



Using Multidisciplinary Cancer Cases (MCCs) to Optimize Palliative Patient Care

Palliative Care and Cancer Care Ontario

Palliative care is more than providing comfort at end-of-life care.

It includes pain and symptom management, caregiver support, psychological, cultural, emotional and spiritual support, as well as bereavement support for loved ones.

In 2004, CCO established The Palliative Care Program, which works towards ensuring that every person living in Ontario, when faced with a cancer diagnosis, has the opportunity to live his or her life fully. The aim is to:

- ensure that patients receive optimal symptom management;
- support patients with dignity and respect throughout the course of their illness; and
- in the face of incurable disease, ensure patients have the opportunity to die in a setting of their choice.

For more information on CCO's palliative care program, visit:

<http://www.cancercare.on.ca/cms/one.aspx?pageId=8706>

Providing palliative care is a challenge for patients in the hospital and community. At the Carlo Fidani Peel Regional Cancer Centre (PRCC), Dr. Robert Sauls and team have applied the MCC model to optimize care for palliative patients.

The Problem

Palliative care requires coordinated care from a variety of health providers from within the hospital or across the community (family home, nursing homes, acute-care hospitals and hospices) which makes communication flow amongst the team difficult. Patient needs and choices vary widely and a broad range of services are often sought.

The Solution

The highly engaged and motivated palliative team at PRCC were seeking a way to improve their communication and ultimately provide better patient care. The innovative solution sought was an MCC!

Multidisciplinary Cancer Conferences (MCCs) are regularly scheduled meetings where surgeons, medical oncologists, radiation oncologists, pathologist and radiologists discuss the diagnosis and treatment options of individual cancer patients. A palliative MCC is similar in concept although includes health providers from the hospital and community. The patient discussion is to a) improve communication between the various individuals involved in the patient's care and b) determine the needed next steps for the patient.

How do they do it?

- Bi-weekly basis, for approximately one-hour
- Attend in person
- Attendance includes:
 - Regional Cancer Centre nurses and physicians
 - Inpatient Oncology Unit health providers
 - Community nurses
 - Hospice House providers
 - Community Care Access Centre (CACC) case managers and health providers
- MCC Coordinator assigned
- MCC Chair assigned
- Terms of Reference and templates have been constructed

The **Collaborative Care Plans** available on the CCO website, define the activities, interventions and expected patient outcomes to be considered for patients requiring palliative care services, based on patient functional performance. Symptom management guides-to-practice for pain, delirium, dyspnea, depression, anxiety and nausea/vomiting are also available.

Strategy for Discussing Palliative Patients at PRCC

PRE-MCC

Getting Patients on the MCC Discussion List

The following information is collected when submitting cases to the MCC Coordinator:

- the primary physician, nurse and care team members;
- a summary of clinical issues; and
- if needed, a request for diagnostic imaging or pathology review.

An Ongoing MCC Challenge: Who gets Discussed?

Presented patients are those:

- belonging to the CVH Oncology program with any disease site or stage;
- receiving care in the outpatient, inpatient or home setting; and
- with palliative or supportive care needs that would benefit from MCC review.

Dr. Sauls, MCC Chair, prioritizes cases based on the:

- urgency for a care recommendation;
- urgency of coordination of care providers; and
- degree of challenge the case presents to care providers.

Strategy for Discussing Palliative Patients at PRCC

DURING THE MCC

Presentation:

Patient issues discussed at Palliative MCCs are often complex and broad. The presenter outlines:

- key clinical details; and
- issues of concern, including those that may be physical, mental, emotional, and psychological in nature.

The MCC Chair, Dr. Sauls guides the discussion.

Palliative MCCs differ from disease site MCCs, in that the end result or objective is not necessarily a treatment plan, but may be:

- improving information sharing across the regional team, so that care providers understand their patient better;
- establishing a better care plan, more suited to the patient's needs ; and
- developing specific recommendations for next steps

Typically, **2 to 4** patients are discussed in each MCC.

Palliative MCCs: A Step in the Right Direction

Dr. Sauls and his team have benefitted from palliative MCCs by:

- ensuring that appropriate palliative and supportive assessments are completed and that proper treatment and care recommendations are generated based on the patient and family's needs and stage of illness;
- raising the profile and awareness of the palliative care program within the Cancer Centre and the LHIN
- providing a forum for the continuing education in palliative and supportive care for clinical staff; and
- contributing to quality improvement activities.

Palliative MCCs are an innovative approach to enhancing patient care. It's only the beginning!

For more information, please contact MCCinfo@cancercare.on.ca