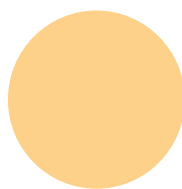
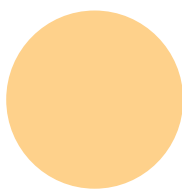
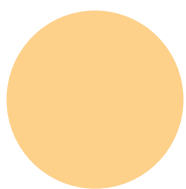


The Pan-Canadian Gold Standard for Palliative Home Care

Toward Equitable Access to High Quality Hospice Palliative and End-of-Life Care at Home



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Canadian Hospice Palliative Care Association
Association canadienne de soins palliatifs



Canadian Home Care Association
Association canadienne de soins et services à domicile

The Gold Standard for Palliative-Specific Pharmaceuticals in Hospice Palliative and End-of-Life Care at Home

At the end of life, Canadians need timely access to medications to manage symptoms and pain. One of the main reasons that people are hospitalized in the last few weeks or months of life is the need for effective pain and symptom management. In some cases, the issue is financial: pharmaceuticals are paid for in the hospital and there is no financial burden for the family. In some cases the issue is access: certain drugs required for hospice palliative care may not be available through existing provincial drug formularies. In some cases, the issue is coordination of care: people dying at home need timely access to professionals who can adjust their medications and ensure pharmaceuticals are used appropriately.

The Gold Standard for Palliative-Specific Pharmaceuticals in Hospice Palliative and End-of-Life Care at Home sets out the mechanisms and services that must be in place to ensure high quality pain and symptom management for people who choose to die at home.

1. Canadians receiving palliative home care have access to the full range of prescription and over-the-counter pharmaceuticals required for pain and symptom management and comfort care at the end of life.

People who have been assessed as being palliative and who are receiving home care have the same access to pharmaceuticals for hospice palliative and end-of-life care as people receiving hospice palliative care in an acute care hospital.

Provinces and territories are currently using three mechanisms to give people receiving palliative home care access to appropriate pharmaceuticals: access to the province's drug formulary, access to a specific palliative care formulary or list, or access to the province's drug formulary plus a supplementary palliative care drug list. The reason for a supplementary palliative care list is to ensure people have access to some over-the-counter medications or other drugs that are not included in provincial drug formularies.

The gold standard for pharmaceuticals in palliative home care is access to the full provincial formulary (provided the formulary is comprehensive) PLUS any additional prescription drugs and

over-the-counter medications required for end-of-life care. At a minimum, people receiving hospice palliative care at home should have access to the prescription and over-the counter pharmaceuticals listed in Table 1.

The formulary and/or palliative care drug list should be reviewed regularly to ensure it reflects clients'/patients' pharmaceutical needs, and jurisdictions should have a timely mechanism to add medications to the formulary or list based on evidence of their efficacy. Provinces and territories should also implement a mechanism for review and approval of access to case specific drugs.

2. Providers have a timely mechanism to access pharmaceuticals for palliative home care that are not on provincial formularies or palliative care drug lists.

Individuals receiving palliative home care may require pharmaceuticals that are not on the approved formulary or a drug for a use that is not covered on the formulary (i.e., off-label use). In these cases, providers have access to a mechanism to apply to the provincial/territorial drug program for approval to cover the cost of the drug. The application process is fast and easy, and providers receive a timely response.

Requests for medications not on the formulary or palliative drug list are evidence based and consistent with current best practice in hospice palliative care. Part of the authorization for off-label use includes the requirement for evaluation, which is then used to determine whether the medication or use should be added to the formulary.

3. Canadians receiving palliative home care have access to the supplies and equipment required for their care.

All jurisdictions provide access to the medical supplies and equipment – as well as maintenance and repairs – required to administer pharmaceuticals, manage pain and symptoms, and provide comfort care at end of life. At a minimum, people receiving palliative home care have access to the supplies and equipment listed in Table 2.

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Providers are able to access supplies, equipment and repairs seven days a week, and obtain emergency access when required. Wherever possible, there is a system in place to deliver equipment and supplies to the home.

4. Eligibility for pharmaceuticals for hospice palliative care at home is based on the person's need for end-of-life care.

The length of time that people require hospice palliative care can vary considerably, so eligibility for pharmaceuticals for hospice palliative care at home is not based solely on an arbitrary time limit (e.g., six months from death), but on the client's need for hospice palliative care (e.g., pain and symptom management, comfort care). Anyone whose care is aimed at improving or maintaining the quality of life at the end of life (rather than treatment or cure) is eligible for pharmaceuticals for hospice palliative care, regardless of age.

5. The process to apply/register for pharmaceuticals for palliative home care is timely and responsive.

All jurisdictions have a mechanism in place for people to apply for coverage for hospice palliative care medications. The time it takes for applications to be approved may vary, but all jurisdictions work to ensure that the process is timely, responsive, and sensitive to urgent needs at end of life.

Once approved, coverage is backdated to the date of application or the date the client/patient was assessed as requiring hospice palliative care. Jurisdictions also have a timely efficient process to reimburse clients/patients and families for any drug costs incurred between the time they became eligible and the time their application was approved.

6. All jurisdictions will provide 100% first dollar coverage for pharmaceuticals required during hospice palliative and end-of-life care.

All jurisdictions will provide 100% first dollar coverage for pharmaceuticals required during hospice palliative and end-of-life care as stated in the 2004 Health Accord. They also

establish payment mechanisms that ensure prescription and over-the-counter medication and supply costs are billed directly to the drug plan and/or home care program so families do not have to pay and then claim for reimbursements.

Jurisdictions ensure that dispensing fees and other related costs for pharmaceuticals required for hospice palliative care do not create an unreasonable financial burden for the client/patient or family.

7. Palliative home care teams have timely access to knowledgeable pharmacists who can advise on the use of pharmaceuticals in hospice palliative and end-of-life care.

Canadians who receive end-of-life care in an acute care hospital have access to the services of clinical pharmacists with expertise in the administration of hospice palliative care pharmaceuticals. The same level of care is available to people receiving palliative home care.

The hospice palliative care team includes a physician, nurse, psychosocial support and a clinical pharmacist with expertise in hospice palliative care. In addition, community pharmacists are required to have education on the use and management of pharmaceuticals in hospice palliative care. They are also linked with a clinical pharmacist on a hospice palliative care team who can provide support and advice. Jurisdictions work with the pharmacy profession to establish a consulting service with clinical pharmacists to support end-of-life care in the home.

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8. All jurisdictions have policies on the distribution, storage, safe administration and disposing of pharmaceuticals used for hospice palliative care in the home.

Provincial governments work with the federal government and regulatory colleges to develop policies on handling, accessing, storing, safe administration and disposing of controlled drugs (e.g., opioids) used in end-of-life care at home.

Providers work with local pharmacies to ensure easy access (i.e., 24 hours a day, seven days a week) to pharmaceuticals for hospice palliative care, particularly opioids, close to people's homes. Medications that would normally be stored securely in a hospital are also stored securely in the home. This reduces the risk of injury or theft.

When drug storage in a client's/patient's home is an issue, this does not limit the client's/patient's access to appropriate pain management: providers are responsible for finding another way to manage pharmaceuticals.

Providers administering drugs have the training, equipment and support to ensure that medications are administered safely.

Providers also have policies and procedures for disposing of medications after the client's/patient's death.

9. Family members receive the education and ongoing support they need to handle, store and administer medications, to monitor equipment, and to recognize adverse reactions.

Family members play an active role in palliative home care and may be required to monitor symptoms, administer medication, recognize adverse reactions or monitor equipment. If that is the case, they receive appropriate training and education, as well as ongoing support to fulfill their role. Clients/patients and family members are also educated about proper handling and storage and, if required, safe administration of medications.

To ensure that families are not asked to take on inappropriate tasks related to pharmaceutical management, jurisdictions develop policies about the types of monitoring and care families can safely and appropriately provide. Home care providers are also able to assess family members' capacity to monitor a client/patient or administer medications. If the family member is not capable or interested, providers make other arrangements to support the client/patient at home.

Table 1: Minimum List of Palliative-Specific Pharmaceuticals

Analgesics

Non-Opioid

- Acetaminophen
- Tramadol/acetaminophen

NSAIDs

- Celecoxib
- Diclofenac
- Ibuprofen
- Ketorlac
- Meloxicam
- Naproxen

Opioids

- Codeine products including acetaminophen combinations
- Fentanyl
- Hydromorphone – po, iv, sc
- Methadone – po, iv, sc
- Morphine – po, iv, sc
- Oxycodone
- Spinal/epidural opioids
- Sufentanil

Misc Analgesics

- Flecainide
- Ketamine
- Lidocaine – infusion
- Mexilitene

Anticoagulants

- Dalteparin sodium
- Tinzaparin
- Warfarin

Coagulants – antifibrinolytic agents

- Tranexamic acid

Anticonvulsants

- Carbamazepine
- Clobazam
- Gabapentin
- Lamotrigine
- Phenytoin
- Phenobarbital—oral and parenteral
- Pregabalin
- Topiramate
- Valproic acid

Antidepressants

- Amitriptyline

- Bupropion
- Citalopram
- Desipramine
- Doxepin
- Fluoxetine
- Fluvoxamine
- Imipramine
- Mirtazapine
- Nortriptyline
- Paroxetine
- Sertraline
- Trazodone
- Venlafaxine

Antidiarrheals

- Bismuth subsalicylate
- Diphenoxylate
- Loperamide
- Octreotide¹

Antiemetics

- Dimenhydrinate
- Prochlorperazine—po, supp, IM
- Domperidone
- Metoclopramide—po, parenteral
- Haloperidol—po, parenteral
- Dexamethasone—po, parenteral
- Promethazine
- Ondansetron
- Granisetron
- Marinol (ΔTHC)
- Nabilone
- Octreotide

Antifungal (oral/vaginal preparations)

- Clotrimazole
- Fluconazole
- Nystatin
- Ketoconazole

Antimicrobials

- All antimicrobials normally covered by provincial drug formularies

Antipruritics

- Hydroxyzine
- Diphenhydramine

Antipsychotics

- Chlorpromazine
- Haloperidol – po, sc

- Loxapine
- Methotrimeprazine
- Olanzapine
- Risperidone

Antispasmodics

- Atropine
- Baclofen
- Benzotropine
- Dantrolene
- Hyoscyamine (Levsin)
- Scopolamine – parenteral, patch
- Dicyclomine (Bentylol)
- Scopolamine (Buscopan)
- Oxybutynin
- Phenazopyridine

Antitussives

- Codeine syrup
- Hydrocodone-phenyltoloxamine
- Dextromethorphan

Antivirals

- Acyclovir
- Famcyclovir
- Valacyclovir

Anxiolytics/Hypnotics

- Alprazolam
- Clonazepam
- Diazepam – po, parenteral, supp
- Lorazepam – po, sl, parenteral
- Midazolam
- Oxazepam
- Phenobarbital – parental

Bone Metabolism Regulators

- Pamidronate
- Clodronate
- Zoledronic acid

CHF Therapy

- All **ACE inhibitors** that are normally covered by provincial drug formularies
- All **Beta blockers** that are normally covered by provincial drug formularies
- Carvedilol
- All **antianginals** that are normally covered by provincial drug formularies

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1. As a last resort only (e.g., currently covered for profuse diarrhea in advanced AIDS not responsive to multiple constipating agents).

Table 1: Minimum List of Palliative-Specific Pharmaceuticals

Bronchodilators

- All bronchodilators that are normally covered by provincial drug formularies
- All inhaled corticosteroids
- Aminophylline tablets
- Ipratropium bromide – inhalers and nebulas
- Salbutamol – inhalers and nebulas
- Salmeterol
- Tiotropium

CNS Stimulants

- Dextroamphetamine
- Methamphetamine
- Methylphenidate

Diabetic Agents

- Insulin
- Gliclazide
- Metformin
- Rosiglitazone
- Glyburide

Diuretics

- Amiloride
- Ethacrynic acid
- Furosemide
- Hydrochlorothiazide
- Metolazone
- Spironolactone
- Triamterene

H2 Blockers and Proton Pump Inhibitors

- Cimetidine
- Esomeprazole
- Lansoprazole
- Omeprazole
- Pantoprazole
- Ranitidine

Laxatives

- Bisacodyl
- Docusate calcium
- Docusate sodium
- Fleet enema
- Glycerin supp

- Lactulose
- Magnesium citrate
- Magnesium hydroxide –MOM
- Miralax
- Microlax enema
- Sennosides
- Sennosides/Docusate sodium
- Sodium phosphate/sodium acid phosphate enema
- Sodium citrate/Sorbitol/Sodium lauryl sulfoacetate enema

Hemorrhoid Therapy – ointment and suppositories

- Anusol, Anusol HC or equivalent preparations
- Framycetin
- Zinc sulfate with and without hydrocortisone

Steroids

- Dexamethasone
- Prednisone
- All topical steroids normally covered by provincial drug formularies

Wound care

- Flamazine cream
- Fucidin cream, ointment
- Topical metronidazole

Other

- Ametop
- EMLA cream
- Bupivacaine HCL
- Glycopyrrolate
- Ropivacaine
- Lidocaine – injection, gel, ointment, spray
- Megestrol Acetate
- Oxygen
- Parenteral fluid replacements – iv, sc (e.g., normal saline, D5W, D5 1/2NS)
- Phlojel (for compounding)

Table 2: Minimum List of Medical Supplies and Equipment

Medical Supplies

Routine Dressing Supplies

- sterile dressing supplies
- bandages, including elastic and adhesive, and tape
- pressure dressings
- trays (disposable or re-usable)
- solutions and ointments
- medication and administration supplies
- needles, syringes, swabs
- proper disposal containers for needles and syringes

Intravenous Therapy Supplies

- hydration solutions: normal saline, 2/3 & 1/3, D5W
- mini-bags, tubing, catheters, syringes, needles, heparin locks and caps

Urinary Catheter Care Supplies

- urinary catheter equipment including drainage tubing, drainage bags, connectors, leg bag drainage set
- pleurx catheters
- catheterization tray
- disposable gloves (non-sterile)

Incontinence Supplies

- incontinence briefs, pads and diapers
- condom drainage sets
- disposable gloves (non-sterile)

Diabetic Supplies

Ostomy Supplies

Oxygen – with tubing and masks

Wound Care Supplies

- gloves
- sterile water for irrigation
- syringes for irrigation
- catheters as needed for irrigation
- occlusive films
- hydrocolloids
- alginates
- composite dressings
- foams
- non-adherent dressings
- specialty absorptives
- exudry tapes
- anti-microbial dressings
- dressing trays
- special dressing materials e.g. hydrocolloid, foam and other dressings

Equipment

- hypodermoclysis equipment
- computerized ambulatory drug delivery (CADD) pump equipment, including cassettes and other approved pain control delivery technologies
- pressure relief mattresses, bed cradles, foam wedges (to elevate head), sheepskins, rubber sheets, sheepskin heel and elbow protectors
- over bed table, raised toilet seat, hair washing tray, transfer belt, trapeze bar
- mechanical lift
- commodes, transfer boards, bath seats, bath poles, wheelchair shower chair
- urinals, bed pans, kidney basins
- nebulizers
- walkers, canes, crutches, standard wheelchairs, wheelchair ramps
- electric hospital beds (where necessary)