

Palliative Care Practices in the Context of the COVID-19 Pandemic

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Background:

Palliative care is a specialty that aims to improve the quality of life of patients experiencing life-limiting illness. Services often extend to a patient's support unit, including palliative care units, hospice, pain and symptom clinics, home care, and bereavement services. The pandemic has brought forth many challenges that could impact the quality of care received by patients.

The aim was to explore how the pandemic has impacted the care of adults with palliative care needs in British Columbia (BC) and how community primary care and palliative care services could be enhanced to better support patients.

Methodology:

Short quality improvement project consisting of:

- A rapid review of contemporary palliative care academic and grey literature
- Semi-structured interviews with primary care providers, palliative care providers, and patient representatives across BC. Recorded interviews were subjected to thematic analysis.
- A constructive workshop to explore potential gaps in care, using the Team Mapping Method¹.

Rapid Literature Review Findings

The literature review explored palliative care policies and strategies in Canada and internationally, highlighting both challenges in access and the importance of considering the availability of 'staff, stuff, space and systems' in providing care.

Interview Findings

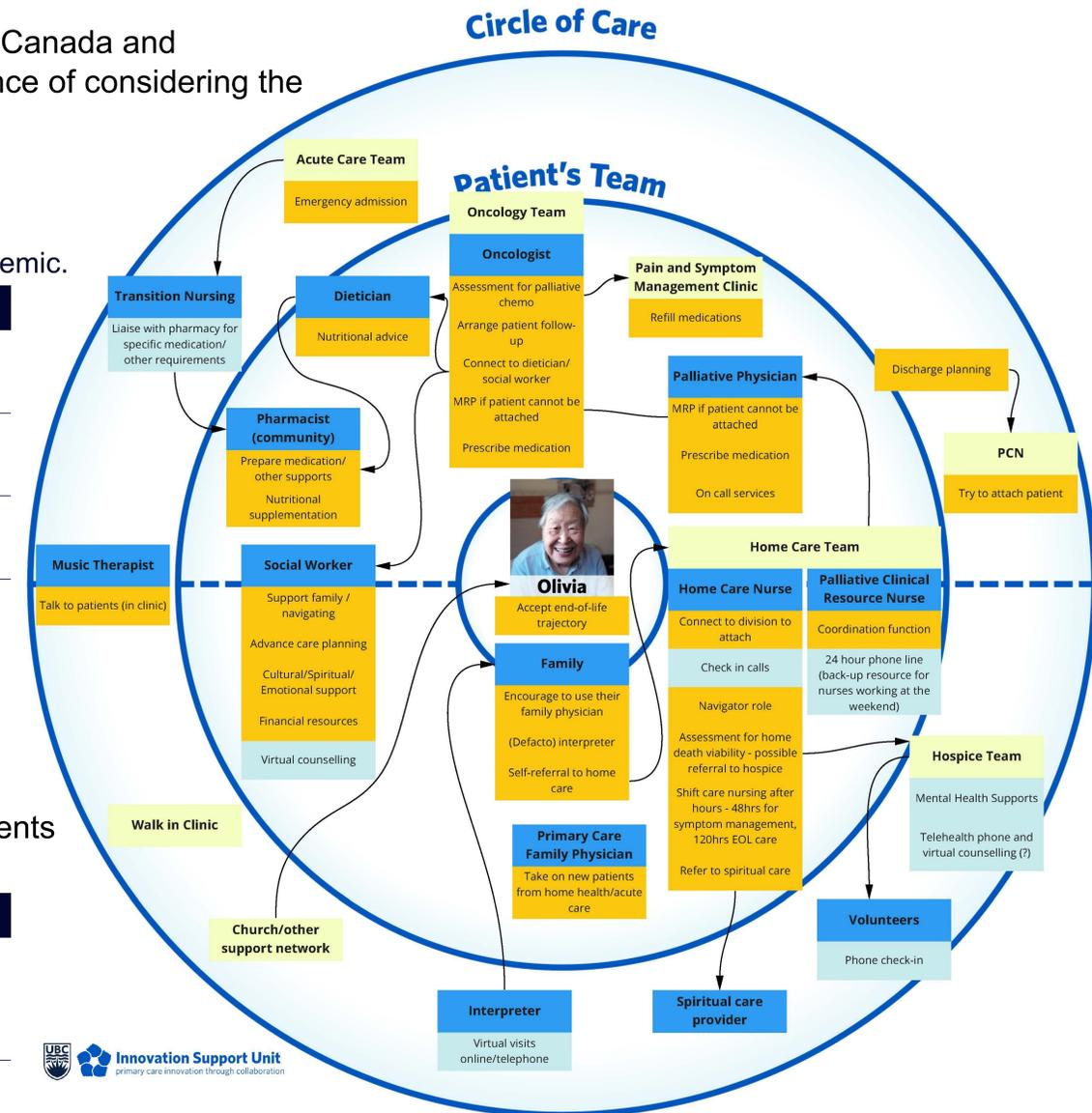
Interviews (n=13) revealed challenges and solutions brought forth by the pandemic.

Virtual healthcare	Home-based end-of-life (EOL) care
Increased accessibility and acceptance	Move towards home-based EOL care
Increased provider capacity	Increased burnout and staffing shortages
Equity Concerns (expenses, knowledge, and bandwidth)	Families took on increasingly more responsibilities
	Pandemic fears encouraged advance care planning (ACP)

Workshop Findings

A Team Mapping session with 11 primary and palliative care providers within a community in BC uncovered the complexity of supporting patients with palliative care needs.

Complexity	Advance care planning
Confusion from family and providers regarding most responsible physician (MRP)	Start ACP as early as possible with a family physician and continued as a team effort
Coordination and communication barriers between providers (Independent record systems)	Virtual options useful in facilitating ACP
Issues when goals of care have not been established or properly communicated	Families took on increasingly more responsibilities
Coordination and navigator role falling onto home care providers or the patient's family	Cultural differences in perspectives on palliative care, and hopes for further treatment, can make these conversations difficult to initiate
After-hours care options for patients are limited	



Conclusion

The pandemic has highlighted existing issues of palliative care integration within BC communities but unearthed novel care practices likely to persist post-pandemic. Virtual care into routine consultations is likely to continue forward. Additionally, a navigator role to support patients and families may be key to coordinating care across multiple providers and settings. Enhancing patient educational resources regarding who to contact for specific issues of care may also resolve some of the uncertainty faced by patients and families.

References

1. Price, M.; Bellwood, P.; Hill, T.T.; Fletcher, S. Team Mapping. A Novel Method to Help Community Primary Healthcare Practices Transition to Team-Based Care. Healthc Q. 2020 Jan. 22(4):33-39.