



# HPT – Helping You Heal at Home

# Disclosures

- I HAVE NO CURRENT OR PAST RELATIONSHIPS WITH COMMERCIAL ENTITIES
- I HAVE RECEIVED A SPEAKER'S FEE FROM PTSA

# Lindsay Gilbert

## A LITTLE ABOUT MYSELF

- I'VE WORKED FOR AHS FOR ALMOST 13 YEARS AND AM CURRENTLY A PROJECT TECHNICIAN FOR THE PHARMACY CONNECT PROJECT
- I'VE WORKED IN MANY DIFFERENT ROLES INCLUDING HPT, MEDREC, IMPLEMENTATION LEAD FOR CONNECT CARE, MANY DISTRIBUTION ROLES
- I'M MARRIED WITH A 2 YR OLD GIRL, HARPER, AT HOME AND ONE ON THE WAY NEXT MONTH

# Learning Objectives

AT THE CONCLUSION OF THIS ACTIVITY PARTICIPANTS WILL BE ABLE TO:

- IDENTIFY THE STEPS NEEDED TO ARRANGE HOME PARENTERAL THERAPY (HPT)
- EXPLAIN THE BENEFITS OF HPT
- RECOGNIZE THE DIFFERENCE BETWEEN IV THERAPY IN HOSPITAL VS. AT HOME

# What is HPT?

- ▶ Home Parenteral Therapy
- ▶ Patients that are sick enough to need IV medications for an extended duration of time but not sick enough to take up a hospital bed
- ▶ Receiving IV medications at home

# Who is involved in the HPT process?

- ▶ Patient
- ▶ Physician
- ▶ Nursing
- ▶ Home Care
- ▶ HPT Pharmacist and technician
- ▶ Unit Pharmacist

# How do you qualify for HPT?

- ▶ Is the patient willing, able, reliable, and safe?
- ▶ Proper IV access?
- ▶ Medication appropriateness – indication, dosing, renal function, duration
- ▶ Is the medication covered or will the patient pay full cost
- ▶ How is the medication administered and can home care accommodate? (connect/disconnect or intermittent with KVO)

# What is needed to arrange HPT?

- ▶ Physician puts in therapy plan in Epic or community physician sends order to HPT Pharmacy and pharmacist converts to therapy plan
  - ▶ Consult sent to HPT so pharmacist is aware of order
  - ▶ Consult to discharge planner, transition coordinator and home care
- ▶ Physician orders PICC if appropriate
- ▶ Pharmacist assess for appropriateness
  - ▶ Indication, dosing, renal function and duration
  - ▶ Is the medication covered or will patient pay?
  - ▶ How is the medication administered?

# What is needed to arrange HPT?

- ▶ HPT Pharmacist will look at stability of medication and location of patient to come up with a distribution plan
- ▶ HPT Pharmacist will call the patient to go over medication, distribution plan, storage of medication, frequency of labs and why they are needed, cost, payment process, when the pharmacist will continue to follow up and confirm the medical follow up
- ▶ HPT assessment form needs to be completed by home care
- ▶ Discharge planner talks to home care, not pharmacy

# What happens after HPT is arranged?

- ▶ Pharmacy technicians step in at at this point for the following:
  - ▶ Dispense medication
  - ▶ Set up medication to be made
  - ▶ Compound medication
  - ▶ Ensure medication is completed, checked and labelled in a timely manner
  - ▶ Make sure all paperwork is together for either the patient or home care (finance form, pump programming sheet, medication information, etc)
  - ▶ Package medication up for delivery

# HPT Narcotics

- ▶ Usually palliative patients
- ▶ Legal triplicate required
- ▶ HPT pharmacist assesses conversion and appropriateness of medication
- ▶ Limited by concentrations available on the pump
- ▶ Bag size is determined by dosing
  - ▶ Try for 2 days/bag with max of 4 days/bag due to line changes
- ▶ Palliative care infusions should be SQ because of smaller volumes
- ▶ Follow up weekly, usually with nursing
- ▶ Nurses have to request refills
- ▶ It's up to home care to get a new triplicate when required

# What are the benefits of HPT?

- ▶ Patient is not taking up a hospital bed
- ▶ Patient can heal at home
- ▶ Patient has freedom to go about their life, they just have IV medications
- ▶ Emergency rooms are not treating these patients with IVT

# Difference between IVT and HPT

- ▶ IVT (IV Therapy) is when a patient goes to the hospital to receive therapy
- ▶ Patients receive IV as an inpatient
  - ▶ Take up hospital bed
  - ▶ Hospital resources
- ▶ HPT is when a patient receives IV therapy at home
  - ▶ No hospital bed or resources needed
  - ▶ Patient can heal in the comfort of their own home

# Misc HPT Tidbits

- ▶ Community paramedics are sometimes involved
  - ▶ They are not a part of HPT
  - ▶ Supervise first dose
  - ▶ IV re-siting for difficult pokes
  - ▶ 50 km radius around Red Deer and Camrose
  - ▶ Sometimes they will do short term therapy for special cases
  - ▶ Won't use HPT pumps or bags but will use vials for doses
- ▶ Red Deer does not require a PICC for therapy less than 2 weeks
  - ▶ Will administer peripherally instead

# Misc HPT Tidbits

- ▶ Calgary and Edmonton HPT orders are funnelled through ID clinics
- ▶ In Central Zone, we follow CNR records as best we can but will accommodate outside those recipes for extenuating circumstances (drug shortages, narcotic infusions)
- ▶ Calgary and Edmonton ID clinics do NOT do narcotics
  - ▶ Narcotics are dealt with through the palliative program
- ▶ Red Deer is the only licensed HPT pharmacy in central zone

# Summary

- HPT BENEFITS THE PATIENT AND THE HEALTH CARE SYSTEM
- MOST PEOPLE WILL QUALIFY FOR HPT
- MANY PEOPLE ARE INVOLVED IN GETTING HPT ARRANGED
- HPT RELIES ON TRANSPORTATION WHICH CAN LIMIT DISTRIBUTION

Thank you!

[LINDSAY.GILBERT2@ALBERTAHEALTHSERVICES.CA](mailto:LINDSAY.GILBERT2@ALBERTAHEALTHSERVICES.CA)