Growing up in Metro-Vancouver, I think it’s safe to say I had blinders on and was unaware of the challenges many people face in accessing healthcare in BC. As a new nurse, I started working in a nursing world where specialists seemed to be available for what seemed like everything. The ability as a new nurse, to ask questions of and draw on the experiences of specialist nurses with advanced training in palliative care and other fields, is something I know I took for granted. In Northern BC, we face more challenges in accessing experts and resources. We also have to contend with severe weather, geography and longer distances.

In the North, there are many community health centres with very few or even no nurses working at all. Also when populations are small it is not uncommon for nurses to have long spans of time between caring for clients with different health-challenges or who
are dying. In order to be successful in the provision of palliative care, rural nurses have to be adept at seeking out resources, navigating a complex system of forms, facilities, families and physicians.

A recent journal article titled: Rural Nursing and Quality End-of-Life Care: Palliative Care...Palliative Approach...or Somewhere In-Between? Pesut et al. (2012) explored the experiences and challenges of both nurses and clients in providing and accessing palliative care in rural communities across Canada. The article provides information that is especially relevant now, as we prepare and plan for the Canadian population to age over the next 20-30 years. In 2009, the CHPCA reported the number of Canadians dying each year will increase 65% by 2036. The demands for palliative care are only going to increase.

In the article, the authors discuss the impact of a rural context on the provision of quality nursing care. Challenges nurses faced in providing care often included the close and intimate nature of living and working in small communities. In smaller communities maintaining client confidentiality and the social obligation to support clients and their families all proved more complicated. Social and professional obligations as well as knowledge of the ideals in palliative care led some nurses to “bend every rule” in order to support the delivery of quality palliative care. At times, this urge to bend rules, was found to have led to nurses putting themselves at risk socially, and professionally. It was also found to contribute at times to burnout, especially when nurses were not able to meet the client’s needs, even if the ability to meet the needs were beyond the nurses’ control. Lastly, there were not the specialists available to draw on for support in many rural areas compared to larger urban centres. Also many new nurses entering the workforce lack experience and palliative care training. Overall, they report on the fact that the urban-centric specialist mode of care does not fit the rural context.

What they did find is that nurses working in rural settings are best suited to their roles by being “expert generalists”. These nurses had often undertaken some advanced palliative training, and were able to provide quality end of life care by having a broad base knowledge base. The delivery of quality palliative care often involved a great deal of advocacy on behalf of clients by rural nurses. It also involved rural nurses spending time assisting clients with navigating the health care system through knowing what resources were available and how to access them. These nurses had also often mastered a “way of being” with clients that made the client feel that they were being supported, not intruded on, and safe.

In practice I have been able to witness some of these challenges, as well as support front-line nurses in the provision of quality palliative-care. I have heard from nurses who have struggled with accessing resources, advocated with nurses for better symptom management, and worked with physicians to come up with effective plans for end-of-life and symptom management.

Today, tele-health is making access to different services easier and eliminating a number of barriers faced previously. Some of the tools developed by the palliative care consultation team are making standardization possible and are adaptable to all care settings. Consultation by the team, also supports front-line professionals in providing evidence based palliative care. Lastly, education specific to palliative care continues to reach broad audiences via weekly webinars, and online education modules. Through these endeavours, our consultation team hopes to reach more frontline health care providers and continue supporting palliative care in all parts of Northern, BC.

References:

Welcome to our newest team member, Leah!

Leah is our new Regional Palliative Care Pharmacist Lead. Leah’s experience and passion for palliative care will be a fantastic addition to our team, as she provides palliative care pharmacist support across Northern Health.

Leah graduated from the University of Alberta with a Bachelor of Science in Pharmacy in 2007 before moving to the Okanagan where she began her career as a community pharmacist. Two and a half years ago she relocated to Smithers to pursue hospital pharmacy as a regional pharmacist for Northern Health. Since then she has held a variety of roles within NH, establishing a broad understanding and perspective of the various needs throughout the region. Palliative care quickly became an interest for Leah and since then she has attended the Victoria Hospice Medical Intensive Course and numerous other palliative education initiatives to increase her knowledge in this area. In her free time Leah enjoys spending as much time outdoors as possible, whether it be fly fishing for steelhead, playing in her garden or hiking with her dog Sage.

Leah started with the Palliative Care Consultation Team July 6, and is located in Smithers. She can be reached at Leah.Smith@northernhealth.ca or 250-876-4510.

Please join us in welcoming Leah to her new role!

Palliative Care Education Sessions

Webinar/Teleconference
Every Thursday from 2:00 p.m. to 3:00 p.m. (PST)

A team of experts in palliative care will be presenting a series of interdisciplinary webinars on palliative care. All health professionals from all care settings are invited to attend. A specific subject will be taught each month and sessions will be repeated for the first three Thursdays of that month to allow more people to participate.

New Starting August 27th

We are excited to announce that we will be having guest medical residents host presentations every fourth Wednesday of the month. These interactive sessions will be recorded and repeated on the following Thursday and all recordings will be provided on iPortal and the external website at the end of each month.

If you are interested in having your name added to our distribution list, please contact Sandra.Schmaltz@northernhealth.ca.
Palliative Radiotherapy in the North

BC Cancer Agency, Centre for the North, opened its doors in November 2012. Since that time, it has been our pleasure to offer radiation treatment to people of Northern BC. At Centre for the North, four radiation oncologists, and our multidisciplinary team, plan and provide radiation treatments to more than 500 patients per year, with more than 50% of treatments at our centre being palliative in nature.

Radiation treatment can be given with curative or palliative intent. Whereas curative intent radiotherapy is generally given in daily treatments over several weeks, palliative radiation is low dose treatment delivered over shorter periods, usually one to five days. At low doses, these treatments are intended to be well tolerated with benefits seen within days to weeks.

There is a broad range of indications for palliative radiation; but, in general, the goal of palliative radiotherapy is to alleviate a symptom such as bone pain, spinal cord compression, bleeding, superior vena cava obstruction or raised intracranial pressure from brain metastases.

Bone pain is one of the most common indications for palliative radiation. In most cases, radiation is delivered in a single treatment and is 60-70% effective at alleviating the patient’s pain. If pain is not completely resolved, this single treatment can be repeated. A single treatment is generally recommended when the bone is involved with a metastatic deposit but is otherwise intact. If there is a pathologic fracture or a soft tissue mass present, then the recommendation would usually be for five treatments.

Below is an example of a thoracic spine radiation field (image one) and two different indications for radiation to the spine. In the first case, image 2, the bone is intact and the intent of the treatment is for pain control. A single treatment was provided. In the second case, image 3, there is a soft tissue mass in the vertebral body causing extensive compression of the spinal cord and exiting nerve root. In this case, with treatment given over five days, the intent of the treatment is for pain control as well as to prevent or reverse symptoms of spinal cord compression such as paralysis, sensory deficits, or bowel/bladder dysfunction.

Brain metastases are common, impacting many of our patients. Symptoms can be of general raised intracranial pressure such as headache and nausea or can be focal such as paralysis or impacting vision or language. Depending on the number and size of the metastases and the patient’s general condition and prognosis, there are several options including whole brain radiation or focal...

Continued on page 5
treatments such as stereotactic radiosurgery or neurosurgery. The radiation oncologists at centre for the North will help to determine what approach is most appropriate for each patient.

Bleeding due to malignancy can be successfully managed with radiation treatment; however, it is one of the least common referrals we receive. Radiation for palliation of bleeding can be effective for hemoptysis, hematuria, vaginal bleeding, or bleeding from a GI source and is usually given over five treatments. Most commonly, bleeding improves within the week of treatment and resolves within a few weeks following treatment.

We know that one of the most important factors as to whether or not people get access to palliative radiation is whether or not they get referred. We rely on patients, families, and care teams in the patient’s home community to bring it to our attention when someone has a problem that may benefit from palliative radiation. Patients who live in distant communities or who don’t understand the potential benefits of palliative radiation, may be reluctant to consider treatment. For each patient, a consultation regarding the potential benefits of treatment in their specific case is an important first step. For patients who live outside of Prince George, we are pleased to offer this consultation and subsequent follow up visits by videolink to minimize travel as much as possible.

In summary, palliative radiation treatment is an important focus of our team at Centre for the North. If you think your patient has a symptom that might benefit from palliative radiotherapy, please don’t hesitate to call the BC Cancer Agency, Centre for the North, and ask to discuss it with one of our Radiation Oncologists.
CONTEST & PRIZES

All submissions will be entered in a chance to win a prize, and all submissions who correctly answered all questions will have an additional chance to win a prize. Only one entry per person. Contest winner will be notified using the contact information provided in your entry.

Email page 7 answers with your name and contact information to Sandra.Schmaltz@northernhealth.ca or fax to 250-565-5596.

DEADLINE: Contest closes September 15th, 2015.

Congratulations to:

Berend Van der Kwat: grand prize winner for correctly answering all the questions correctly from the April contest quiz.

Martina Irvine, CNE from UHNBC random draw prize winner for entry in the Palliative Care Order set Quiz

Palliative Care Order Set Quiz answer key:

1. All of the following statements about palliative care approach are true except: B. Palliative care only addresses the needs of the patient but not the family’s or other caregiver’s needs.

2. Based on the ‘Surprise Question’, a prognosis of 6 months or less is required to apply of the BC Palliative Care Benefits.

3. There is a time frame associated with the palliative approach to care. No

4. A typical Cancer Trajectory looks like A.

5. The trajectory for mostly heart and lung failure looks like B.

6. The palliative approach to care can occur anywhere that a person lives or is receiving care. The least likely place for palliative care to be delivered is: D.

7. The goals of palliative approach to care are all BUT: B. to make patients afraid and fearful of the future, unable to find meaning in their lives.

8. All of the following people are identified as those who could benefit from palliative approach to care except: C. A 65 yr. old male with a broken leg requiring surgery, but is otherwise healthy.

9. Introduction and initial contact with Volunteer Hospice Societies is the most benefit: A. When you would not be surprised if the person passed away within a year.

10. A successful end of life transition includes discussion with and planning for patient and family prior to the death of a loved one. A. True
1. By 2035 the number of Canadians dying is anticipated to have increased by what percentage
   A. 55%
   B. 65%
   C. 35%
   D. 5%

In the article titled: (ARTICLE TITLE) rural nurses knowledge of palliative care resources was found to contribute to quality palliative care. The P-Plan covers many medications that nurses need to be familiar with.

2. Which of the following medications useful in treating nausea and emesis are not covered by the P-Plan.
   A. Octreotide
   B. Ondansetron
   C. Metoclopramide
   D. Promethazine

3. The oral equivalent of 10mg of Morphine is: (match the dose to the drug name by placing the correct letter beside the corresponding drug)
   ___ mg of Hydromorphone A. 100mg
   ___ mg of Tramadol B. 2mg
   ___mg of Oxycodone C. 50-100mg
   ___mg of Codeine D. 5 - 7.5mg

4. Opiates are useful in managing pain and dyspnea. When starting opiates to manage pain or dyspnea the use of immediate release formulations is recommended. This is because the half-life of immediate release formulations of morphine and hydromorphone is ___ hours, it takes ___ half lives to reach a steady state and the dose can be re-evaluated every ___ hours. (Fill in the Blanks)
   A. 4, 5, 24
   B. 8, 6, 24
   C. 4, 6, 24
   D. 8, 5, 24

5. The Notification of Expected Death at Home form enables family members to have their loved transported to the funeral home of their choice 1 hour after death has occurred. It is applicable and useful when clients wish to have End-of-Life care at home. This form is valid for ___ months after the physician has signed it. (Fill in the Blank)
   A. 4 months
   B. 3 months
   C. 6 months
   D. 12 months

6. In addition to the Notification of Expected Death at Home form, a Provincial No Cardiopulmonary Resuscitation form should need to be completed (if not already done) for those with limited life expectancy. Where, according to the Joint Protocol for Expected/Planned Home Deaths in British Columbia (2006), should the original be kept.
   A. In the patient’s home
   B. with the patient
   C. at the physician’s office

7. The exception to this is: __________________________

8. With the Provincial NO CPR and Notification of Expected Death in the Home form completed the physician/their designate has ____ to complete the Physician’s Medical Death Certificate.
   A. 48hours
   B. 3 days
   C. 1 week
   D. 72hours

Palliative Radiation is discussed in this edition of the Palliative Care Newsletter.

9) According to Dr. Miller’s article, what percentage of radiation treatments at the Centre for the North, are palliative in Nature?
   A. More than 50%
   B. Less than 30%
   C. 40%
   D. 75%

10. The Centre for the North has two radiation treatment rooms named the Fraser and Nechako. These rooms are designed for treatment of clients with external-beam radiation. The type of machine used to deliver this type of radiation is known as: __________________________

Please print clearly

Name: __________________________
Address: _________________________
Contact (Email / Tel): ________________

Fax to Sandra Schmaltz @ 250-565-5596