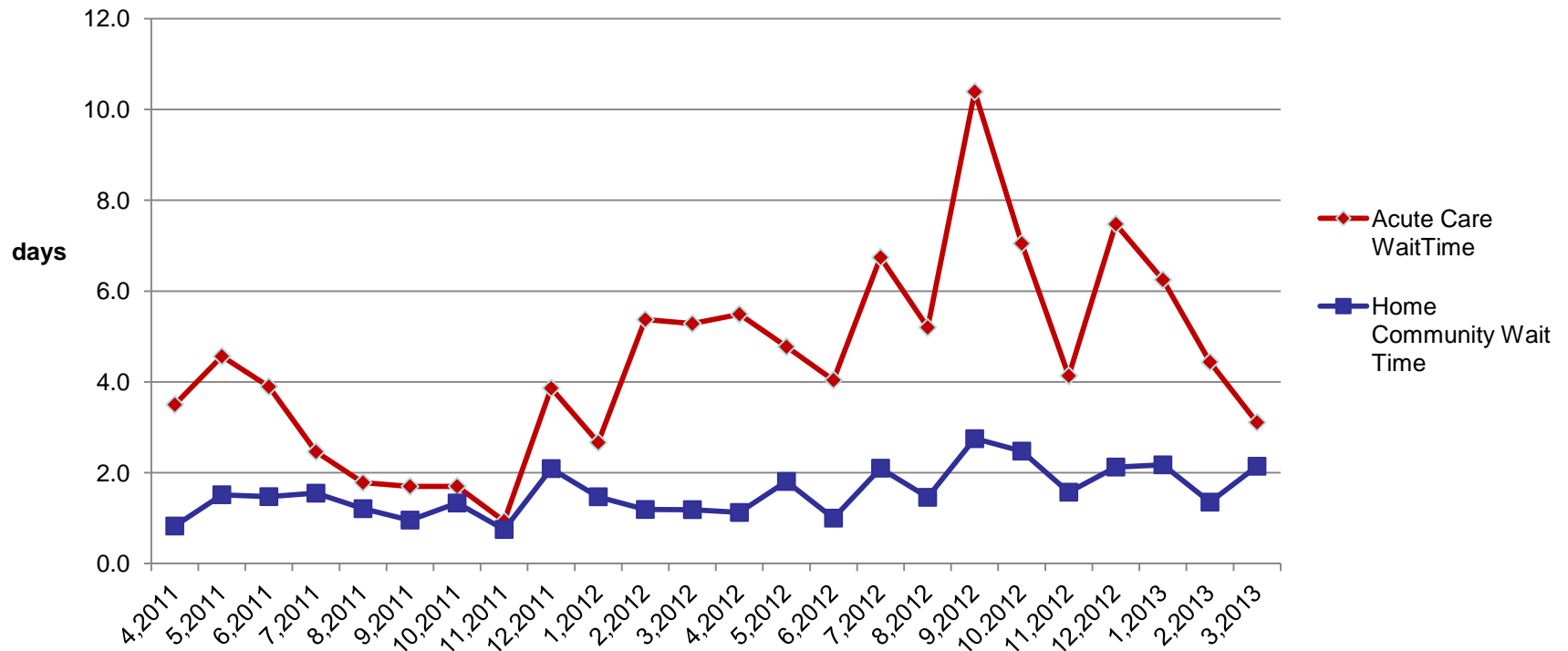
# 2011/2013 Hospice Acceptance & Outcomes

% Hospice Admissions & % Died Waiting 2011/2013



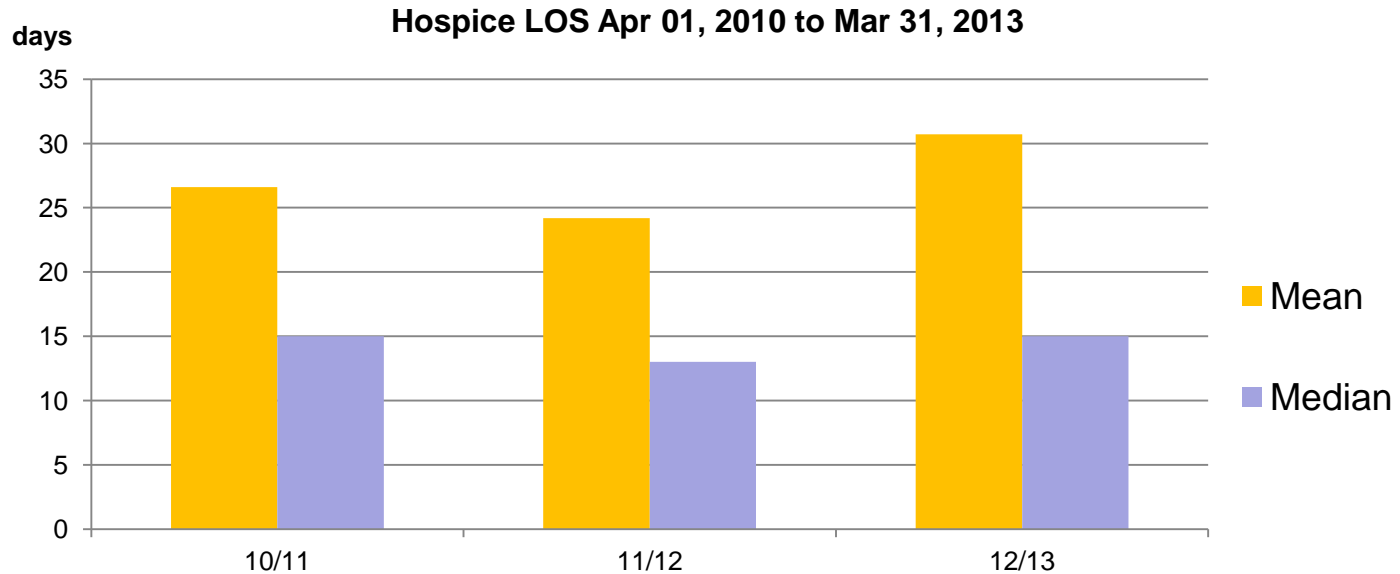
# 2011/2013 Hospice Average Waiting Time

Hospice Average Waiting Time for Acute Care and Home Community 2011/2013



# 2010/2013 Hospice LOS (days)

	10/11	11/12	12/13
Mean	26.6	24.2	30.7
Median	15	13	15

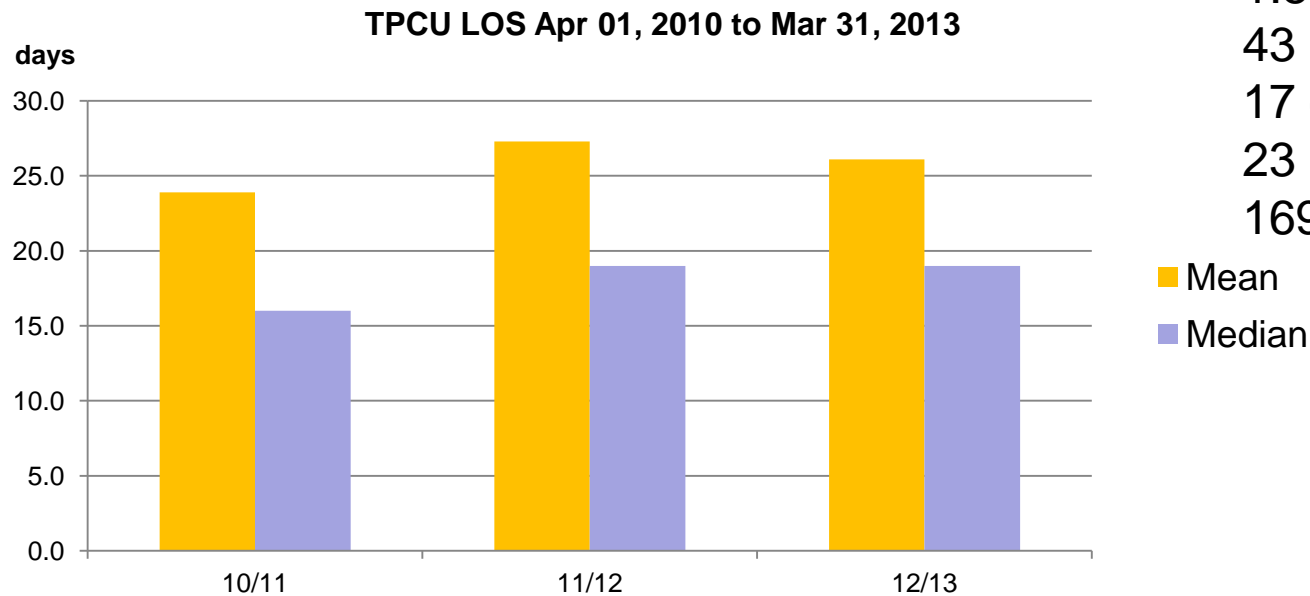




# 2010/2013 TPCU LOS (days)

	10/11	11/12	12/13
Mean	23.9	27.3	26.1
Median	16.0	19.0	19.0

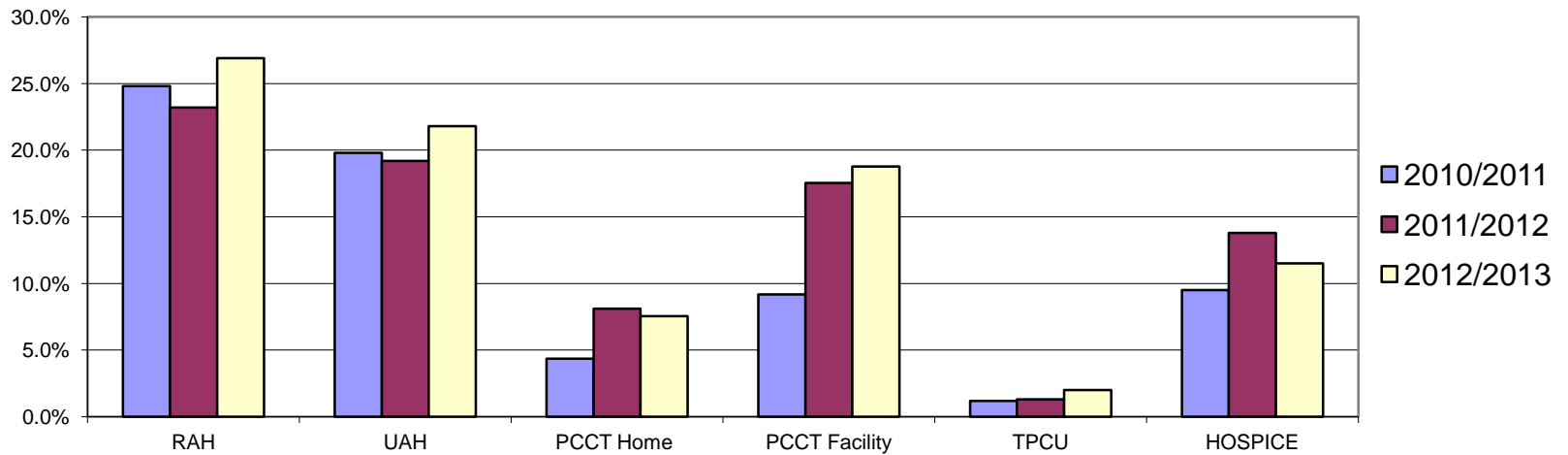
Average wait  
1.5 days  
43 extra referrals  
17 died  
23 hospice/declined  
169 off service



# 2010/2013 Non Cancer Diagnosis

	RAH	UAH	PCCT Home	PCCT Facility	TPCU	HOSPICE
2010/2011	24.8%	19.8%	4.3%	9.2%	1.2%	9.5%
2011/2012	23.2%	19.2%	8.1%	17.5%	1.3%	13.8%
2012/2013	26.9%	21.8%	7.5%	18.8%	2.0%	11.5%

2010/2013 Non Cancer Diagnosis\*



\* Of all diagnosis

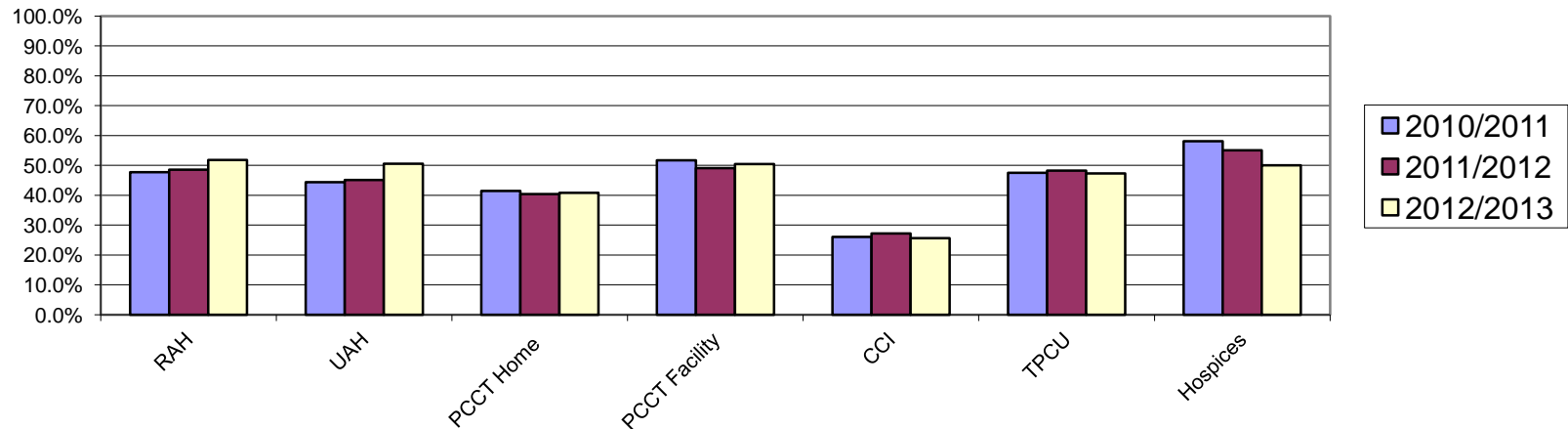
# 2012/2013 Non Cancer Diagnosis

	RAH	UAH	PCCT Home	PCCT Facility	TPCU	HOSPICE
<b>NEUROMUSCULAR</b>	64	33	13	24	0	13
<b>CARDIOVASCULAR</b>	80	38	24	69	1	41
<b>INFECTION</b>	14	5	1	4	0	5
<b>OTHER NON CANCER</b>	41	47	9	70	3	25
<b>TOTAL</b>	199	123	47	167	4	84

# Initial % MMSE LESS Than Expected MMSE

	RAH	UAH	PCCT Home	PCCT Facility	CCI	TPCU	Hospices
2010/2011	47.7%	44.4%	41.4%	51.7%	26.0%	47.5%	58.1%
2011/2012	48.5%	45.1%	40.4%	49.1%	27.2%	48.3%	55.1%
2012/2013	51.80%	50.60%	<b>40.80%</b>	50.50%	<b>25.60%</b>	<b>47.30%</b>	50.00%

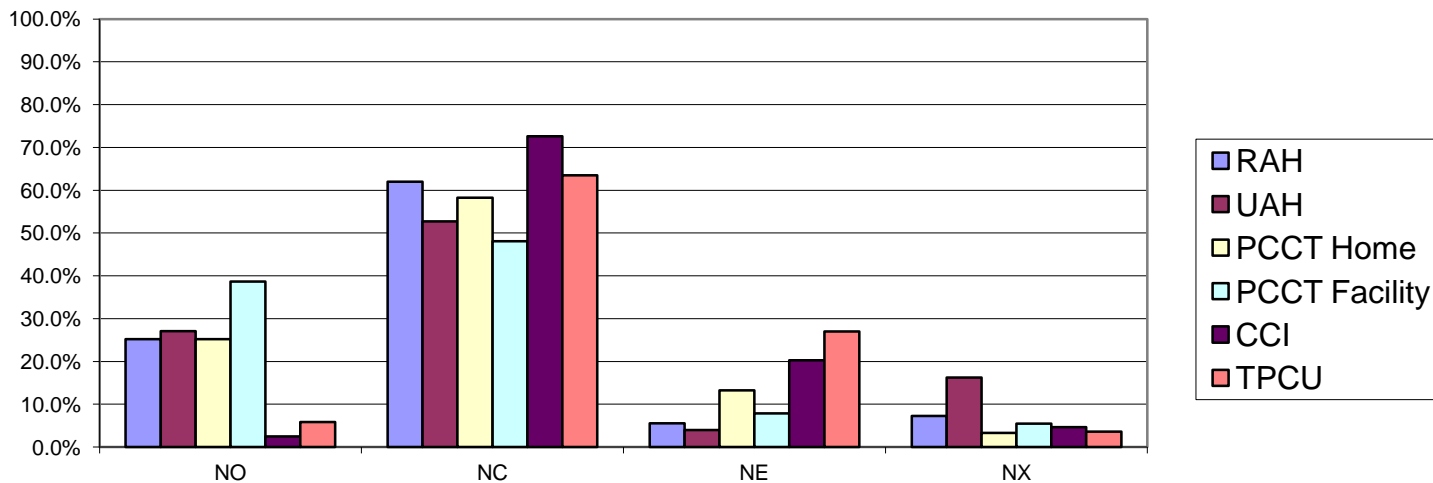
2010/2013 Initial MMSE < Expected MMSE



# Edmonton Classification System for Cancer Pain\_Mechanism Pain

2012/2013	No	Nc	Ne	Nx
RAH	25.2%	62.0%	5.5%	7.3%
UAH	27.0%	52.7%	4.0%	<b>16.3%</b>
PCCT Home	25.2%	58.3%	13.2%	3.3%
PCCT Facility	<b>38.7%</b>	48.1%	7.8%	5.4%
CCI	2.4%	72.6%	20.3%	4.6%
TPCU	5.9%	63.5%	<b>27.0%</b>	3.6%

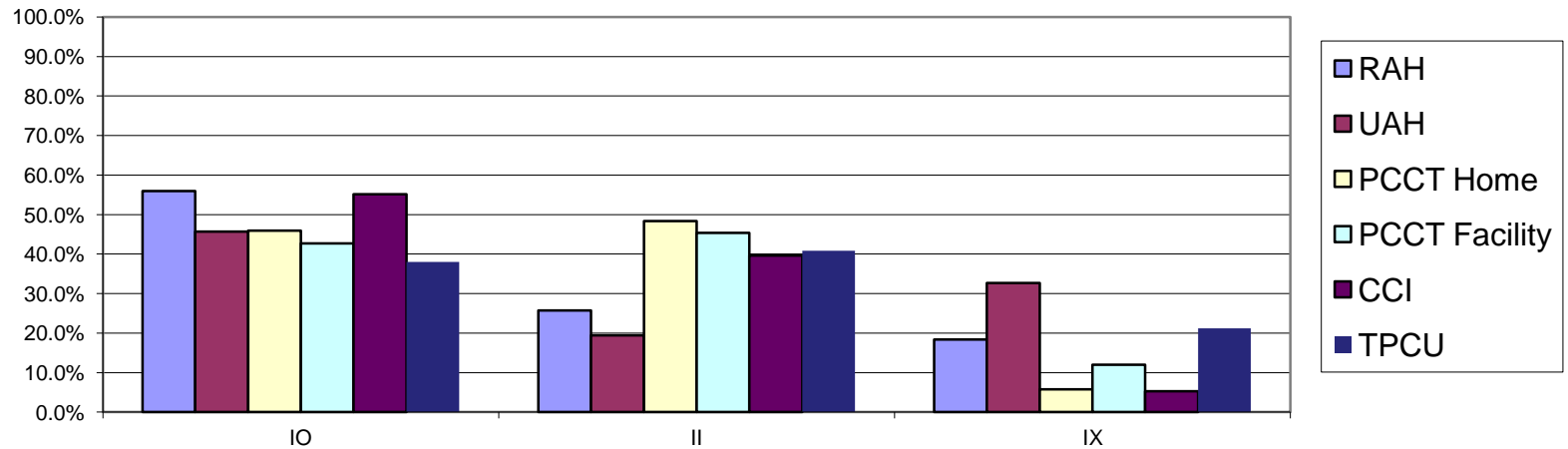
2012/2013 Mechanism Pain



# Edmonton Classification System for Cancer Pain\_Incident Pain

2012/2013	Io	Ii	Ix
RAH	55.9%	25.7%	18.4%
UAH	45.7%	19.4%	<b>32.6%</b>
PCCT Home	45.9%	<b>48.3%</b>	5.7%
PCCT Facility	42.7%	<b>45.3%</b>	12.0%
CCI	55.1%	39.6%	5.3%
TPCU	38.0%	40.9%	21.2%

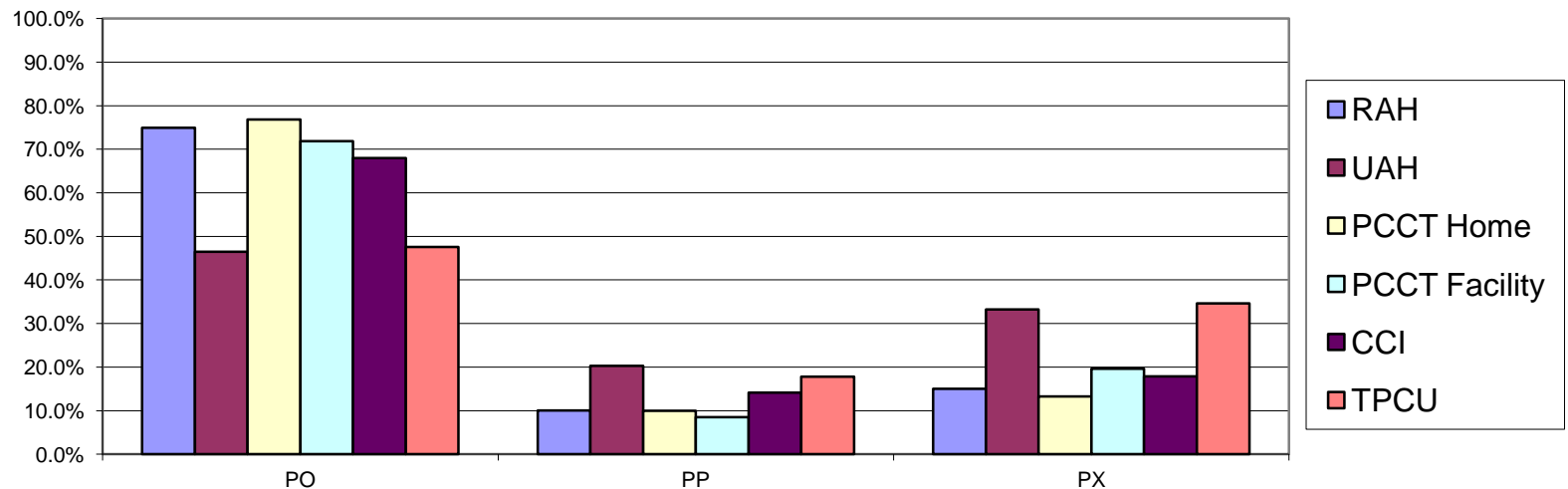
2012/2013 Incident Pain



# Edmonton Classification System for Cancer Pain\_Psychological Distress

2012/2013	Po	Pp	Px
RAH	74.9%	10.1%	15.0%
UAH	46.5%	<b>20.3%</b>	<b>33.2%</b>
PCCT Home	76.8%	9.9%	13.3%
PCCT Facility	71.8%	8.5%	19.7%
CCI	68.0%	14.1%	17.9%
TPCU	47.6%	<b>17.8%</b>	<b>34.6%</b>

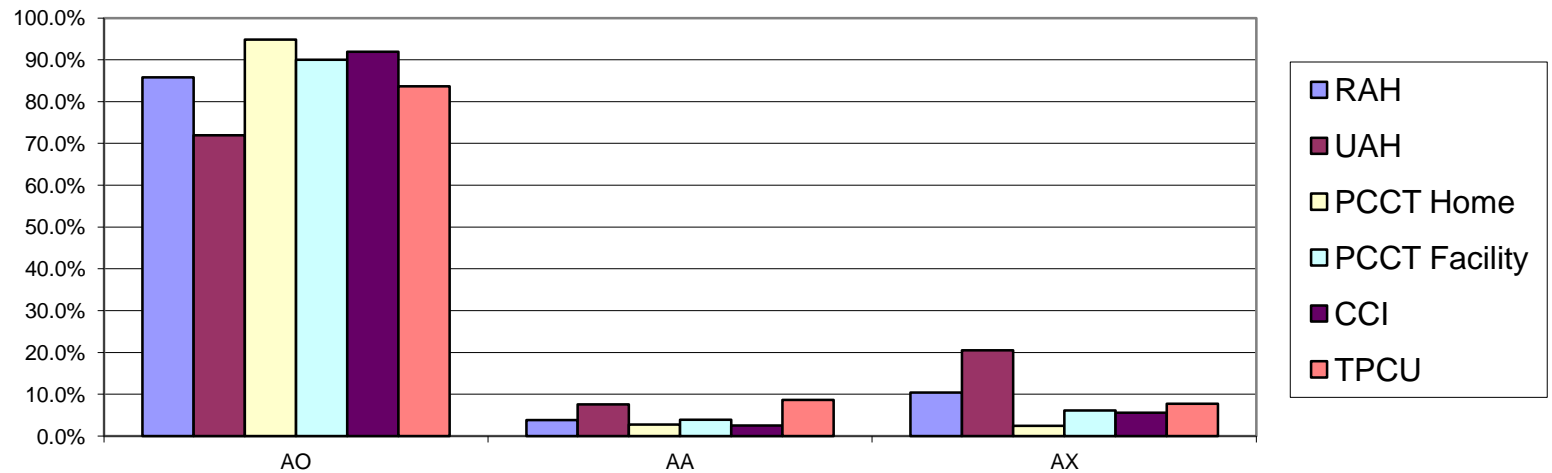
2012/2013 Psychological Distress



# Edmonton Classification System for Cancer Pain\_Addictive Behavior

2012/2013	Ao	Aa	Ax
RAH	85.8%	3.8%	10.4%
UAH	71.9%	7.5%	<b>20.5%</b>
PCCT Home	94.8%	2.7%	2.4%
PCCT Facility	90.0%	3.9%	6.1%
CCI	91.9%	2.5%	5.5%
TPCU	83.7%	<b>8.7%</b>	7.7%

2012/2013 Addictive Behaviour

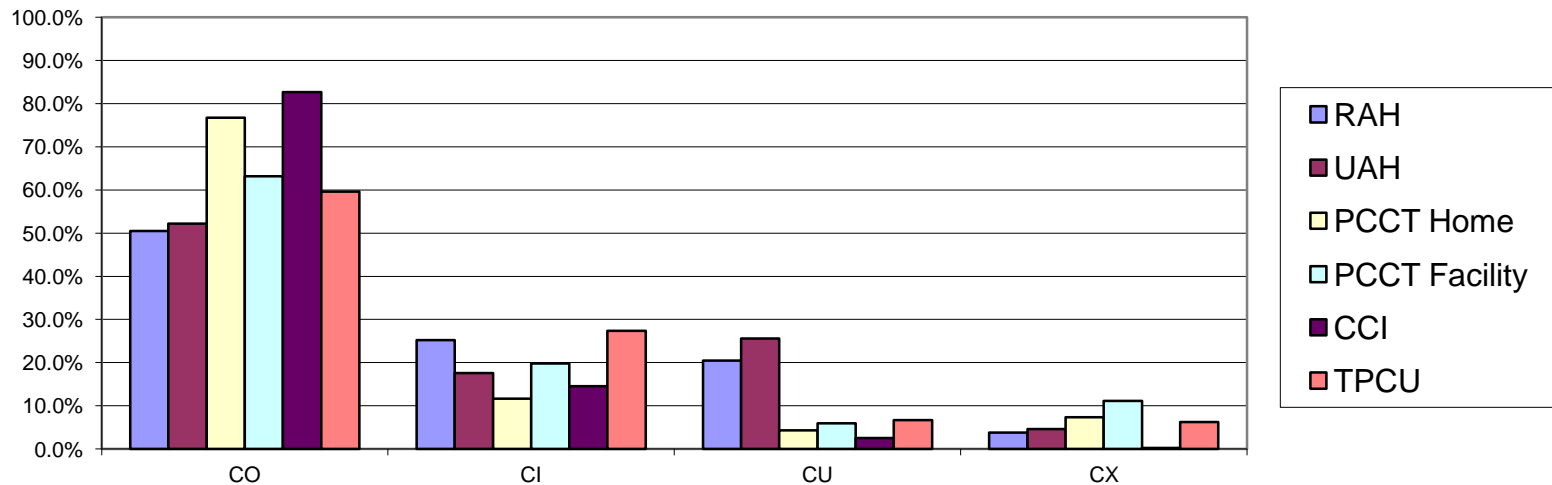




# Edmonton Classification System for Cancer Pain\_Cognitive Function

2012/2013	Co	Ci	Cu	Cx
RAH	50.5%	25.2%	20.4%	3.8%
UAH	52.2%	17.6%	25.6%	4.7%
PCCT Home	<b>76.7%</b>	11.7%	4.3%	7.4%
PCCT Facility	63.1%	19.8%	5.9%	11.1%
CCI	<b>82.7%</b>	14.6%	2.5%	0.3%
TPCU	59.6%	27.4%	<b>6.7%</b>	6.3%

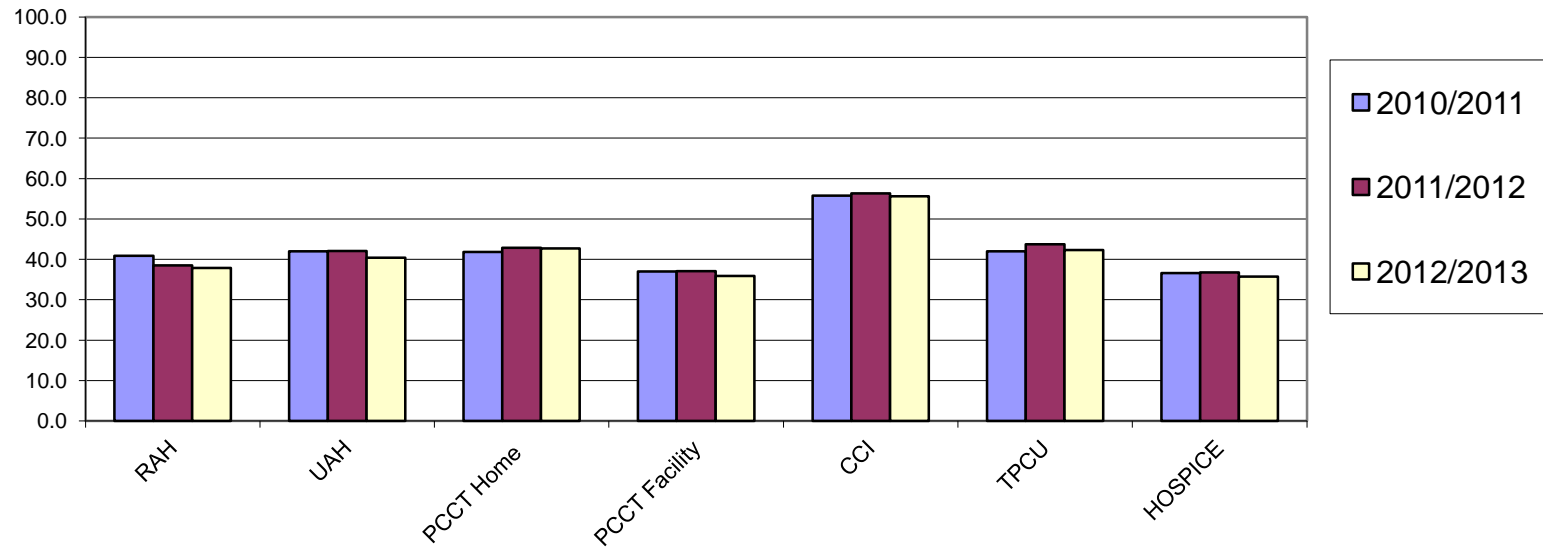
2012/2013 Cognitive Function



# Initial Average PPS

	RAH	UAH	PCCT Home	PCCT Facility	CCI	TPCU	HOSPICE
<b>2010/2011</b>	40.9	42.0	41.8	37.0	<b>55.8</b>	42.0	36.6
<b>2011/2012</b>	38.5	42.1	42.9	37.1	<b>56.3</b>	43.7	36.8
<b>2012/2013</b>	37.9	40.4	42.7	35.9	<b>55.6</b>	42.3	35.7

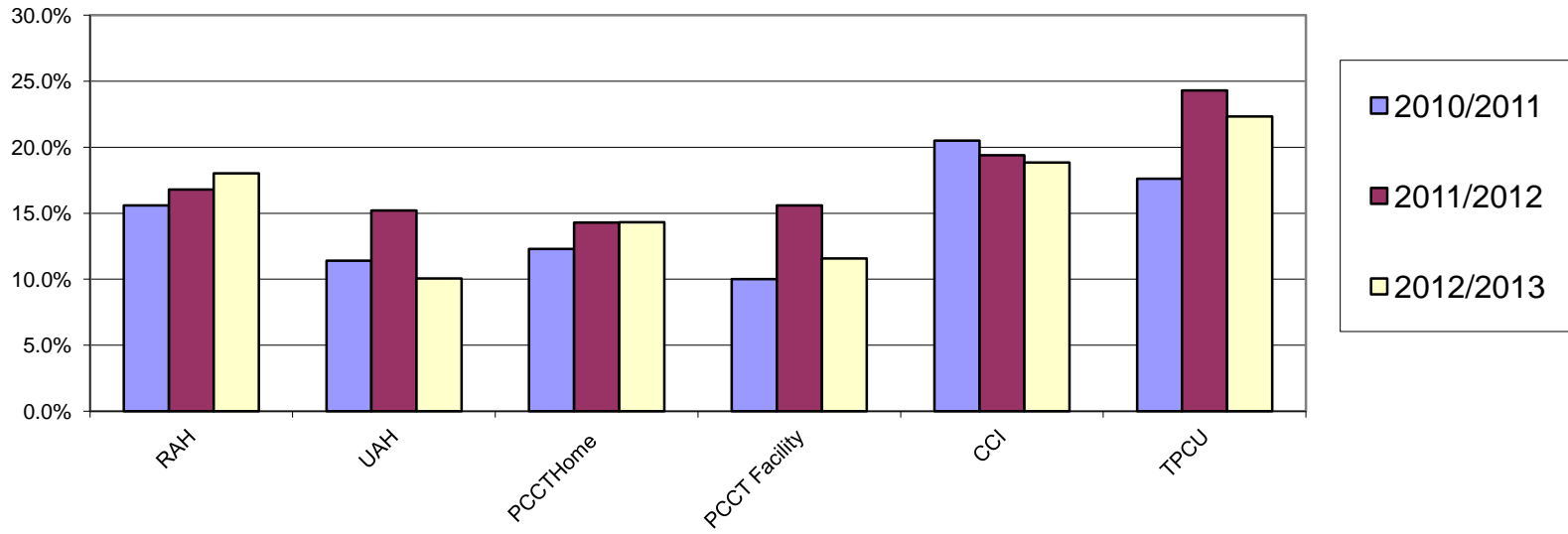
**2010/2013 Initial Average PPS**



# CAGE 2 to 4

	RAH	UAH	PCCT Home	PCCT Facility	CCI	TPCU
<b>2010/2011</b>	15.6%	11.4%	12.30%	10.0%	20.5%	17.6%
<b>2011/2012</b>	16.8%	15.2%	14.3%	15.6%	19.4%	<b>24.3%</b>
<b>2012/2013</b>	18.0%	10.1%	14.3%	11.6%	18.8%	<b>22.3%</b>

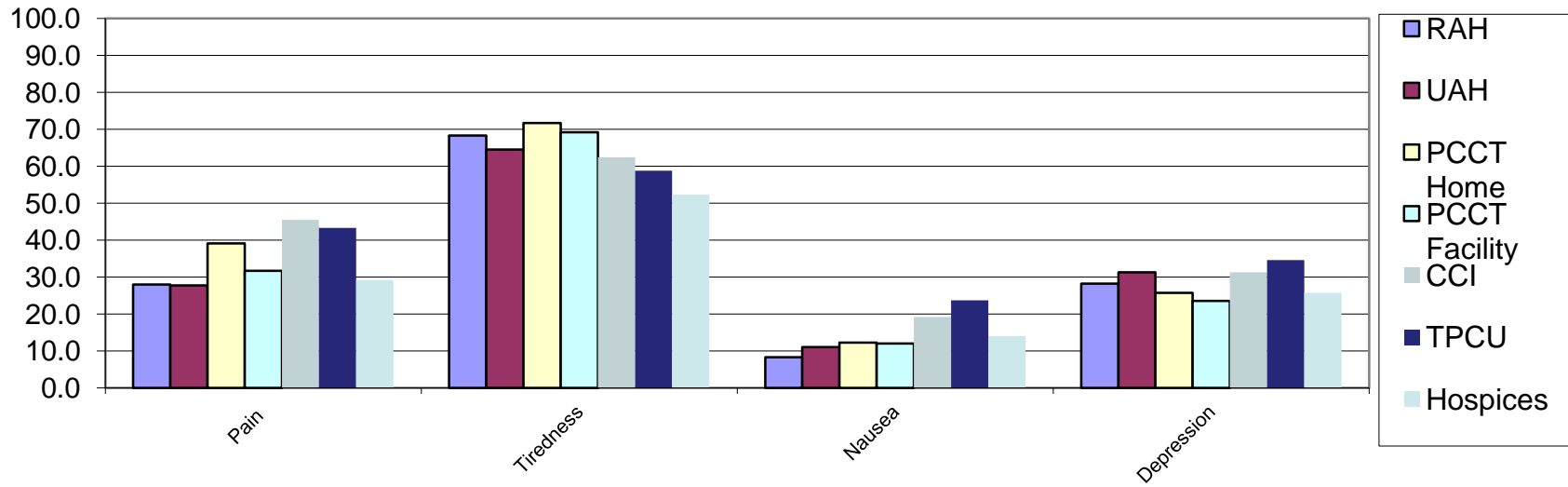
**2010/2013 CAGE 2 to 4**



# 2012/2013 First Average ESAS

	Pain	Tiredness	Nausea	Depression
<b>RAH</b>	28.0	68.3	8.3	28.2
<b>UAH</b>	27.7	64.5	11.0	31.3
<b>PCCT Home</b>	39.1	71.7	12.2	25.7
<b>PCCT Facility</b>	31.7	69.2	12.0	23.5
<b>CCI</b>	<b>45.5</b>	62.4	19.2	31.3
<b>TPCU</b>	<b>43.3</b>	58.8	<b>23.7</b>	<b>34.6</b>
<b>Hospices</b>	29.2	52.3	14.0	25.7

2012/2013 First Average ESAS

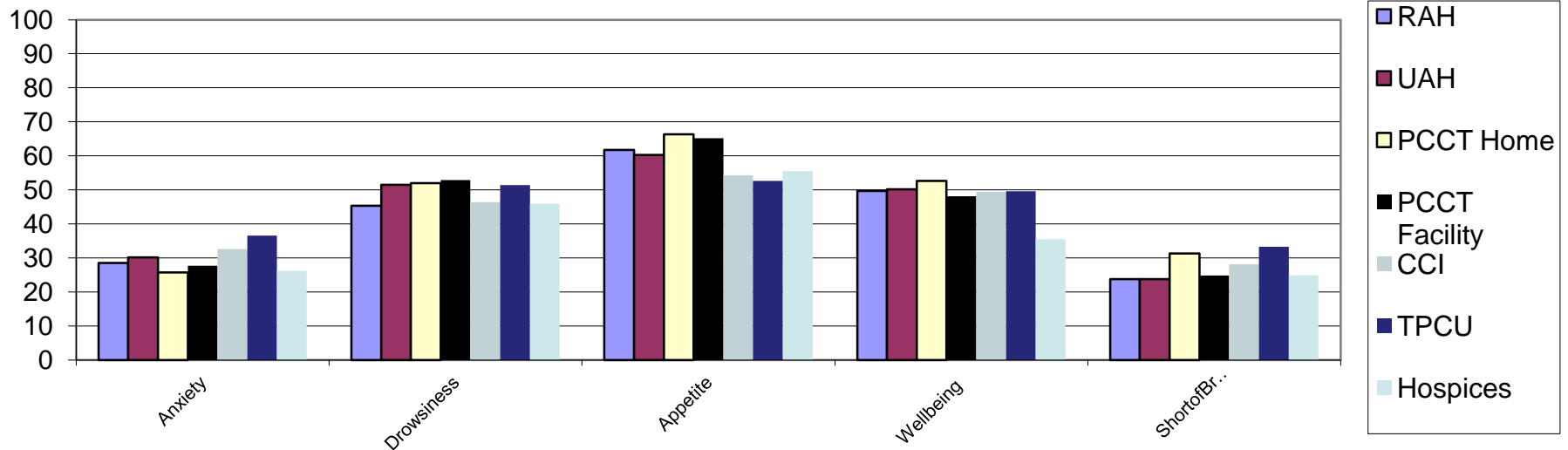


# 2012/2013 First Average ESAS\_

*cont'd*

	Anxiety	Drowsiness	Appetite	Wellbeing	ShortofBreath
RAH	28.5	45.3	61.7	49.7	23.8
UAH	30.2	51.5	60.3	50.2	23.8
PCCT Home	25.7	52.0	66.3	52.6	31.3
PCCT Facility	27.7	52.9	65.2	48.1	24.8
CCI	32.6	46.4	54.3	49.4	28.1
TPCU	<b>36.6</b>	51.4	52.6	49.6	<b>33.3</b>
Hospices	26.2	45.9	55.5	<b>35.5</b>	24.9

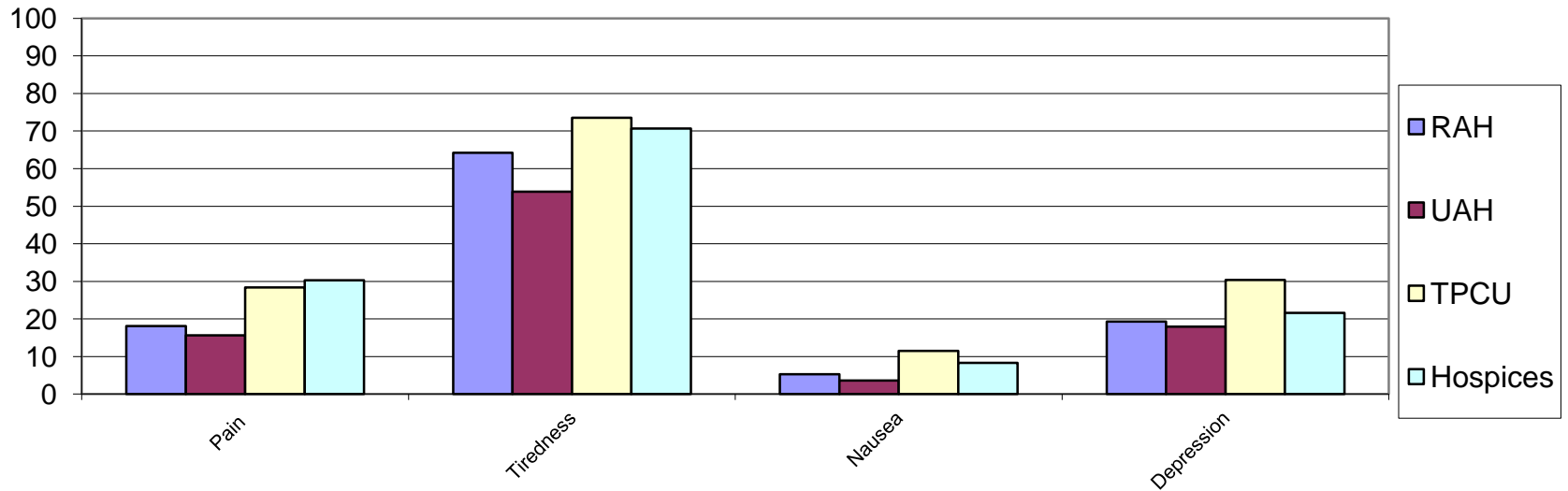
2012/2013 First Average ESAS



# 2012/2013 Last Average ESAS

	Pain	Tiredness	Nausea	Depression
<b>RAH</b>	18.1	64.2	5.3	19.3
<b>UAH</b>	15.6	53.9	3.6	17.9
<b>TPCU</b>	28.4	73.5	11.5	30.4
<b>Hospices</b>	30.3	70.7	8.3	21.6

2012/2013 Last Average ESAS

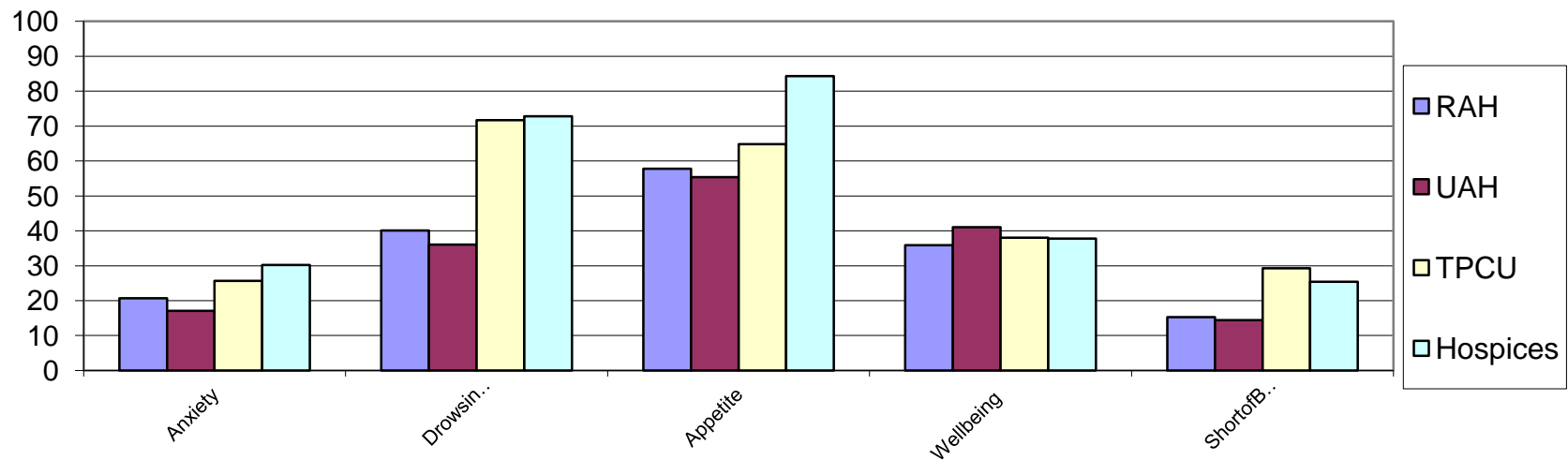


# 2012/2013 Last Average ESAS

*cont'd*

	Anxiety	Drowsiness	Appetite	Wellbeing	ShortofBreath
<b>RAH</b>	20.7	40.1	57.8	35.9	15.3
<b>UAH</b>	17.1	36.1	55.4	41.0	14.4
<b>TPCU</b>	25.7	71.7	64.8	38.0	29.3
<b>Hospices</b>	30.2	72.8	84.3	37.8	25.4

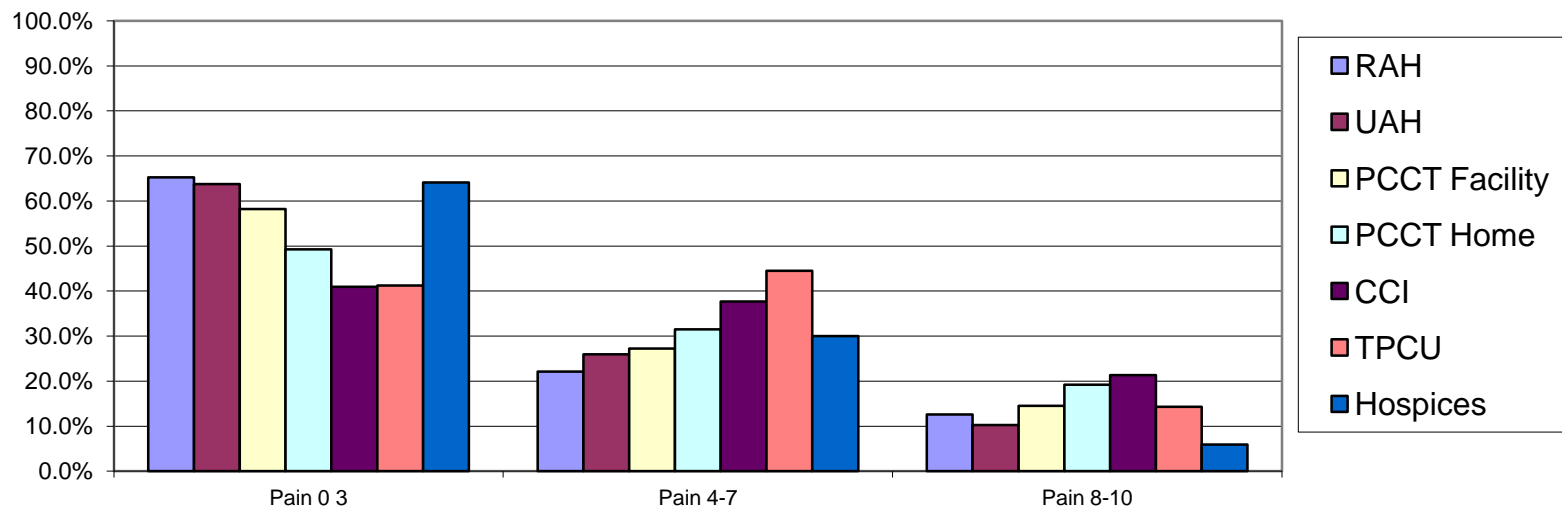
2012/2013 Last Average ESAS



# 2012/2013 First ESAS Pain Groupings

	Pain 0-3	Pain 4-7	Pain 8-10
RAH	65.2%	22.1%	12.6%
UAH	63.7%	26.0%	10.3%
PCCT Facility	58.21%	27.27%	14.51%
PCCT Home	49.3%	31.5%	19.2%
CCI	40.9%	37.7%	21.3%
TPCU	41.2%	44.5%	14.3%

2012/2013 First ESAS Pain Groupings

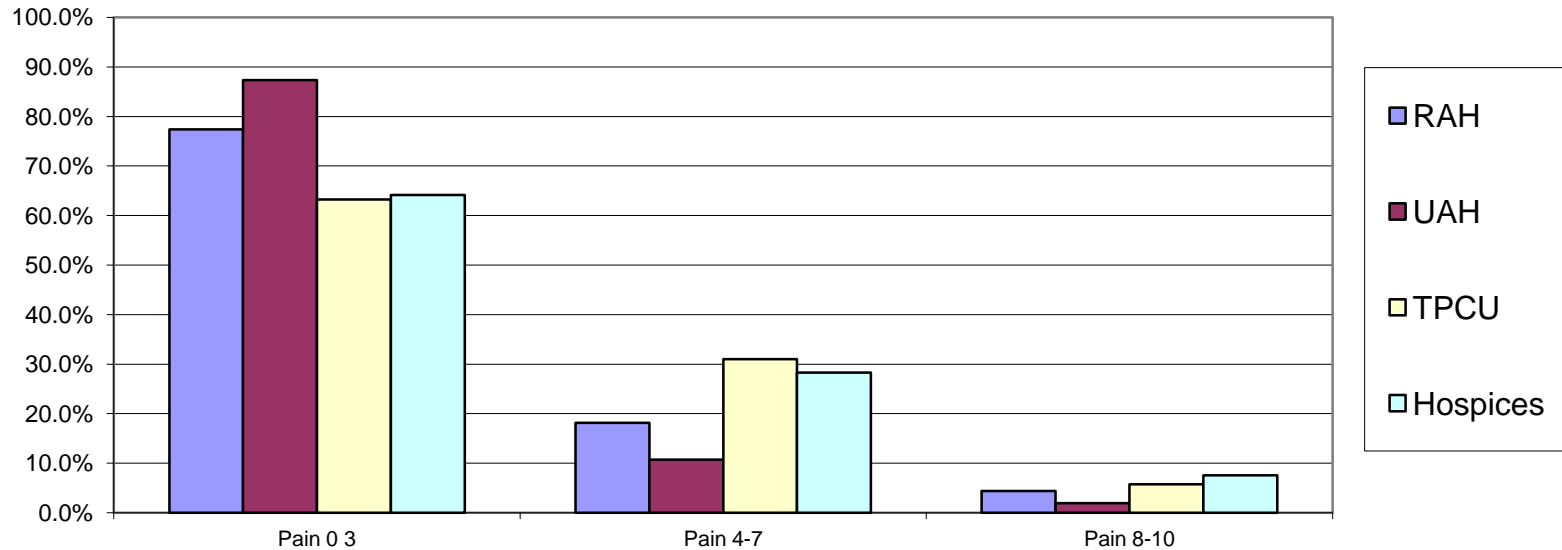




# 2012/2013 Last ESAS Pain Groupings

	Pain 0-3	Pain 4-7	Pain 8-10
<b>RAH</b>	77.4%	18.2%	4.4%
<b>UAH</b>	87.3%	10.7%	2.0%
<b>TPCU</b>	63.2%	31.0%	5.7%
<b>Hospices</b>	64.2%	28.3%	7.5%

2012/2013 Last ESAS Pain Groupings



# Goals of Care RMC Coding

	RAH Initial	RAH Final	UAH Initial	UAH final	Total	Total %
<b>R1</b>	34	0	44	1	79	6.1%
<b>R2</b>	2	0	0	0	2	0.2%
<b>R3</b>	7	0	17	0	24	1.9%
<b>M1</b>	198	2	147	4	351	27.2%
<b>M2</b>	28	1	80	0	109	<b>8.4%</b>
<b>C1</b>	232	36	128	13	409	31.7%
<b>C2</b>	148	13	147	9	317	24.6%
<b>Total</b>	649	52	563	27	1291	100.0%

# Goals of Care RMC Coding & Discharge Locations

	Home	Deceased	TPCU	Hospice PCU	Other	Total
R1	13.7%	2.7%	4.1%	0.0%	12.1%	5.9%
R2	0.4%	0.0%	0.0%	0.0%	0.0%	0.1%
R3	4.7%	1.1%	4.1%	0.0%	2.4%	2.0%
M1	<b>47.0%</b>	15.9%	<b>26.5%</b>	4.3%	39.3%	23.8%
M2	12.8%	5.7%	<b>21.4%</b>	2.6%	12.1%	8.7%
C1	16.7%	<b>27.5%</b>	<b>39.8%</b>	<b>61.7%</b>	19.4%	33.6%
C2	4.7%	<b>47.2%</b>	4.1%	<b>31.4%</b>	14.6%	26.0%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

# National Reports in 2013

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## Canadian Hospice Palliative care Association

*Innovative Models of Integrated  
Hospice Palliative Care, the Way  
Forward Initiative: an Integrated  
Palliative Approach to care, 2013.*



## Inform the development of a national framework for the integrated palliative approach to care that can be used across all settings of care – key points

- All models are based on an interprofessional team, composed of physicians, nurses, allied health professionals, care aides and sometimes volunteers.
- All models work to integrate primary-secondary (and tertiary if available) hospice palliative care services within a region or geographic area.
- Most programs have a single number to call to access palliative care services in the region as well as central triage of cases, so that each patient receives the most appropriate care in the most appropriate setting

- Most programs have common frameworks, standards and assessment tools that provide the foundation for the integrated palliative approach to care and ensure consistency across teams and settings.
- All programs gather data that they use to monitor and improve their services. They use demographic and clinical information in admission and discharge forms, evaluation and performance indicators (e.g., ESAS, Karnofsky scores, etc.) and charts to evaluate their services.
- One program (Edmonton) publishes annual balanced score card reports that provide accurate information about trends in care.

- 
- Ongoing involvement of the family physician throughout the disease trajectory ensures the model enhances the role of the primary care team.
  - Focus on location of care as a more important outcome than location of death.
  - The more options for care, the more comprehensive and integrated the program becomes.

- Don't expect things to be perfect before you start – that is a recipe for paralysis. Start with the best service that you can, and develop and improve from there.
- Use bedside clinical assessments and data collection from day 1 to enhance clinical care and education on a daily basis. Use this information to improve the program within current resources, to demonstrate to administrative leaders the success of the program and to advocate for more resources to meet unmet needs.
- Ongoing data collection is key to monitoring and improving services and advocating and planning for future development.



## According to most recent available Balanced Score Card (2009-2010), the program:

- Saved close to 20,000 acute care bed days per fiscal year
- Reached its target of 100% 24/7 palliative home care coverage (compared to 94% in 2007-2009)
- Reported steady use of common assessment tools to ensure continuity of care: 94% in home care and 97.5% in acute care
- Had a median service response time of one day for the palliative care team.



Alberta Health  
Services

# Canadian Institute for Health Information (CIHI) – Report on End-of-Life Hospital Care for Cancer Patients

## April 2013

- Administrative data to examine the use of hospital services in the last month of life by cancer patients who died in acute care hospitals.
- Across the country, several programs have been developed to provide alternatives to hospital for patients at the end of life.

- In Alberta, the Edmonton Zone Palliative Care Program, in operation since 1995, is a community-based model of palliative care services.
- The program was designed to provide access to palliative care support by shifting end-of-life care from hospital to home and hospice care.
- A 2012 report found an increase in the number of physicians referring their patients to this program, as well as 19,113 fewer hospital bed days in 2010–2011. Wait times for hospice care in Edmonton had decreased to a median of two days from three days the year before.
- *Reference - Edmonton Zone Palliative Care Program. Balanced Scorecard Report 2010-2011 - [www.palliative.org](http://www.palliative.org)*

# Hot issue for assessment and QI

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- Location of care and location of death
- Include in initial assessment at all locations with exception of Hospice PCUs
- Can then track stability of choice or change over time as well as eventual correlation with location of death
- Would need standard definition for questions
- Important Quality of care issue for palliative and EOL care

# Comprehensive Integrated Clinical PC Service

