Palliative Complex Continuing Care (CCC) & Residential Hospice Care Program Overview

***Patients requiring palliative care can be admitted from any sending facility in the system, including Home (admissions from LTC will be considered on a case-by-case basis after a palliative pain an symptom managing consult is completed) ***

Waterloo Wellington Palliative CCC Care Units

(WRHN @ Chicopee, St. Joseph's Health Care, & Groves Memorial Hospital-acute care beds)

- The CCC Palliative Care Programs provides a range of Palliative care needs of patients with both oncological and non-oncological care needs which include pain and symptom management through to end of life care. Pain & Symptom management beds provide time limited support (less than 90 days). The goal is to manage & stabilize symptoms, however a patient's medical condition may change ***Please see matrix on page 2 for difference between Pain and symptom management beds vs End of Life (EOL) criteria for CCC beds at above locations are aligned with residential hospice programs description below*.***

Waterloo Wellington Community Residential Hospice Program

(Innisfree House, Lisaard House, Wellington Hospital, and Hospice of Waterloo Region)

- Residential Hospices provide a range of palliative care to meet the needs of patients at end of life. Patients requiring palliative care can be admitted from any sending facility, including home
- Prognosis of less than 90 days
- Palliative Performance Scale (PPS) ≤ 40% (or an expectation that a patient with a higher PPS score will rapidly decline) and with complex physical, social, psychological and or spiritual needs that do not respond to simple or established protocols of care and require highly individualized care plans.
- May have sporadic exacerbations of pain and other symptoms, coping is compromised and they require more frequent oversight and intervention by a medical practitioner with skills in hospice palliative care than can be provided in the community

The CCC Pain & Symptom Management & CCC– EOL Care Program Management

Pain and Symptom Management Program (WRHN @Chicopee, St. Josephs Health Centre, Groves Memorial Hospital)	Complex Continuing Care- End of Life Care WRHN @Chicopee PCU & Residential Hospice Care
PPS less than 60% for Pain & Symptom management admissions	**PPS score less than 40% (EOL)**
Patient diagnosed with life threatening illness, clear diagnosis & co-morbidities established	Patient diagnosed with life threatening illness, clear diagnosis & co-morbidities established
Time limited assessment & intervention for uncontrolled symptoms by Palliative Care Physician or Nurse Practitioner/ Primary care-MRP & palliative team	Assessed by Palliative Care Physician/Nurse Practitioner, Palliative team and or Pain and symptom management team within the last 4 weeks
A follow-up plan is in place at the time of the referral and follow-up appointments have been made at the time of discharge from the acute site	Patients may require frequent reassessment of interventions to achieve /maintain symptom control by an interdisciplinary team
Goals have been established and are specific to pain and symptom management, that do not require surgical intervention or diagnostics (MRI, CT,US) to address underlying cause of symptoms	Patients who may have sporadic exacerbations of pain and other symptoms, whose coping may be compromised and who requires more frequent oversight and intervention by a medical practitioner with skills in hospice palliative care than can be provided in the community
Once symptoms have stabilized, patients are assessed for discharge to alternative level of care and discharge plan documented	All abnormal lab values have been acknowledged & addressed All diagnostic tests have been completed & reported and the patient is no longer receiving disease modifying medical interventions
There is reason to believe that, based on clinical expertise and intervention, the patient's uncontrolled symptoms or concurrent illness (i.e. pneumonia, cellulitis, osteomyelitis, urinary tract infection) have the potential to stabilize or resolve	Patient is not currently receiving curative disease modifying treatments
Target length of stay is less than 90 days and discharge plan must be initiated at time of application	EOL care available for persons with prognosis of less than 90 days
Goal of the program is to manage and stabilize symptoms in order to allow patient to return to the community, however not all patients will either stabilize or be able to return home due to decline	May have complex physical, social, psychological, and or spiritual needs that do not respond to simple or established protocols of care, requiring highly individualized care plans
Medical conditions can be managed within scope of an RN/RPN	Medical conditions can be managed within scope of an RN/RPN Patient's medical care and special equipment needs have been determined & these needs can be met within the existing resources of the program

Complex Continuing Care (CCC) & Residential Hospice Care – Palliative Care Program

Waterloo Wellington Palliative (CCC) units with # of palliative beds per hospital location

- WRHN @Chicopee (Waterloo Region Health Network) (16)
- St. Joseph's Health Care (8)
- Groves Memorial Hospital (Acute beds utilized)

Waterloo Wellington Palliative (CCC) units with # of palliative beds per hospice location

- Lisaard Hospice (6)
- Innisfree Hospice (10)
- Wellington Hospice (10)
- Hospice of Waterloo (10)

Inclusion Criteria

- PPS ≤40% or expectation that PPS will have a rapid decline
- Clear diagnosis by Palliative Physician or MRP within last 4 weeks
- Prognosis ≤90 days
- Complex physical, social, psychological, spiritual needs
- Both oncological and non-oncological care needs

Exclusion Criteria

- Patient has not had a palliative care team/ physician or pain & symptom management consult
- Those exhibiting violent or exit seeking behaviours
- Patients with active treatment plans/ conditions that require off site transfer not supported by site (consultation with care setting req).