

Evaluating benefits is an important component of the connecting South West Ontario (cSWO) Program that helps to support and demonstrate the realization of health system benefits through the adoption of electronic health records (EHRs). By pursuing the measurement of organizational value (improvements in the efficiency of care delivery such as time-savings and redirected resources) and clinical value (patients undergo fewer unnecessary tests, patients have improved access to care), patients ultimately benefit from higher quality, better informed clinical decision-making.

The cSWO Analysis and Research program uses a research-based approach to identify areas of clinical best practice that are affected by the use of EHRs, and works collaboratively with clinicians to understand the value of EHRs. This formative evaluation process informs change management and adoption, and enables clinicians to use EHRs more effectively. This research does not include the use of any personal health information.

This document is one in a series of case studies which describe the clinical value of EHRs in different clinical settings and contexts, particularly with respect to clinical best practices. The work of the cSWO Analysis and Research program is ongoing; depending on the circumstance, these cases occasionally raise questions for further investigation, and clinicians are invited to participate in analysis and research to continue to develop these answers.

## Value statement

Access to information found in the cSWO Regional Clinical Viewer, ClinicalConnect™, enables health service providers at Stedman Community Hospice to better determine patient suitability for the residential and community outreach programs, and to increase workflow efficiency and resident safety.

## Palliative care

Palliative care is an important public health issue given today's aging population, with an increasing number of individuals living with the effects of a serious chronic illness towards the end-of-life. Palliative care, as described by the World Health Organization, regards dying as a normal process, intends neither to hasten nor to postpone death, and uses a team approach to address the needs of patients and their families.<sup>1</sup> Not only does it consider the physical needs of an individual, but also the psychological, social, cultural, emotional and spiritual needs of each person and their family.<sup>2</sup>

Hospice palliative care is appropriate for any patient living with a progressive life-threatening illness due to any diagnosis, regardless of age.<sup>2</sup> This service is provided by a multi-disciplinary healthcare team who is specialized in care planning, death and dying, grief and bereavement, and pain and symptom management. Hospice Palliative Care Ontario reports the cost of palliative care per day as \$1,100 in an acute-care hospital bed, \$630-\$770 in a palliative-care unit bed, and \$460 in a residential hospice bed, emphasizing the benefit and cost effectiveness of residential and outreach hospice care in Ontario.<sup>3</sup>

Stedman Community Hospice offers several programs, including a twenty-four hour residential program, a bereavement support program, a day wellness program, and a community outreach program.<sup>4</sup> The residential program is comprised of ten beds and is available for individuals at their end-of-life who have difficulty coping at home, who do not have caregiver support or who choose not to die at home.<sup>5</sup> The Canadian Institute for Health Information reports that 70-80 per cent of Canadians prefer to die at home if supports are available, yet 67 per cent still die in hospital today.<sup>6</sup> Additionally, the community outreach program supports approximately 350 individuals, and works in partnership with the LHIN Home and Community Care palliative care coordinator to arrange palliative care services for the patient and family in their home.<sup>4</sup> These services include, but are not limited to, home visits by a clinician, grief and bereavement support for individuals coping with a life limiting illness, end-of-life planning and consultations to meet spiritual needs.

## Use of ClinicalConnect when providing residential and community outreach palliative care

Stedman Community Hospice, provisioned access through St. Joseph's Healthcare Hamilton of which they are a partner, provides residents with compassionate, individualized care in a home-like environment. Information found in ClinicalConnect has provided several benefits to clinicians of the residential and community outreach programs at the Hospice. The residential care coordinator, Jennifer Dennis, accesses patient records in ClinicalConnect, such as lab results and diagnoses, and Home and Community Care Services to determine an individual's suitability for the residential program. Several factors are considered when determining appropriate candidates, including whether the patient has a specific condition that is likely to be progressive and debilitating, whether the patient's function is declining, whether the patient's symptoms are responding inadequately to optimal treatment, and whether the patient needs advance care planning.<sup>7</sup>

Once an individual is determined to be an appropriate candidate for residential care, several measures are taken to ensure the safety of residents and staff is maintained. One safety measure that is facilitated through the use of ClinicalConnect is the

ability to ensure the appropriate isolation precautions are taken when a resident is a potential carrier of a communicable virus. Some hospitals capture infectious disease information which will appear as a VIP indicator (an orange star) on the patient. A quick search in the Microbiology module can confirm test results if required. This saves time and effort that would have otherwise been spent contacting hospitals to acquire this information.

The referral process has also been streamlined as a result of the information that is accessible through

ClinicalConnect. Referrals can now be processed in a timely, efficient manner, and the need to request information from clinicians in the community has been minimized due to the comprehensive patient history available through the regional viewer.

### Testimonial

"ClinicalConnect has been a huge timesaver for me. It enables me to select specific and relevant information about the patient, which assists in our care preparation and planning [during the referral intake process] before their admission to the residential hospice (ie. palliative care consultations, oncology history, and allergies). This also saves the patient and family from having to tell their story all over again. We can just focus on making the most of the present moment."

Jennifer Dennis, Residential Care Coordinator, Stedman Community Hospice

#### Questions

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#### Sources

<sup>1</sup>World Health Organization. (2011). Palliative care for older people: better practices. Retrieved from <http://apps.who.int/iris/bitstream/10665/107290/1/e95052.pdf>

<sup>2</sup>Canadian Hospice Palliative Care Association. (2012). Hospice Palliative Care First. Retrieved from [http://www.chpca.net/media/238224/hpc-first-pritable\\_booklet-english.pdf](http://www.chpca.net/media/238224/hpc-first-pritable_booklet-english.pdf)

<sup>3</sup>Hospice Palliative Care Ontario. (2017). HPCO Annual Report 2016-2017. Retrieved from [http://www.hpcoc.ca/wp-content/uploads/HPCO\\_Annual\\_Report\\_20170830\\_spread\\_c.pdf](http://www.hpcoc.ca/wp-content/uploads/HPCO_Annual_Report_20170830_spread_c.pdf)

<sup>4</sup>Stedman Community Hospice. (2015). Community outreach program. Retrieved from <https://www.sjlc.ca/upload/editor/brochures/hospice/CommunityOutreachProgram2015-09-01.pdf>

<sup>5</sup>St Joseph's Lifecare Centre Brantford. (2015). Residential Program (24 hour care). Retrieved from <https://www.sjlc.ca/residential-program>

<sup>6</sup>Canadian Institute of Health information. (2007). *Health Care Use at the End of Life in Western Canada*. Ottawa: CIHI. p.22.

<sup>7</sup>Ontario Guidelines Advisory Committee. (2008). Summary of recommended guideline palliative care: recognizing eligible patients and starting the discussion. Retrieved from [https://www.gacguidelines.ca/site/GAC\\_Guidelines/assets/pdf/PALL08\\_Recognizing\\_Eligible\\_Patients.pdf](https://www.gacguidelines.ca/site/GAC_Guidelines/assets/pdf/PALL08_Recognizing_Eligible_Patients.pdf)

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