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 Palliative Care
- Program Description and Policy
- Process of Change

Innovations for Palliative Care

- Direct Care
- Education
- Community Partnerships
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

<table>
<thead>
<tr>
<th>Description</th>
<th>Progress</th>
<th>Document or Evidence to Support</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Organization Context</strong></td>
<td></td>
<td></td>
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<tr>
<td>Formalized palliative care program Description that includes:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Goals and objectives of the program</td>
<td>□ Yes</td>
<td>□ No</td>
</tr>
<tr>
<td>• Definition of palliative care, end-of-life care, and care planning</td>
<td>□ Yes</td>
<td>□ No</td>
</tr>
<tr>
<td>• List of services that are available within the palliative care program</td>
<td>□ Yes</td>
<td>□ No</td>
</tr>
<tr>
<td>• There is a process in place to identify residents who would benefit from a palliative care approach.</td>
<td>□ Yes</td>
<td>□ No</td>
</tr>
<tr>
<td>• Assessments specific to palliative care and end-of-life are listed (ie. Palliative Performance Scale)</td>
<td>□ Yes</td>
<td>□ No</td>
</tr>
<tr>
<td>• Staff have a formal process of communicating the palliative care needs of a resident (shift to shift report, reporting on electronic charts)</td>
<td>□ Yes</td>
<td>□ No</td>
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<tr>
<td>• There is pain and symptom management built within the program</td>
<td>□ Yes</td>
<td>□ No</td>
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<tr>
<td>• Residents and families are actively contributing and participating in the palliative care program development</td>
<td>□ Yes</td>
<td>□ No</td>
</tr>
<tr>
<td>• Residents and families have access to palliative care education</td>
<td>□ Yes</td>
<td>□ No</td>
</tr>
<tr>
<td>• Protocols are in place to support staff around grief and loss</td>
<td>□ Yes</td>
<td>□ No</td>
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<tr>
<td>• There is a quality improvement strategy in place for palliative and end-of-life care initiatives (e.g. process mapping)</td>
<td>□ Yes</td>
<td>□ No</td>
</tr>
<tr>
<td>• Evaluation of resident, family and staff satisfaction</td>
<td>□ Yes</td>
<td>□ No</td>
</tr>
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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:
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Special thanks to: