

## Primary Care and Palliative Care working together through Health Links to support end-of-life goals



*The staff at the Nurse Practitioner-Led Clinic at CMHA Durham, left to right: Sarah Logan, Tammy Mayotte, Rhonda Hanes, Keri Young, Melanie Kant, Andrea Labriola, and Stephanie Skopyk.*

A patient of the Nurse Practitioner-Led Clinic (NPLC) at the Canadian Mental Health Association (CMHA) Durham branch since 2011 had been receiving both Nurse Practitioner care as well as depot antipsychotic administration and monitoring at the NPLC. The patient had multiple diagnoses including schizophrenia, COPD, high cholesterol, drug dependence and a history of gastro-intestinal cancer.

The patient presented to the NPLC with a rapid-growing lump on the side of his neck and it was determined that he had an advanced cancerous growth that had become so invasive that he was deemed terminal; he was expected to die from asphyxiation, bleeding or dehydration in the upcoming months. He lived an isolated life with only a couple of family members who lived over an hour away and were unable to be involved as much as needed. He required constant care at this time and the family required psychosocial support to deal with the fears and sadness upon news of the terminal diagnosis.

The NPLC initiated a Health Links Coordinated Care Plan for this patient and his family. His Nurse Practitioner, Consulting Physician, Outreach Nurse, CCAC Care Coordinator and Palliative Care Team member facilitated a Coordinated Care Conference, with his family present. It was an emotional meeting, but between all Care Team members, they were able to provide daily support to the patient and his family in his home including pain management, wound care, medication support and in-home antipsychotic injection until he passed away peacefully. The patients' family members recently took the time to extend their thanks to NPLC staff for the care and specialized, coordinated support provided for their loved one.