Report to: Nanaimo Hospice-Bhaktapur Cancer Hospital Twinning Project Steering Committee

Report from: Leslie Sundby & Robin Love

Date: March 20, 2016

RE: **<u>Update on Bhatakpur Twinning Project – Site Visit Feb. 13-23/16</u>**

Following a 2 day Forum in Kathmandu Nepal on 'National Strategies for Palliative Care in Nepal", Robin and I travelled to Bhaktapur for a site visit to BCH. Upon arrival, we met with:

- Dr. Prakash Raj Neupane, a surgical oncologist, Medical Director/Chairman of BCH, and member of NAPCARE.
- Dr. Stuart Brown (Two Worlds, INCTR)
- Dr. Chadani (Head of Palliative Care unit, BCH),
- Laxmi (Matron of BCH)
- Dr. Dupice (Head Anesthesiologist BCH)
- two members (Current Board Chairman; Past Board Chairman) of the 9 member Management Committee/Board of Directors of BCH.

1. New Building: Discussion re building plans for a new palliative unit at BCH: The original unit has been irreparably damaged from the earthquakes last year. We toured the original unit – significant cracks are evident along several walls of the building leaving it very unstable and unable to be repaired or occupied. We were provided with the building plans for the proposed new building (Robin has a copy of these). The new building will be a 2 story building of approximately 7000 square feet. At an approximate cost of Rs 30,597,600 ($374,828 CAD or $287,801 USD). The unit will be comprised of 4 single/private rooms – patients will pay to stay here; 2 – 2 bed rooms and 4 – 4 bed ward rooms for a total of 24 palliative care beds. The private and semi-private rooms will be on the top floor; the ward rooms will be on the main floor. There will be a 2 entrances on the main floor + a walkway connecting the top floor with the main part of BCH. There will also be a counseling room, doctor's room, matron's office, staff room, and washrooms (patient/family + staff). The proposed location is on the top of the old 'bunker building' originally built for a radiation machine (not in use); a radiation barrier is in place so there would be no risk of radiation leaking into the new building. Proposed length of construction: 15 months to completion.

Concern was expressed by both Dr. Stuart Brown and Robin re the need for 24 palliative care in-patient beds. This was thought to likely exceed the actual need. Discussion ensued re starting with a one story building comprised of 12 palliative care beds + developing a palliative care outreach/home program to be run from the PCU. Evaluation could then occur re whether this was sufficient to meet the palliative care needs or whether a second stage of building would be needed to add additional palliative care beds. This suggestion was received very well by the others

in attendance. Stuart Brown clarified that Two Worlds would not be in a position to do the actual fundraising for a new building, but rather if they agreed to the project, would look for donors.

Action Items:

- Dr. Prakash Neupane to develop new building plans based on a one-story 12 bed palliative care unit. To get cost estimates to Dr. Stuart Brown and Dr. Robin Love to discuss possible funding.
- Some of the suggested revisions from Dr. Chadani, Laxmi and the nursing staff included:
  - Ensuring sink in each patient room for infection control purposes
  - Easy access of patients to BR, shower
  - Including facilities for families: storage, cooking, family room
  - Home care/outreach room/office
  - Housekeeping room
  - Garden area
  - Re-configure set up of rooms for matron, head nurse, etc. - ? need for bed in each of these rooms – Laxmi suggested a meeting room for staff could replace on the proposed offices

2. Interim Plan while awaiting a new PCU/building (move into own space and build the PC program): Discussed the importance of firmly establishing a strong palliative care program with a 'closed' unit - essential to separate palliative care patients from other patients and have the palliative care physicians be in charge of the unit (Dr. Chadani, not the oncologists) with a home care coordinator in order to focus on palliative goals of case versus acute interventions. This has been an issue/concern since the palliative care program began at BCH 9 years ago. When the PC program started, the original unit was 12 beds but was comprised of a variety of patients (palliative care, chemo, post-op, et). Immediately following the earthquake last year, the palliative care patients were temporarily located in the 15 bed Day Care Surgery Unit; they are now located on a 22 bed unit on the main floor of OPD building (this will eventually be a 5 story building, funded by private donors). The current unit is comprised of 4 emergency beds with the remaining beds being occupied by palliative care patients, patients receiving active management for their cancer (radiation, chemotherapy) and post-op surgical patients.

Action Items:

- Dr. Prakash Neupane to form a Department of Palliative Care under the Dept. of Anesthesiology; Dr. Chadani to head Dept. of PC.
- Dr. Chadani will continue to work with Lasana (Head Nurse PCU) and the PCU nurses at BCH to clearly identify suggested renovations to the current DCS unit to make it workable for the palliative care program to move into that space.

    - For nurses: staff bathroom, lockers, changing area, sink, cupboard for emergency medications
    - For patients/families: cupboards for belongings, cooking area, curtains around either each bed or each cluster of 4 beds
    - Other: counseling room
- Move the palliative care patients/program to the current DCS unit; move the DCS unit/program to the new OPD building. The new PCU will be comprised of 10 beds
- Implications for nursing staff: a 10 bed unit would likely only require 2 nurses around the clock (current staffing is 3 nurses). Suggestion made to have the palliative care nurses rotate between the PCU and DCS units in order for them to keep up their confidence and competence with palliative care – this was well received by the PCU nurses.
- The staff at BCH then need to carefully track the # of PC patients in order to help identify need for the new building/unit.
- Dr. Chadani as head of the Dept. of Palliative Care Unit under the Department of Anesthesiology (this was well received by both Dr. Dupice, Head of Anesthesiology at BCH and Dr. Chadani)
- Dr. Love to explore with Two Worlds providing funding to send Sunita and Lasana (head nurse of PCU) to Hyderabad for palliative care course/training.

3. Develop a home care/community outreach palliative care program:
Suggestion to look at formally developing this program at BCH to help support patients/families at home. The outreach program would be comprised of 1 palliative care physician + nurse + a driver to provide 1-2 visits each day to patients needing morphine, ascites drainage, etc. A vehicle would need to be purchased to support this program.

Action Items:

- Explore home care/community outreach palliative care programs that can be replicated at BCH.

Conclusion Comments:

Dr. Chadani is very well liked and respected by the palliative care nurses. 10 of the PC nurses attended a meeting with Leslie, Lasana (Head Nurse of PCU), and Dr. Chadani to discuss what they would need/want for an interim plan for a palliative care unit/program at BCH. The meeting was very well received and the nurses were full of ideas/suggestions.

Dr. Love presented an education session at BCH on Pain Management. It was well attended by nurses and physicians. It was exciting to hear the nurses speak up with confidence and knowledge.

Stats for Palliative Care Program at BCH:

- 12-16 in-patient beds for palliative care patients (currently also used by other non-palliative care patients)
- 24 hours on-call service
- Outpatient/outreach services (approx. 2x/week by Dr. Chadani)
- 2014: 1447 pc patient encounters
- 2015: 1087 pc patient encounters
- approx. 50% of palliative care patients are under the 'charity fund'

We also visited Dr. Sudip's new cancer hospital in Kathmandu with Dr. Simon Sutcliffe and Dr. Stuart Brown.

The devastation from the earthquakes was very hard to see. Durbar Square in Kathmandu and Bhaktapur sustained heavy damage. Many homes in Bhaktapur were totally destroyed and all that was left was a pile of rubble. Other buildings lost top stories and were now covered with tin roofs. Rebuilding/repair is incredibly slow. The embargo from India on petrol was lifted just prior to our arrival, however there were still very lengthy line-ups at gas stations and way fewer vehicles on the road compared to previous visits.

"The poor die in pain because of lack of resources.
The middle class die in suffering because of lack of understanding.
The rich die on a ventilator, alone and in fear.
All three need palliative care"
(slide by Max Watson during forum in Kathmandu Feb/16)