

PALLIATIVE CARE INFORMATION

for Health Care Providers



Winnipeg Regional
Health Authority
Caring for Health

Office régional de la
santé de Winnipeg
À l'écoute de notre santé

What is Palliative Care? Palliative Care is health care for individuals (of any age) and their families who are living with a life-limiting illness, usually at an advanced stage. The goal of Palliative Care is to provide services aimed at promoting comfort rather than a cure.

The Palliative Care Program works closely with Home Care, CancerCare Manitoba, Hospice and Palliative Care Manitoba and other stakeholders to provide expert end-of-life care in a variety of care settings, including in the home, personal care homes, hospices, outpatient clinics, acute care inpatient units and intensive care units.

The Palliative Care Program supports primary care providers through a consultative model; ongoing involvement of the patient's primary health care provider and health care team is encouraged.

Who is the program for? Palliative Care Services are available to persons in the Winnipeg Region of any age with any life-limiting illness. The Program has two main components: Consultation Services and Comprehensive Program Services.

Consultation Services are provided upon request of a patient's health care team.

Service components:

- consultations by team members can be provided by telephone to anywhere in Manitoba or in-person for patients in any Winnipeg hospital, outpatient clinic, or home, personal care home or long term care setting

Eligibility Criteria for Consultation Services:

- diagnosis of a life-limiting illness
- experiencing a distressing symptom (i.e. nausea, pain, psychosocial or spiritual distress) and seeking advice to manage the symptom

Comprehensive Program Services are provided upon request of patient's health care provider (Physician, Nurse Practitioner). The Program referral form is available through the website link at www.wrha.mb.ca/prog/palliative/professionals.php.

Service components:

- case management and coordination of Palliative Community, Home Care and other services for patients who wish to remain at home
- eligibility assessment for admission to acute inpatient Palliative Care Beds for adults requiring management of complex symptoms
- eligibility assessment for admission to hospice beds

Eligibility Criteria for adult patients:

- diagnosis of a life-limiting illness
- prognosis of less than or equal to six months
- "do not attempt resuscitation" status established and discussed with patient and/or family
- not undergoing or planning a course of treatment with expectations of monitoring for and intervening for complications (most often this refers to chemotherapy and total parenteral nutrition).

Eligibility Criteria for pediatric patients:

- diagnosis of a life-limiting illness
- Referrals for pediatric patients will be assessed individually in consultation with the referring health care team.

Contact the Palliative Care Program at:

A8024 - 409 Tache Avenue

Winnipeg, MB R2H 2A6

Phone: (204) 237-2400 | Fax: (204) 237-9162

Frequently Asked Questions

I have a patient who lives outside of Winnipeg. Is there access to Winnipeg Health Region Palliative Care Services?

The Palliative Care Coordinator of the local region should coordinate services for patients outside of Winnipeg. Telephone consultation with the Winnipeg Health Region Palliative Care Team is available 24 hours a day by calling 237-2400 (between 8am and 4:30pm) and 237-2053 (after hours). Physicians may call 237-2053 and ask to have the on-call Palliative Care Physician paged for telephone consultation. Consideration for transfer from rural areas to a Palliative Care inpatient bed in Winnipeg is assessed on a case by case basis.

How many inpatient beds are there in the Winnipeg Health Region Palliative Care Program?

There are 45 designated inpatient Palliative Care beds in Winnipeg: 15 at St. Boniface Hospital and 30 at Riverview Health Centre. These are staffed by health care teams with expertise in palliative care and focus on managing complex symptoms in terminal illness. There are also 12 beds at Grace Hospice and four beds at Jocelyn House. **Registration on the Winnipeg Health Region Palliative Care Program does not guarantee access to the program beds. Admission is based on the care needs of the patient.**

How are patients prioritized for admission to a Winnipeg Health Region Palliative Care Program bed?

Generally priority is based on a combination of patient need and the ability of the current care settings to meet that need. Community (home) patients are usually prioritized higher than those admitted to health care facilities, where there is access to supports and services. High need (very challenging, severe symptoms) can influence priority for transfer to a specialty Palliative Care Bed, regardless of the patient's care setting.

How can I be certain that the prognosis of a patient is six months or less? Why have such a criterion?

There is no expectation of certainty. It is an assessment based on the judgement of the health care providers. It is recognized that estimating prognosis is difficult, particularly in non-malignant disease. Contact the Palliative Care team for assistance estimating prognosis. The purpose of the criterion of a prognosis of six months or less is to focus the specialized resources of the Winnipeg Health Region Palliative Care Program on those who have the highest need. If the prognosis is thought to be greater than six months, consultation remains available for help with

symptom control.

Why doesn't the Program accept patients to the Palliative Care Units who are receiving chemotherapy?

In general, those electing to undergo chemotherapy expect that there will be vigilance for the complications and intervention should complications occur. Such an approach is generally not the focus of the Palliative Care Units, where the emphasis is on patient comfort rather than the underlying disease. In these situations, the Palliative Care Program will provide consultative support if requested.

Why must the patient agree to not undergo attempts at cardiopulmonary resuscitation if they are eligible for admission to the Palliative Care Units? Why must this be discussed by the referring providers?

The literature is clear that resuscitation for cessation of cardiopulmonary function caused by multi system failure in the setting of a progressive terminal condition fails to achieve the physiological goal of restoration of cardiopulmonary function. Rather than offer an intervention which cannot be effective, the Palliative Care Program recommends that reasons for its ineffectiveness be explained and discussed.

The health care team familiar with the patient and family throughout the illness is in the best position to discuss end-of-life care options when the concept of palliative care is raised.

Why doesn't the Program accept patients to the Palliative Care Units who are receiving total parenteral nutrition (TPN)?

The literature evidence regarding the use of TPN in the terminal phase of cancer with the Anorexia/Cachexia syndrome is that it results in no improvement in functional status of survival, and in fact may cause increased morbidity due to complications. Patients undergoing TPN require ongoing monitoring of laboratory parameters, which is generally not a focus of palliative care.

What about intravenous therapies, antibiotic use, transfusion of blood and blood products, enteral tube feeding, etc for patients admitted to palliative care?

All of the above may be reasonable and possible interventions for terminally ill patients, with each circumstance assessed and discussed with patients and families. Interventions are considered with regards to the goals and expectations of care and the possibility of the intervention achieving such goals.