

# A Framework for Providing Palliative Care in Long Term Care



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# The Context of LTC

- It is common for 40% to 50% of residents to die each year in LTC homes. (CIHI)
- It is among the most heavily regulated and inspected sectors in Ontario.
- LTC is a unique palliative care context.
- It is the home of frail older people living with multiple, progressive, chronic illnesses, and it is the place where they will die.
- The majority of LTC homes in Canada lack formalized palliative care programs.

# Quality Palliative Care –Long Term Care Project Background

- Funded by Social Sciences and Humanities Research Council (SSHRC) for a five year Community-University Research Alliance called: *Quality Palliative Care in Long Term Care Alliance (QPC-LTC)*
- Knowledge Translation for this project funded by Canadian Institute for Health Research (CIHR)
- Includes 30 organizational partners and more than 20 researchers nationally and internationally
- Involves four LTC homes in Ontario as study sites

# Long Term Care Home Partners

- St. Joseph's Care Group, Thunder Bay, ON
  - Bethammi Nursing Home; Hogarth Riverview Manor
- Municipality of Halton, ON
  - Creekway Village, Burlington; Allendale LTC, Milton
- Ontario Long Term Care Association (OLTCA)
- Ontario Association of Non-Profit Homes and Services for Seniors (OANHSS)

# Goals of the Project

- Improve the quality of life for residents dying 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 (PSW) in palliative care

# QPC-LTC Research Methods

- Comparative case study design
- Participatory Action Research (PAR)
- Quantitative and qualitative research methods
- Participants: Residents, Family members, Physicians, PSWs, RNs, RPNs, Spiritual Care, Social Work, Recreation, Dietary, Housekeeping, Maintenance, Administration, Volunteers, and Community Partners

# What is Palliative Care and End-of-Life Care?

## **Palliative Care**

- Focus is on quality of life, symptom control
- Interdisciplinary in approach
- Client centered and holistic
- Begins when death would not be “unexpected” in the next year

## **EOL Care**

- Death is inevitable
- Trajectory is short (6 months or less)
- Focus is on supporting patient and family choices
- Addresses anticipatory grief
- Supports resident with a “good death”



# 4 Key Messages

***“We will care for you for the rest of your life”***

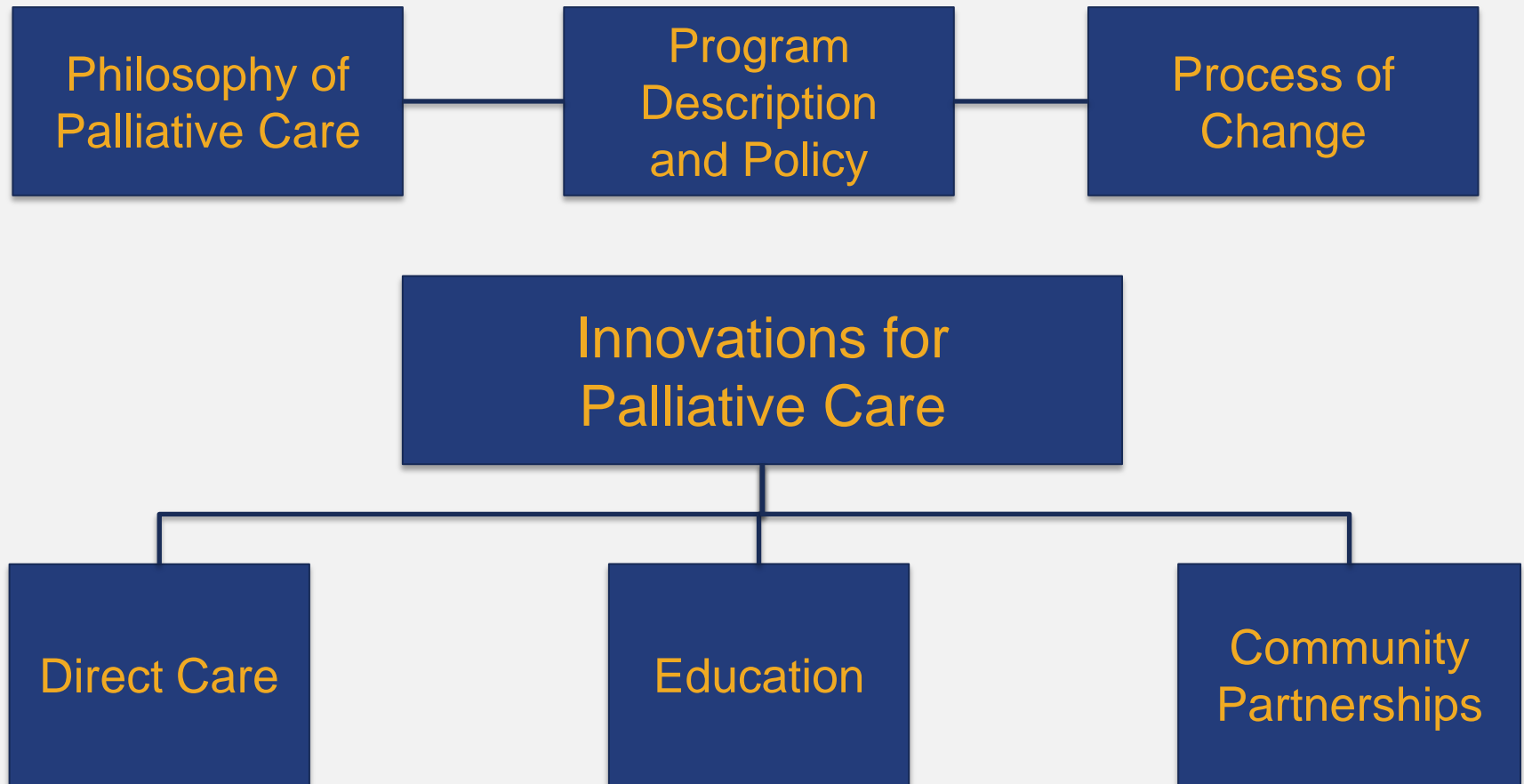
***“It’s hard to watch people die for a living”***

***“Resident’s are not like paperwork”***

***“You can’t regulate humanistic care”***



# Framework of Palliative Care in Long Term Care



# Philosophy of Care

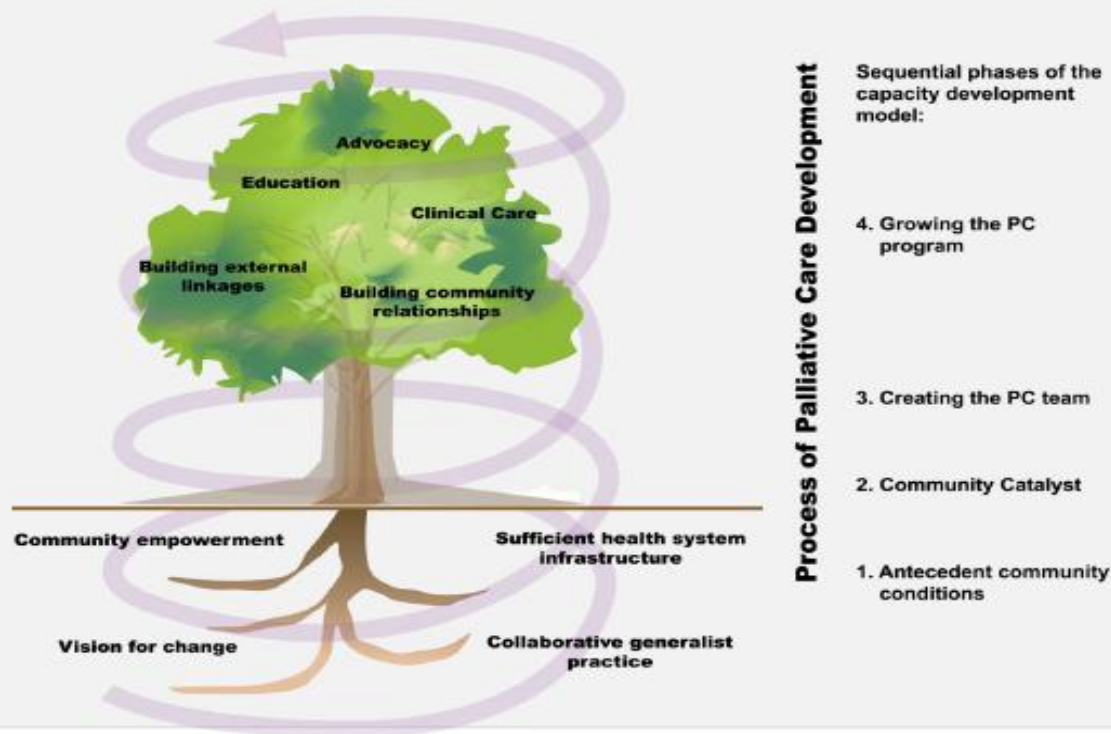
- Resident-Centred Care/Relationship-Centred Care
  - Empowers residents to be decision-makers in their own care
  - Respects residents choice, wishes, values, goals
  - Treats residents as unique, whole persons
  - Provides residents tools to care for themselves
  - Advocates for residents; acts on their concerns
  - Focuses on relationships as the core process in quality care
  - Values interdependence

# Program Description and Policy

- Goals of the program
- Program objectives
- Relevant Definitions
  - Palliative Approach
  - End-of- Life Care
  - Advance Care Planning
  - Interdisciplinary Palliative Care Resource Team
- Relevant Programs Policies and Procedures related to PC delivery

# Processes of Change

- Capacity development model for developing palliative care



# Processes of Change

- Self Assessment Audit

Description	Progress	Document or Evidence to Support
<b>Organization Context</b> <b>Formalized palliative care program Description that includes:</b>		
<ul style="list-style-type: none"> <li>Goals and objectives of the program</li> <li>Definition of palliative care, end-of-life care, and care planning</li> <li>List of services that are available within the palliative care program</li> <li>There is a process in place to identify residents who would benefit from a palliative care approach.</li> <li>Assessments specific to palliative care and end-of-life are listed (ie. Palliative Performance Scale)</li> <li>Staff have a formal process of communicating the palliative care needs of a resident (shift to shift report, reporting on electronic charts)</li> <li>There is pain and symptom management built within the program</li> <li>Residents and Families are actively contributing and participating in the palliative care program development</li> <li>Residents and families have access to palliative care education</li> <li>Protocols are in place to support staff around grief and loss</li> <li>There is a quality improvement strategy in place for palliative and end-of-life care initiatives (e.g. process mapping)</li> <li>Evaluation of resident, family and staff satisfaction</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Development <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Development <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Development <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Development  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Development  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Development <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Development  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Development <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Development <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Development  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Development	

# Benefits of using Self Assessment

- Self-assessment provides an opportunity to identify gaps in your palliative care program and areas of strength/capacity
- Can guide the development of your program and policies
- When used regularly it can be an ongoing evaluation of your program
- Can help to determine organizational palliative care priorities

# Innovations of Palliative Care in Long Term Care:

## Direct Care Processes

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

## Education for Staff and Volunteers

- Simulation Lab Experience for PSWs
- Palliative care for LTC workers – 10 module course
- Hospice Visits
- Spiritual Care in-services



# Innovations of Palliative Care in Long Term Care:

- Community Partnerships
  - Collaboration with community resources
  - Hospice Volunteers
  - Alzheimer's Society Education Seminars
  - Palliative Pain and Symptom Management Consultants
  - Nurse led outreach teams (nurse practitioners)

# Further Information

Visit our website:

[www.palliativealliance.ca](http://www.palliativealliance.ca)

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