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Campbellford Memorial Hospital (CMH) Easing Transitions at End-of-Life Care for Clients with Dementia

CAMPBELLFORD, ON – Campbellford Memorial Hospital is introducing a new initiative intended to ease transitions at end-of-life care for their clients and patients with dementia. CMH team members are screening appropriate patients who are in need of palliative care sooner, while making sure the patient acquires proper support and end-of-life choices for both the patient and their family members.

“We are hoping this approach will become best practice in caring for our seniors who suffer from dementia,” explains Kerry Shudall, CMH Clinical Services Manager. Shudall was a participant in Improving & Driving Excellence Across Sectors (IDEAS), a new, province-wide learning initiative to advance Ontario’s health system priorities by building capacity in quality improvement, leadership and change management across all health care sectors. A key component of the IDEAS program is an applied learning project.

In the region of the Central East Local Health Integration Network, it has been acknowledged that approaches for identifying older adults presenting with dementia, who are nearing end of life, are not well established. As a result, many clients with late-stage dementia are not identified as palliative and are unable to access appropriate palliative supports. This could result in the pursuit of futile treatments and health care interventions as well as missed opportunities to promote patient comfort and reduce suffering for patients and their families.

Shudall co-led the project with Rhonda Schwartz, Director, System Planning, Implementation & Quality, from Seniors Care Network and worked with team members from Northumberland Hills Hospital and Rouge Valley’s Geriatric Assessment and Intervention Team to develop the Easing Transitions at End-of-Life Care for Clients With Dementia initiative.

“We’re very pleased to be taking the lead on this initiative. We’ve introduced a number of senior friendly initiatives and this is another example of this philosophy of care we’ve adopted for the many frail, older adults we support. There are times when it is appropriate to take all the possible therapeutic measures to cure or delay the progression of illness. However, at other times, for example, with a frail, older adult with multiple health issues, this approach may cause more harm than good. People who are frail may not be able to tolerate or benefit from the complex medical and surgical treatments that tend to benefit healthier people. When a person is in the final stage of his or her life, then palliative care is often the most compassionate course of action,” explains Shudall.

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“Across the Central East LHIN, there was concern that people with late stage dementia were not being connected appropriately to palliative care,” says Kelly Kay, Executive Director of Seniors Care Network, the coordinating body for the region’s specialized geriatric services, adding: “The work of this project helps to ensure that a very vulnerable population receives the right kind of care at end-of-life, including effective pain and symptom management. This is especially important for people who may be unable to advocate for themselves.”

In 2014, CMH adopted the Palliative and Therapeutic Harmonization (PATH) approach to care for assessing frail, older adults who visit the ER or are admitted to the hospital for treatment. The PATH approach to patient treatment is ultimately about giving patients and their families’ time and space to make complex health care decisions that protect their best interests and quality of life.

“The goal of PATH is to help patients and families choose a blend of therapeutic and palliative measures that will best preserve an individual’s quality of life in their remaining time,” Shudall notes, adding: “The majority of frail older adults suffer from complex, interacting medical illness. By understanding the full scope of their conditions, care plans are developed providing patients and their families with an understanding of their condition and the opportunity to end their life with dignity.”

-30-

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