

Resources for Primary Care in Hamilton Treating Patients with Chronic, Progressive, Life-limiting Illness

Last Updated: December 9th, 2022

This is a collection of resources for primary care providers who will be caring for patients (virtually and in-person) in the community with progressive, life-limiting illness.

Please visit the following websites for regular updates and local palliative care information:

Division of Palliative Care, Department of Family Medicine at McMaster University website for regular updates: <https://palliativecare.mcmaster.ca/resources/>

Hamilton Family Medicine (HFAM): <https://hfam.ca/clinical-pathways-and-evidence/managing-progressive-life-limiting-conditions/>

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EARLIER IDENTIFICATION - TOOLKIT

<https://www.ontariopalliativecarenetwork.ca/resources/tools-support-earlier-identification>

PAIN AND SYMPTOM MANAGEMENT

Pallium provides **in-person and online courses** on delivering the palliative approach <https://www.pallium.ca/courses/> as well as **bedside resources** <https://www.pallium.ca/palliative-care-resources/>

Palliative EZ Guide is a **low-cost online pharmacotherapy tool** for pain and symptom management including local formulary considerations: <https://palliativeezguide.ca/>

Free pain and symptom management protocols through the **Division of Palliative Care**, including dyspnea and palliative sedation: <https://palliativecare.mcmaster.ca/resources/>

PALLIATIVE CARE SPECIALIST

Examples of when to phone: pain and symptom management is beyond your level of comfort or patient is in an acute symptom crisis; traditional medications become unavailable and an alternative is required; system navigation or other pain and symptom questions; palliative sedation is being considered. If a patient is admitted to hospital, the inpatient palliative care team can also be contacted for transition back to community planning.

24/7 palliative care specialist phone support (905) 387-9495 for any physician or nurse practitioner providing care in the community:

- Daytime (9:00-16:30) ask for the Supportive Care Service
- Evenings and weekends ask for Community Palliative Care on Call (CPOC)

Hamilton Palliative Care Outreach Team (PCOT): A group of specialist providers who practice as an inter-professional team, which may include physicians, NPs, CNSs, nurse clinicians, psychosocial spiritual and bereavement clinicians and clinical navigators. PCOT members have shared accountability with primary care providers.

Referral form: <https://healthcareathome.ca/document/hamilton-pcot-referral-form-2/>

Palliative Care specialist are also available through **eConsult**.

HNHBB HOME AND COMMUNITY CARE SUPPORT SERVICES (HCCSS)

Home and community care, nursing care centres, specialty services, access to transitional and long-term care, connections, in-hospital services, essential medical supplies and equipment: <https://healthcareathome.ca/region/hamilton-niagara-haldimand-brant/for-hospital-and-primary-care-partners/> (this link also includes access to multiple forms)

Billing Codes:

- K070 for completing a referral
- K071 and K072 for acute and chronic home care supervision (for personally providing medical advice, direction or information to us or delegated health care staff)
- K124 for case conference (requires participation by the physician most responsible for the care of the patient and at least 2 other participants that include physicians, regulated social workers and our employees and/or regulated health professionals)

Referral Form: <https://healthcareathome.ca/document/hnhb-request-for-home-and-community-care-support-services-formferralform-en/>

Medical Order Form: <https://healthcareathome.ca/document/hnhb-medical-order-form-general/>

Respiratory Therapy Referral Form: <https://healthcareathome.ca/document/hnhb-respiratory-therapy-referral-form/>

Paramedics Providing Palliative Care (3PC): Patients who have a DNR-C in the home and wish to avoid transfer to hospital can be referred to this team by the HCCSS Case Worker. In the event that 911 needs to be called, a specialized paramedic team can be dispatched to the home in order to support the patient, family and potentially avoid transfer.

MEDICATIONS

Refer to the pain and symptom management protocols above. **Please select medications and quantities wisely, as over-ordering will contribute to medication shortages in our region, which continue to be a problem.** Pain and symptom management “kits” (see below) are for the management of rapid-onset, unanticipated symptoms for patients nearing end of life and are no longer able to swallow oral medications. All oral and regular patient medications are to be ordered through their regular pharmacy.

24 Hour Pharmacies:

Shoppers Drug Mart

510 Concession Street, Hamilton

P: (905) 387-8656

F: (905) 387-4901

Pharmacies Specializing in Palliative Care and Injectable Medications:

Calea Pharmacy (HNHBB HCCSS nursing visit will be automatically paired with Rx)

P: (905) 560-3961

F: 1 (855) 664-6971

- For subcut medications; must still be ordered through the LHIN as they will provide the necessary supplies (subcut butterflies)
- 4-hour turnaround from order to delivery
- Require nursing support for drawing up of meds and teaching around administration
- Asking for all orders to be in by 18:30 each day

Marchese Health Care (HNHBB HCCSS will still need to be contacted in addition to providing Rx)

316 James St N, Hamilton

P: (905) 528-4214

F: (905) 570-0496

Pain and Symptom Management Kits:

For the management of rapid-onset, unanticipated symptoms for patients nearing end of life and are no longer able to swallow oral medications. The medication is limited to support short duration of symptom management (48 hours) until further assessment and medications are ordered. Inappropriate ordering of these kits and not tailoring their components will contribute significantly to medication shortages in the region.

Guide: <https://healthcareathome.ca/document/hnhb-palliative-symptom-order-response-guideline/>

Order Form: <https://healthcareathome.ca/document/hnhb-palliative-symptom-response-order-form/>

Oxygen:

Oxygen delivery mechanism and implications for PPE: <https://www.gghorg.ca/wp-content/uploads/2020/04/Personal-Protective-Equipment-and-AGMP.pdf>

Funding for home oxygen: https://www.vitalaire.ca/sites/vitalaire_ca/files/2018/06/25/on-funding-professional-guide.pdf

VitalAire Order Form: https://www.vitalaire.ca/sites/vitalaire_ca/files/2022-10/clr_on_home_ox_e_1_fillable_jan2021-2.pdf

ProResp Order Form: <https://www.proresp.com/sites/default/files/documents/Rx%20-%20Hamilton%20-%20St.%20Josephs%20ProResp.pdf>

Palliative Care Facilitated Access (PCFA):

If working in collaboration with a palliative care physician (see criteria), family physicians are exempt from obtaining approval under the Exceptional Access Program (EAP) for specific palliative care medications.

1-Page PCFA Application form:

<http://hpcconnection.ca/wp-content/uploads/2014/03/PCFADeclaration.pdf>

XRAY AND ULTRASOUND IN THE HOME

STL Diagnostic Imaging

https://www.stlimaging.ca/docs/Requisitions2021/stl%20imaging%20requisition%20LTC_HC_HCCSS.pdf

ADVANCE CARE PLANNING, GOALS OF CARE AND OTHER PATIENT/CAREGIVER RESOURCES

Free Podcast for patients and caregivers about unlocking the secrets to a better illness experience: <https://www.waitingroomrevolution.com>

Canadian Virtual Hospice is a free online resource for all things palliative care, including psychosocial and spiritual resources as well as COVID-specific resources (for clinicians, caregivers and families):

http://www.virtualhospice.ca/en_US/Main+Site+Navigation/Home.aspx

Resources for Patients and Families on Advance Care Planning:

<https://www.advancecareplanningontario.ca/>

Conversation guide for Advance Care Planning: <http://www.bccancer.bc.ca/new-patients-site/Documents/SeriousIllnessConversationGuideCard.pdf>

Free **serious illness communication resources**: <https://www.vitaltalk.org/resources/>
DNR-C order form (also accessible through visiting nursing):
<http://www.forms.ssb.gov.on.ca/mbs/ssb/forms/ssbforms.nsf/MinistryDetail?OpenForm&ACT=RDR&TAB=PROFILE&ENV=WWE&NO=014-0350-93>

Power of Attorney Kit: <https://www.publications.gov.on.ca/300975>

Inquire about funeral arrangements.

PLACE OF DEATH

Referrals to the 3 Hamilton hospices and St. Peter's Hospital Palliative Care Unit occur through HCCSS. Virtual tours are available online. **All hospices strongly encourage primary care continuing the care of their patients once admitted to hospital.** Specialist consultation, when required, is available. Patient can be admitted from both the community and hospital.

Margaret's Place Hospice: <https://sjv.on.ca/hospice/>

- Provides residential and respite care: <https://sjv.on.ca/hospice/programs-service/>

Dr. Bob Kemp Hospice: <https://kemphospice.org>

Emmanuel House: <https://www.goodshepherdcentres.ca/emmanuel-house>

St. Peter's Hospital: <https://www.hamiltonhealthsciences.ca/areas-of-care/palliative-care/palliative-care-unit/>

TIME OF DEATH

Families should be reminded **NOT** to call 911, but the nursing agency or family physician.

Letter of Understanding for Pronouncement and Certification of Death:

<https://healthcareathome.ca/document/hnhb-letter-of-understanding-for-pronouncement-of-death/>

Death Certification in the Community and LTC: <https://hfam.ca/clinical-pathways-and-evidence/death-certification-in-the-community-and-ltc/>

Death Certificate: <https://hfam.ca/wp-content/uploads/2020/04/Medical-Certificate-of-Death-Form-16.pdf>

- To request an electronic version, e-mail: MCOD.Support@ontario.ca

Coroner: 1 (855) 299-4100

MEDICAL ASSISTANCE IN DYING (MAiD)

General Information: https://www.hamiltonfht.ca/en/managing-my-health/MAiD_Medical_Assistance_in_Dying.aspx

Hamilton MAiD Outreach Referrals and Inquiries:

E-mail: maid.inquiries@hamiltonfht.ca

Phone: (905) 667-4848 x 340

BILLING CODES

Billing Guide for Palliative Care:

https://www.palliativecare.ca/Uploads/ContentDocuments/GDL_20170418_OMAPalliativeCareBillingGuide_FINAL.pdf

Comprehensive Virtual Care

Comprehensive Virtual Care is available for a physician-patient interaction if there is an established physician-patient relationship with that particular physician:

- The patient has had an **in-person** encounter with the physician in the past 24 months OR
- The patient has had a **video** palliative care consultation with the physician in the past 24 months (i.e., a video A945 or video C945, or K093 billed prior to November 30, 2022) OR
- The patient has had a **video** consultation with the physician who has a GP Focused Practice and who has billed one of the new GP Focused Practice consultation codes in the past 24 months

The only group cross coverage that is currently recognized is Patient Enrolment Models in family medicine. If Comprehensive Virtual Care is available for you, it will pay 100% of the OHIP rate if provided by video, or 85% of the OHIP rate if provided by phone.

Billable by either phone or video: K023, K015, A007, A001

Billable by video alone: A945, C945, and the above new GP Focused Practice video-only codes (A010, A011, A906, A913, A914).

To show OHIP you are billing a code as a phone call, bill K301 in addition to the code you are billing. To show OHIP you are billing a code as a video call, bill K300 in addition to the code you are billing.

Codes that are already designated as video-only codes (the new GP Focused Practice A010, A011, A906, A913, A914) do not need a K300 to designate them as video, as OHIP already recognizes them as video-only codes.

Limited Virtual Care

If you do not meet the criteria for Comprehensive Virtual Care for a particular physician-patient interaction, and you wish to proceed with virtual care, you are entitled only to Limited Virtual Care. Two codes will exist for this purpose:

A101 - Limited Video Virtual Care (\$20)

A102 - Limited Phone Virtual Care (\$15)

These codes pay a flat rate regardless of the time spent on video or phone. A101 Limited Video virtual care pays \$20 flat rate, and A102 Limited Phone pays \$15 flat rate. Since A101 and A102 already have the video or phone identifier built into their definitions, there is no need to bill K300 or K301. These codes are considered in-basket core services.

CAREGIVER RESOURCES

Caregiving benefits and leave: <https://www.canada.ca/en/services/benefits/ei/caregiving.html>