Palliative Care Programs in Long Term Care Homes

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Funded by Social Sciences and Humanities Research Council (SSHRC) Community-University Research Alliance called: *Quality Palliative Care in Long Term Care Alliance (QPC-LTC)*

Knowledge Translation for this project is funded by the Canadian Institute of Health Research (CIHR)

CIHR IRSC
Canadian Institutes of Health Research | Instituts de recherche en santé du Canada

Social Sciences and Humanities Research Council of Canada | Conseil de recherches en sciences humaines du Canada

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Presentation Objectives

1. Learn about the Quality Palliative Care (PC) in Long Term Care Alliance
2. Learn how we are formalizing and integrating PC programs into LTC
3. Learn about innovative practices developed to support PC programs in LTC
4. Identify opportunities for LTC homes to collaborate with community partners

QPC-LTC Long-Term Care Partner Southern Ontario

Allendale Long Term Care Home,
Municipality of Halton
Milton

Creek Way Village,
Municipality of Halton
Burlington

QPC-LTC Long-Term Care Partner Northern Ontario

Hogarth Riverview Manor Home,
St. Joseph's Care Group,
Thunder Bay

Bethammi Nursing Home,
St. Joseph's Care Group,
Thunder Bay

Goals of Research

The Project Aims to:

- Improve the quality of life for residents in LTC
- Develop interprofessional palliative care programs
- Create partnerships between LTC homes, community organizations and researchers
- Create a toolkit for developing palliative care in LTC Homes that can be shared nationally
- Promote the role of the Personal Support Worker in palliative care

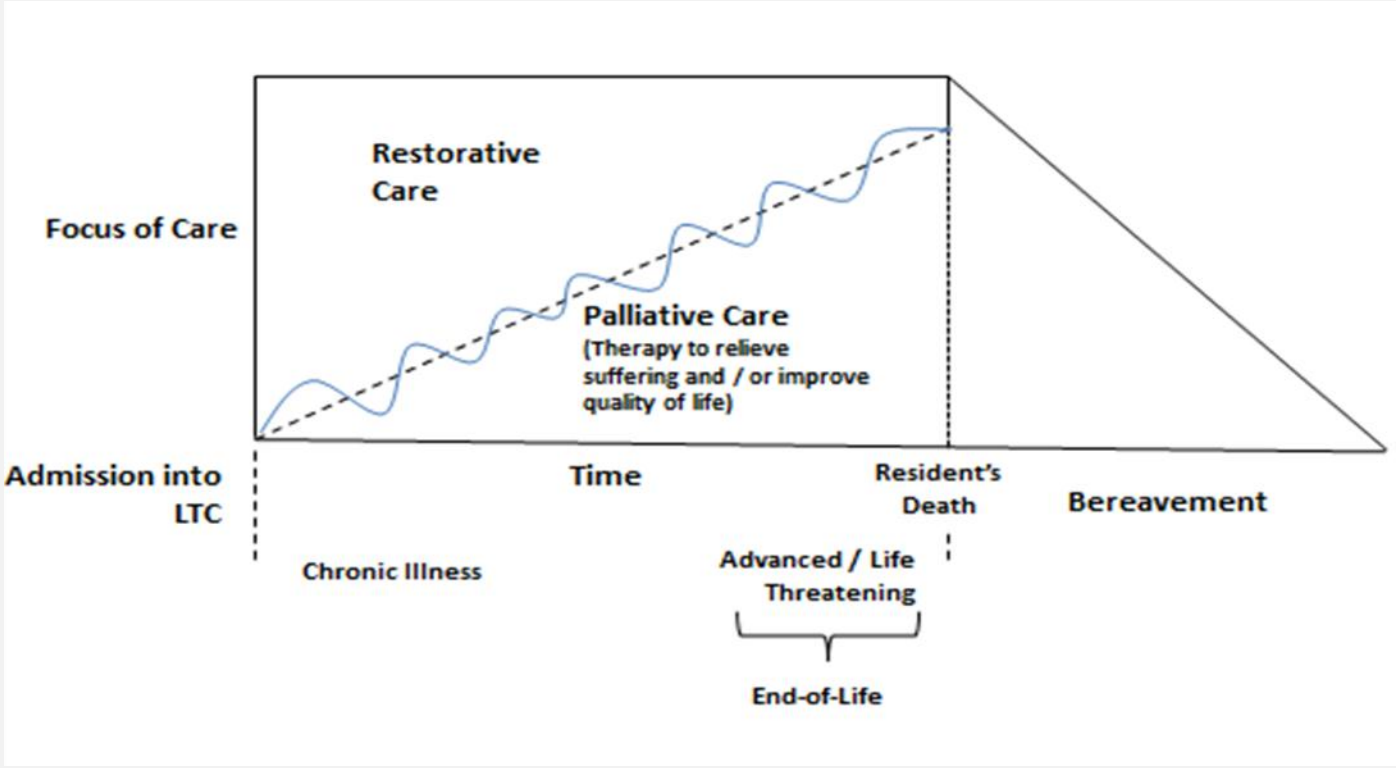
What is Palliative Care?

- A philosophy of care and a unique set of interventions that aim to enhance quality of life for all residents with life limiting illness
- Interprofessional in approach
- *Identifier: "We would not be surprised if the resident died within the next year"*
- Focus is on advance care planning
- Plan of care is resident-centred and multi-dimensional, focusing on quality of life, symptom control, physical, emotional, spiritual and financial domains
- Family education and support important to avoid unnecessary family stress or hospitalization of resident

What is End-of-Life Care?

- Last days or weeks of life
- Restorative care is no longer the focus as death is imminent
- Trajectory is short (6 months or less)
- Focus is on supporting resident and family choices
- Addresses anticipatory grief

Transitions from admission to death



Rationale for Project

- Care for the dying has become a core function of LTC homes in 2012
- 40-50% of residents living in LTC homes die each year
- Average length of stay from admission to death is 18-24 months
- Goal is for residents to “die at home” with comfort and dignity and family support

Methodology

- Participatory Action Research (year 4)
- PSW project liaisons are working within each home.
- Researchers and students working on the sites to support staff
- Regular meetings with LTC decision makers to implement their new ideas
- Adoption of HQO quality improvement process to enhance sustainability (PDSA) of change
- Palliative care initiatives functioning in each home and being evaluated
- Environmental Scan Surveys, and Data Analysis can be located at www.palliativealliance.ca

Environmental Scan Results

Family Perspective on Palliative Care

- Strong perception that the LTC home is the resident's home and would like for their family member to stay there until the end of their life.
- General unawareness of the meaning of palliative care and the benefits.
- Want a staff member to start the conversation.
- The LTC home staff are doing the best they can with the resources they have available to them.

Environmental Scan Results

Organizational Readiness

- Lack of policy and dedicated funding related to palliative care in LTC which limits resources.

- Few practices incorporate a palliative care approach (eg. Admissions, family education)

- Strong dedication and commitment of managers and staff to improving palliative and EOL care

Environmental Scan Results

Personal Support Worker Role

- Do not feel that they can influence change as they often do not have the opportunity to be involved in the care planning process
- Limited training related to palliative care
- Role not clearly defined in providing palliative care
- Very family and resident-focused
- Strong sense of team among PSWs

Environmental Scan Results

LTC Vision for Palliative Care

- Families and residents need opportunities to learn about their end of life options from staff
- Advance Care Planning needs to happen earlier and broaden so that it does not solely focus on medical interventions (i.e. DNR orders)
- People who could benefit from palliative care need to be identified in a timely manner
- Requires an interprofessional approach

Facilitators to Palliative Care Development in LTC

- Resident-centred care philosophy is consistent with a palliative approach
- Growing public awareness of need for palliative and end-of-life care.
- Family members desire to talk about EOL and keep resident in LTC
- Strong commitment and positive attitudes of staff to offer PC
- Compliance with Long-Term Care Homes Act

The Collaborative Change Process

- Working with a university based research team (QPC-LTC)
- Building relationships with community partners to support new initiatives
- Developing and implementing innovations in clinical care, education, policy/program and community partnerships

Facilitation of Palliative Care Development

- A reciprocal relationship
- Different points of view
- Connects researchers and clinicians with different expertise
- Enhances human and informal resources in LTC
- Recognizes LTC home's efforts (newsletters, conference presentations, etc)
- Ability to share our experience with others

Challenges to Palliative Care Development

- Change takes time
- Extra commitment from management and staff
- Organizational impact
- Choosing priorities
- Sharing limited resources
- Research ethics within PAR research

Community & Research Partners

- 49 community partners that include: palliative care partners, educational partners, dissemination partners, practice experts, legal and policy partners
- 20 national and international researchers with expertise in developing and evaluating innovations in practice, education and organizational development

Benefits of Collaborating with community partners:

- Bring together expertise from community partners for education and skill development
- Delivery of specialized training
- Access resources such as volunteers
- Sharing of information

LTC Accomplishments in PC

Direct Care Processes

- Comfort Care Rounds
- Snoezelen
- Comfort Care Bags
- Pain Screening, Assessment and Follow-up Protocol

Education for Staff and Volunteers

- Simulation Lab Experience for PSWs
- Palliative care for LTC workers- 6 week course
- Hospice Visits
- Spiritual Care in-services

LTC Accomplishments in PC (cont'd)

New Policy and Procedure

- Palliative Care Program Description & Policy
- Advance Care Planning
- Pain Management Toolkit
- RAI for Palliative Care identifier

New Community Partnerships

- Hospice Northwest Volunteers/Caring Hearts
- Music Utilization
- Alzheimer's Society Education Seminars
- Palliative Pain and Symptom Management Consultant

Comfort Care Rounds

- PSW leads facilitated by the pain and symptom management consultant at Creekway and Allendale
- 30min – 1hr rounds held bi-monthly
- Case based discussions and education related to cases
- Increased knowledge of evidence based strategies for palliative care issues

Snoezelen®

- Also known as Multi-Sensory Stimulation
- Involves the stimulation of the senses
- Provides an alternative way to interact with your client
- Provides the opportunity to bond and connect when past methods of communication have not been effective

Hospice Visiting Program

- Experiential learning opportunity for LTC Staff
- LTC staff shadowed Hospice Staff for a one or two day period
- Northern Ontario- St. Joseph's Care Group Hospice
- Southern Ontario- Carpenter Hospice

Hospice Visiting Program (cont'd)

Goal:
LTC Staff to learn how palliative care is delivered in another setting and to see what would and would not be transferable to their own practice

Outcomes:

- Hospice PSWs feel empowerment as mentors

  LTC PSWs benefit from:

  - Learning new ways to approach work
  - Brainstorming to identify solutions to barriers
  - Empowerment from new knowledge
  - New resources (example: communication tools)
  - Community partnerships are key to the success of this experiential learning

Program and Policy

Creating the PC team

- Interprofessional teams develop the palliative care program
- All departments should be represented

Determining Interest of LTC staff

- Staff identified themselves
- Others were approached as needed

Creating the PC program description and policy

- Definitions of PC and EOL care
- Interventions
- Role of in-house team & community experts

Key Messages

Opportunity to build on what already exists

- Volunteer Base
- Comfort Care Rounds expanded

Opportunities to build new partnerships and access best practice resources

- Academic affiliation to the University provided chaplaincy expertise
- Resource material for families

Opportunities to build capacity in staff

- PSW leadership and expertise

Key Messages (cont'd)

- Opportunities to draw on resources, knowledge and expertise from across the country.
- Strong support from researchers to assist in building confidence and empowering staff especially PSWs.
- Support with development of innovative tools enhancing the quality of care for residents during their palliative care journey.

Discussion

- How can LTC homes find resources (time and money) to move a palliative care program forward?
- How does having a formalized palliative care program help meet the standard of the Long Term Care Home Act?
- What are the synergies between resident-centred care, palliative approach and dementia care?
- How does PSW empowerment shift the roles and relationships between staff, resident and families? Is this a good thing?

Quality Palliative Care in Long-Term Care; Tools for Change

- Date: Wednesday October 17th, 2012
- Location: 89 Chestnut St. Toronto
- Objectives:
  1. A forum to promote palliative care innovations for long term care homes
  2. Showcase effective practices developed through the QPC-LTC Alliance
  3. Share ideas to address gaps and barriers for developing PC programs in long term care homes
  4. Identify effective ways for decision makers to be catalysts for organizational change

Further Information

Visit project website: www.palliativealliance.ca

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