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

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

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

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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

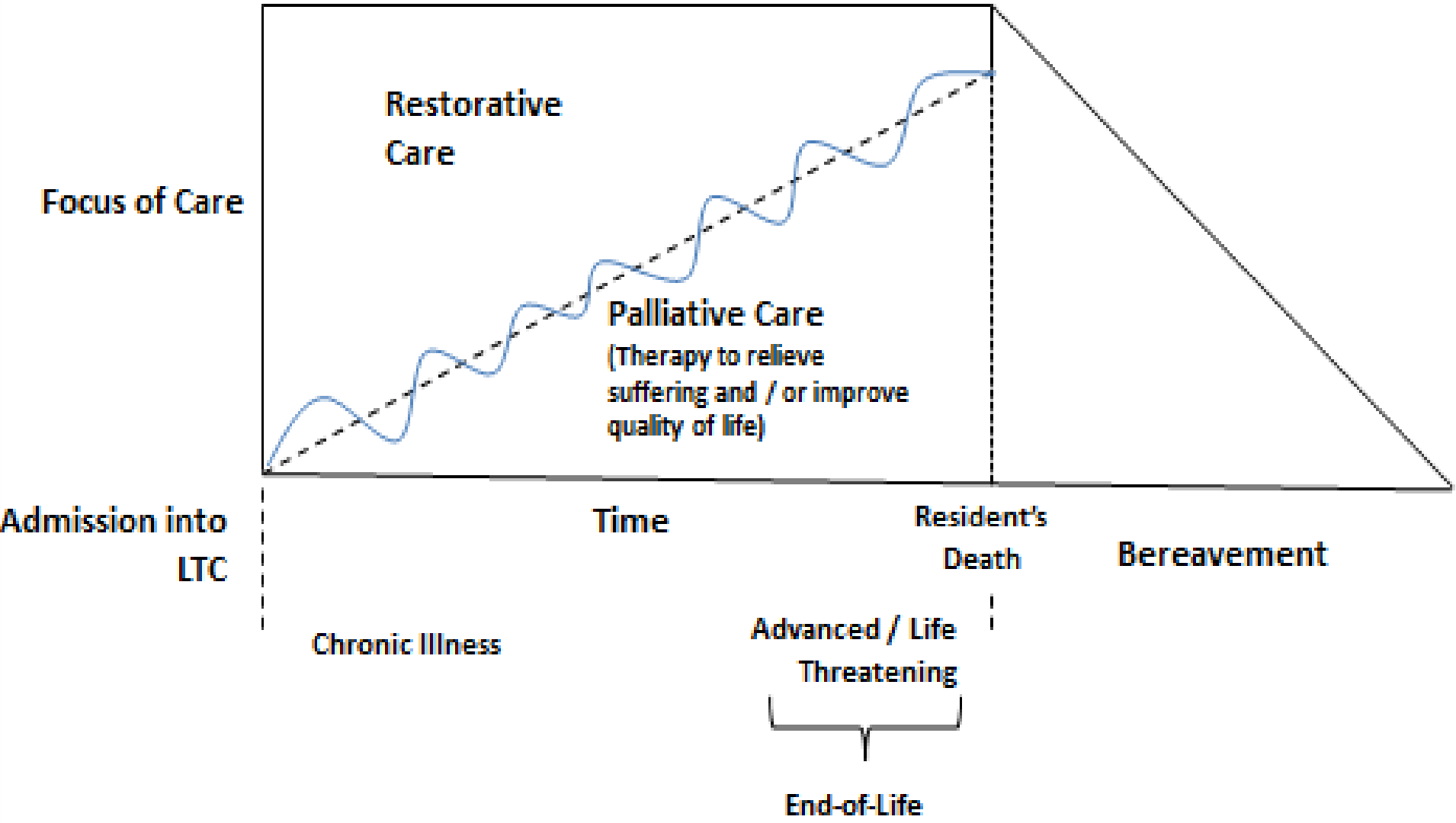
- Improve the quality of life for residents in LTC
- Develop inter-professional palliative care teams and programs
- Create community partnerships
- Create a national toolkit
- Promote the role of the Personal Support Worker in palliative care

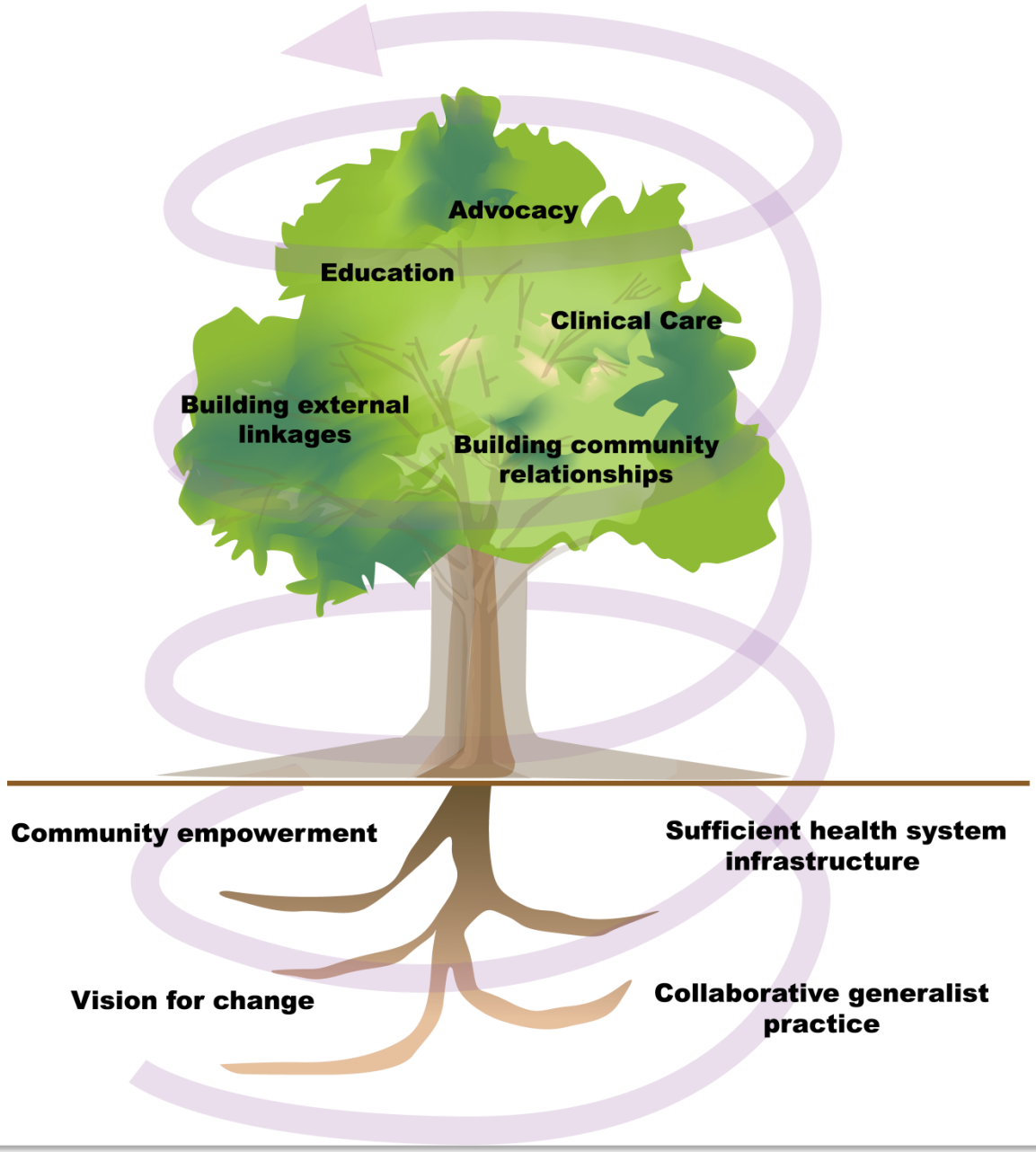
What is Palliative Care?

- 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

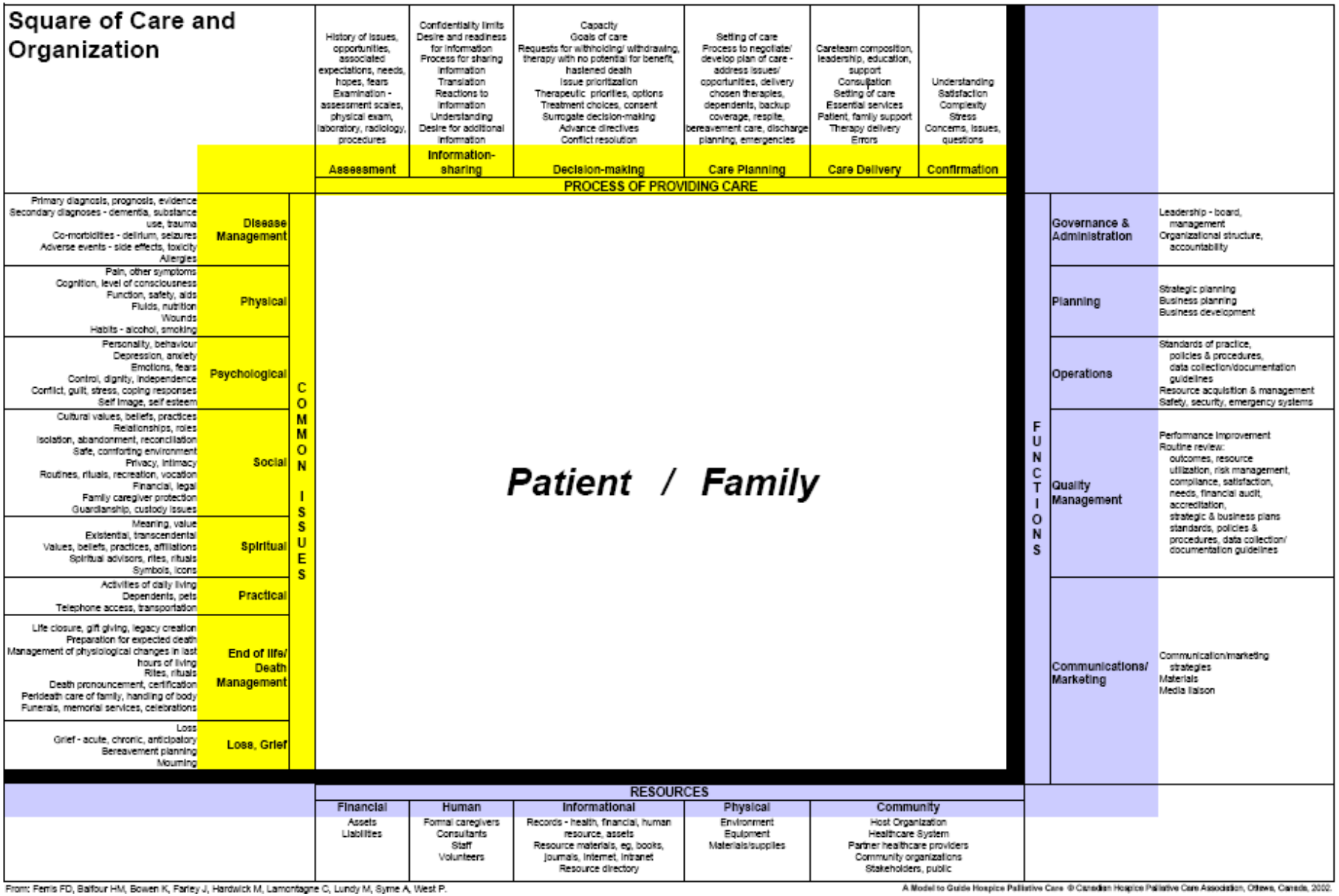

Restorative
Care
Focus of Care
Palliative Care
(Therapy to relieve
suffering and / or improve
quality of life)
Admission into
LTC
Time
Resident's
Death
Bereavement
Chronic Illness
Advanced / Life
Threatening
End-of-Life



Process of Palliative Care Development

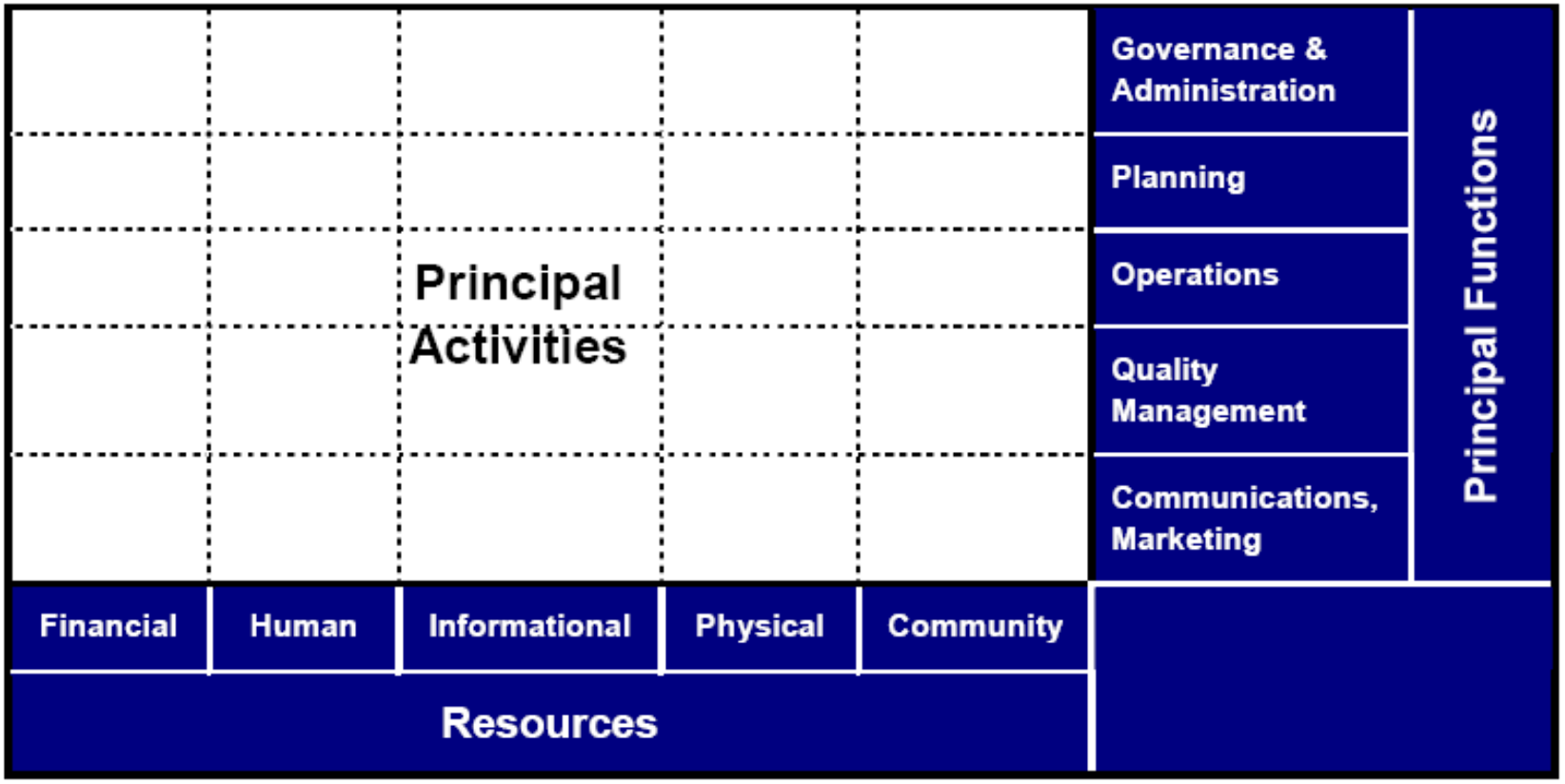
Sequential phases of the capacity development model:

4. **Growing the PC program**
3. **Creating the PC team**
2. **Community Catalyst**
1. **Antecedent community conditions**


Square of Care and Organization
History of issues, opportunities, associated expectations, needs, hopes, fears
Examination - assessment scales, physical exam, laboratory, radiology, procedures
Confidentiality limits
Desire and readiness for information
Process for sharing information
Translation
Reactions to information
Understanding
Desire for additional information
Capacity
Goals of care
Requests for withholding/ withdrawing, therapy with no potential for benefit, hastened death
Issue prioritization
Therapeutic priorities, options
Treatment choices, consent
Surrogate decision-making
Advance directives
Conflict resolution
Setting of care
Process to negotiate/ develop plan of care - address issues/ opportunities, delivery
chosen therapies, dependents, backup coverage, respite, bereavement care, discharge planning, emergencies
Careteam composition, leadership, education, support
Consultation
Setting of care
Essential services
Patient, family support
Therapy delivery
Errors
Understanding
Satisfaction
Complexity
Stress
Concerns, issues, questions
Assessment
Information-sharing
Decision-making
Care Planning
Care Delivery
Confirmation
PROCESS OF PROVIDING CARE
COMMON ISSUES
Primary diagnosis, prognosis, evidence
Secondary diagnoses - dementia, substance use, trauma
Co-morbidities - delirium, seizures
Adverse events - side effects, toxicity
Allergies
Disease Management
Pain, other symptoms
Cognition, level of consciousness
Function, safety, aids
Fluids, nutrition
Wounds
Habits - alcohol, smoking
Physical
Personality, behaviour
Depression, anxiety
Emotions, fears
Control, dignity, independence
Conflict, guilt, stress, coping responses
Self image, self esteem
Psychological
Cultural values, beliefs, practices
Relationships, roles
Isolation, abandonment, reconciliation
Safe, comforting environment
Privacy, intimacy
Routines, rituals, recreation, vocation
Financial, legal
Family caregiver protection
Guardianship, custody issues
Social
Meaning, value
Existential, transcendental
Values, beliefs, practices, affiliations
Spiritual advisors, rites, rituals
Symbols, icons
Spiritual
Activities of daily living
Dependents, pets
Telephone access, transportation
Practical
Life closure, gift giving, legacy creation
Preparation for expected death
Management of physiological changes in last hours of living
Rites, rituals
Death pronouncement, certification
Perideath care of family, handling of body
Funerals, memorial services, celebrations
End of life/ Death Management
Loss
Grief - acute, chronic, anticipatory
Bereavement planning
Mourning
Loss, Grief
Patient / Family
FUNCTIONS
Governance & Administration
Leadership - board, management
Organizational structure, accountability
Planning
Strategic planning
Business planning
Business development
Operations
Standards of practice, policies & procedures, data collection/documentation guidelines
Resource acquisition & management
Safety, security, emergency systems
Quality Management
Performance Improvement
Routine review: outcomes, resource utilization, risk management, compliance, satisfaction, needs, financial audit, accreditation, strategic & business plans standards, policies & procedures, data collection/ documentation guidelines
Communications/ Marketing
Communication/marketing strategies
Materials
Media liaison
RESOURCES
Financial
Assets
Liabilities
Human
Formal caregivers
Consultants
Staff
Volunteers
Informational
Records - health, financial, human resource, assets
Resource materials, eg, books, journals, internet, intranet
Resource directory
Physical
Environment
Equipment
Materials/supplies
Community
Host Organization
Healthcare System
Partner healthcare providers
Community organizations
Stakeholders, public
From: Ferris FD, Balfour HM, Bowen K, Farley J, Hardwick M, Lamontagne C, Lundy M, Syme A, West P.
A Model to Guide Hospice Palliative Care © Canadian Hospice Palliative Care Association, Ottawa, Canada, 2002.

		Process of Providing Care					
		Assessment	Information Sharing	Decision-making	Care Planning	Care Delivery	Confirmation
Common Issues	Disease Management						
	Physical						
	Psychological						
	Social						
	Spiritual						
	Practical						
	End of life/ Death Management						
	Loss, Grief						

Patient and Family Care


Principal Activities
Governance & Administration
Planning
Operations
Quality Management
Communications, Marketing
Principal Functions
Financial
Human
Informational
Physical
Community
Resources

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

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

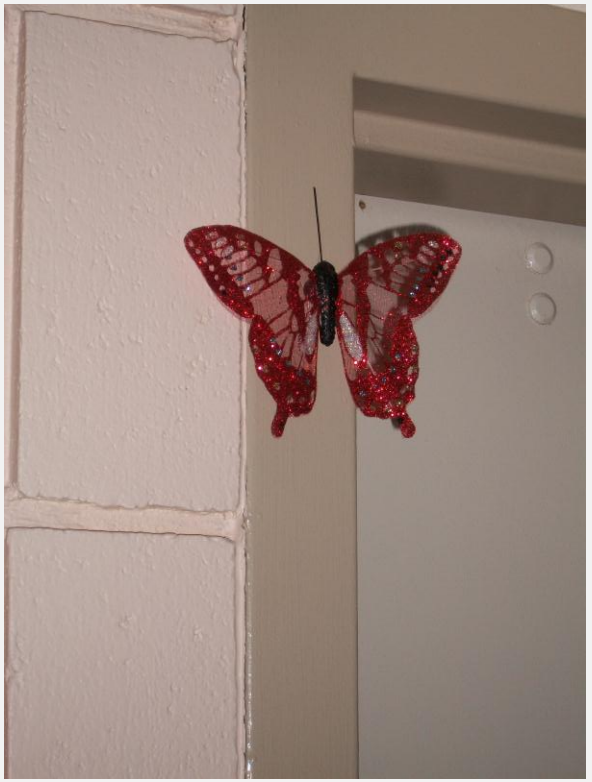
- Palliative Care Program Description
- Pain and Symptom management program

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

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