Creating Your Palliative Care Team in a LTC Home: Step by Step

Dr. Mary Lou Kelley
Lina Moore PSW
Lydia Harris RN  CCC
Jill Marcella MSW

palliativealliance.ca

April 30, 2012
Quality Palliative Care in Long Term Care (QPC-LTC)

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

• Knowledge Translation for this project funded by Canadian Institute for Health Research (CIHR)

• Includes more than 40 organizational partners and more than 20 researchers nationally and internationally.

• Involves 4 LTC homes in Ontario;
  • Hogarth Riverview Manor & Bethammi Nursing Home, St. Joseph’s Care Group, Thunder Bay;
  • Allendale Long Term Care Home, Milton; and
  • Creek Way Village, Burlington
## Co Investigators

<table>
<thead>
<tr>
<th>Name</th>
<th>Affiliation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mary Lou Kelley PhD</td>
<td>Principal Investigator</td>
</tr>
<tr>
<td></td>
<td>Lakehead University, Thunder Bay</td>
</tr>
<tr>
<td>Sharon Kaasalainenen PhD</td>
<td>Mc Master University</td>
</tr>
<tr>
<td>Kevin Brazil PhD</td>
<td>McMaster University, Hamilton</td>
</tr>
<tr>
<td>Carrie McAiney PhD</td>
<td>McMaster University, Hamilton</td>
</tr>
<tr>
<td>Paulina Chow</td>
<td>St Joseph’s Care Group, Thunder Bay</td>
</tr>
<tr>
<td>Pat Sevean RN</td>
<td>Lakehead University, Thunder Bay</td>
</tr>
<tr>
<td>Elaine Weirsma PhD</td>
<td>Lakehead University, Thunder Bay</td>
</tr>
<tr>
<td>Michel Bedard PhD</td>
<td>Lakehead University, Thunder Bay</td>
</tr>
<tr>
<td>Mary Lou Kelley MSW PhD</td>
<td>Lakehead University, Thunder Bay</td>
</tr>
<tr>
<td>Jo Ann Vis MSW PhD</td>
<td>Lakehead University, Thunder Bay</td>
</tr>
<tr>
<td>Joanie Sims –Gould MSW PhD</td>
<td>University British Columbia, Vancouver</td>
</tr>
<tr>
<td>Sheldon Wolfson</td>
<td>Halton Municipal Region, Halton</td>
</tr>
</tbody>
</table>
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
QPC-LTC Objectives

• Improve the quality of life for residents in LTC
• Develop inter-professional palliative care teams and programs
• Create community partnerships
• Create a national toolkit
• 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.
- Inter-professional in approach.
- Identifier: “We would not be surprised if this resident died within the next year”.
- Focus is on advance care planning
- Plan of care is resident centered and multi-dimensional.
- Family education and support important.
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
Focus of Care:
- Admission into LTC
- Chronic Illness
- Advanced / Life Threatening
- End-of-Life
- Resident's Death
- Bereavement

Restorative Care
Palliative Care
(Therapy to relieve suffering and/or improve quality of life)
Sequential phases of the capacity development model:

1. Antecedent community conditions
2. Community Catalyst
3. Creating the PC team
4. Growing the PC program
## Process of Providing Care

<table>
<thead>
<tr>
<th>Common Issues</th>
<th>Assessment</th>
<th>Information Sharing</th>
<th>Decision-making</th>
<th>Care Planning</th>
<th>Care Delivery</th>
<th>Confirmation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disease Management</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychological</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spiritual</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Practical</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>End of life/Death Management</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Patient and Family Care</td>
</tr>
<tr>
<td>Loss, Grief</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Principal Functions</td>
<td>Governance &amp; Administration</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---------------------</td>
<td>-----------------------------</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Planning</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Operations</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Quality Management</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Communications, Marketing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial</td>
</tr>
<tr>
<td>Human</td>
</tr>
<tr>
<td>Informational</td>
</tr>
<tr>
<td>Physical</td>
</tr>
<tr>
<td>Community</td>
</tr>
</tbody>
</table>
Workshop Objectives

• How to begin a Palliative Care program
• Define activities that can enable staff in the identification of residents who would benefit from a palliative approach.
• Identify community resource expertise available in your community.
What is a Palliative Care Resource Team?

- The PC Resource team is not a clinical team
- Provides palliative care resources
  - Education
  - Support
  - Guidance

28 May 2012
What Does a Retreat Look Like?

- Full Day
- Interdisciplinary
- Small and large group work
- Structured and goals pre-determined to be efficient
Goals of the Retreat

• Who will be on the team? (any gaps?)
• Mission/vision/values of the team
• What will the team do?
• When will the team meet?
• How will other staff, residents, and families identify team members?
• Which community organizations can support the team?
• What are the main priorities of the team?
Knowledge Café

1. When would residents benefit by receiving palliative care?
2. How will community resources be identified and utilized within the home?
3. What activities could the palliative care resource team be responsible for completing?
Lunch!
Palliative Care Interventions

Care Practices
- Social Histories
- Pain Review
- PPS
- Comfort Rounds

Resources
- Brochures from community organizations
- Hospice Northwest Volunteers
Palliative Care Interventions

Education

- Palliative care for Front Line Workers – 6 week course
- Simulation Lab Experience for PSWs
- Hospice visits

Policy

- Palliative Care Program Description
- Pain and Symptom management program
PC Team Initiatives

Butter Fly Indicator

The butterfly is a communication tool used in two long term care homes

- When placed on a resident’s door it means that the resident has died and the funeral home has yet to remove the body
- When next to a staff name this indicates that the staff is a member of the PC Team
PC Team Initiatives

• Sympathy Cards
  ➢ After the death of a resident, a sympathy card is available for staff sign

• Memory Boxes
  ➢ Offered to a family member of a deceased resident to collect personal items in the resident’s room
  ➢ Any staff member may leave a box for the resident’s family member
  ➢ Hospice Northwest volunteers donate decorated boxes
PC Team Initiatives

• Comfort Bags
  ➢ Given to the main family member or caregiver when a resident is at the end of life
  ➢ The bag contains personal care items that make staying close to their family member more comfortable at the end of life
  ➢ An opportunity for staff to let the family member know that staff are thinking of them
• Comfort Bags may contain:
  – reading materials on palliative care topics
  – lotion
  – kleenex
  – Hand sanitizer
  – candy/gum
Snoezelen Room

- Multi sensory therapy that can be used with residents
- Staff, volunteers, or family members can receive training in Snoezelen Therapy
When would residents benefit by receiving palliative care?

- On admission
- Idea of palliative care should be introduced slowly over time
- When the resident indicates
- When quality of life decreases, palliative care increases
- Throughout their residency
- Care is fluid and fluctuates
- Palliative care is bigger than end of life
What community resources would be beneficial to supporting the team?

- Community hospice volunteers - provide extra one-on-one support when residents are dying
- Local hospice - to guide and educate LTC staff and PC team
- Local Churches for religious and spiritual support
- Music programs (community and schools) for individual and group therapy
- Engagement of families - active part of team and family council
What community resources would be beneficial to supporting the team?

- High schools/university/college – friendly visiting
- Medical/gerontology/recreation/social work students [for placement]
- Community resources for culturally appropriate activities for First nations
  – Indian Friendship Centres/Aboriginal communities
- Multi-cultural society and Multi-faith groups for interpretation
What activities could the palliative care resource team be responsible for completing?

• Communication with Team
  • On the roles of the different team members
  • Clarifying roles and strengths with the palliative care resource team

• Support
  • Emotional and debriefing
  • Staff with communicating to families
What activities could the palliative care resource team be responsible for completing

• Education
  • Make recommendation to management on possible education topics
  • Tell staff about upcoming education
  • Provide information to inexperienced staff
• Mentoring
  • Be a resource for staff working in the home
  • Role model for the staff members
What activities could the palliative care resource team be responsible for completing

• Implement and Evaluate Quality Improvement Initiatives
  • Enhance communication with hospital – nurse led outreach team
  • Communication between shifts
  • Clarifying roles among staff
Tips for Retreat

• Retreat should:
  – Take place in an area where participants will not be distracted
  – Should include members of an interdisciplinary team
  – Management should be include to support front line staff
  – It is recommended that a retreat group have
    • 3-5 people facilitating
    • 12-18 participants to ensure that the small group work is beneficial
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 our website
www.palliativealliance.ca

Contact us
Email: palliativealliance@lakeheadu.ca
Phone: (807)766-7228