Creating Quality Palliative Care in Long-Term Care Homes: Lessons Learned

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Quality Palliative Care in Long-Term Care (QPC-LTC)

- Co- Primary Investigators
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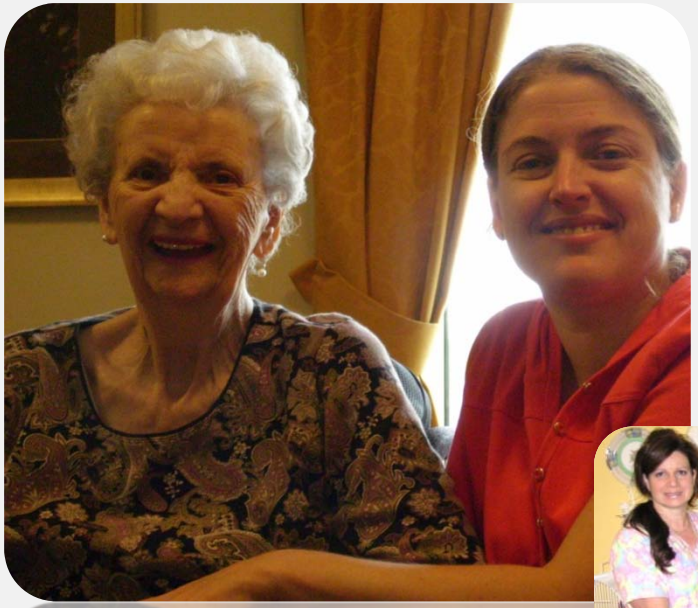
Objectives of Symposium

1. Provide an overview of the processes QPC-LTC project
2. Describe LTC home and student involvement
3. Describe QPC-LTC project interventions

The QPC-LTC Project



QPC-LTC Background

- By the year 2020, it is estimated that as many as 39% of LTC residents will die each year

- These people represent one of society's most frail and marginalized populations who often struggle with managing multiple chronic conditions and social isolation.

QPC-LTC Background

- *Palliative care* is a philosophy and a unique set of interventions that aim to enhance quality of life at the end of life in order to provide a “good death” for people, and their family, when death is inevitable.

QPC-LTC Background

- *Quality of life* at the end of life is understood to be multidimensional and to consist of physical, emotional, social, spiritual and financial domains.
- Most long term care homes do not have a formalized palliative care program that address these needs.

QPC-LTC Project Summary

- Funded by Social Sciences and Humanities Research Council (SSHRC) for a five year Community-University Research Alliance
- Includes 40 organizational partners and more than 30 researchers nationally and internationally.
- 4 LTC home participants

Bethammi Nursing Home

Hogarth Riverview Manor

- Located in Thunder Bay, ON
- Owned and operated by St. Joseph's Care Group
- Non-profit Catholic organization

Allendale

Milton, ON

Creekway Village

Burlington, ON

- Owned and operated by the Regional Municipality of Halton

Goals of QPC-LTC

1. To empower PSWs to maximize their role in caring for people who are dying and their families and support them to be catalysts for organizational changes in developing palliative care.
2. To implement and evaluate a 4-phase process model of community capacity development in four LTC pilot sites, and create an research-based tool kit of strategies and interventions to support this development.

Goals of QPC-LTC

3. To create sustainable organizational changes that will improve capacity to deliver palliative care programs though empowering PSWs, developing palliative care teams and programs within LTC homes and strengthening linkages with the community partners.
4. To develop knowledge and skills in PC and participatory action research methodology for students in PSW, Gerontology, Social Work and Nursing programs.

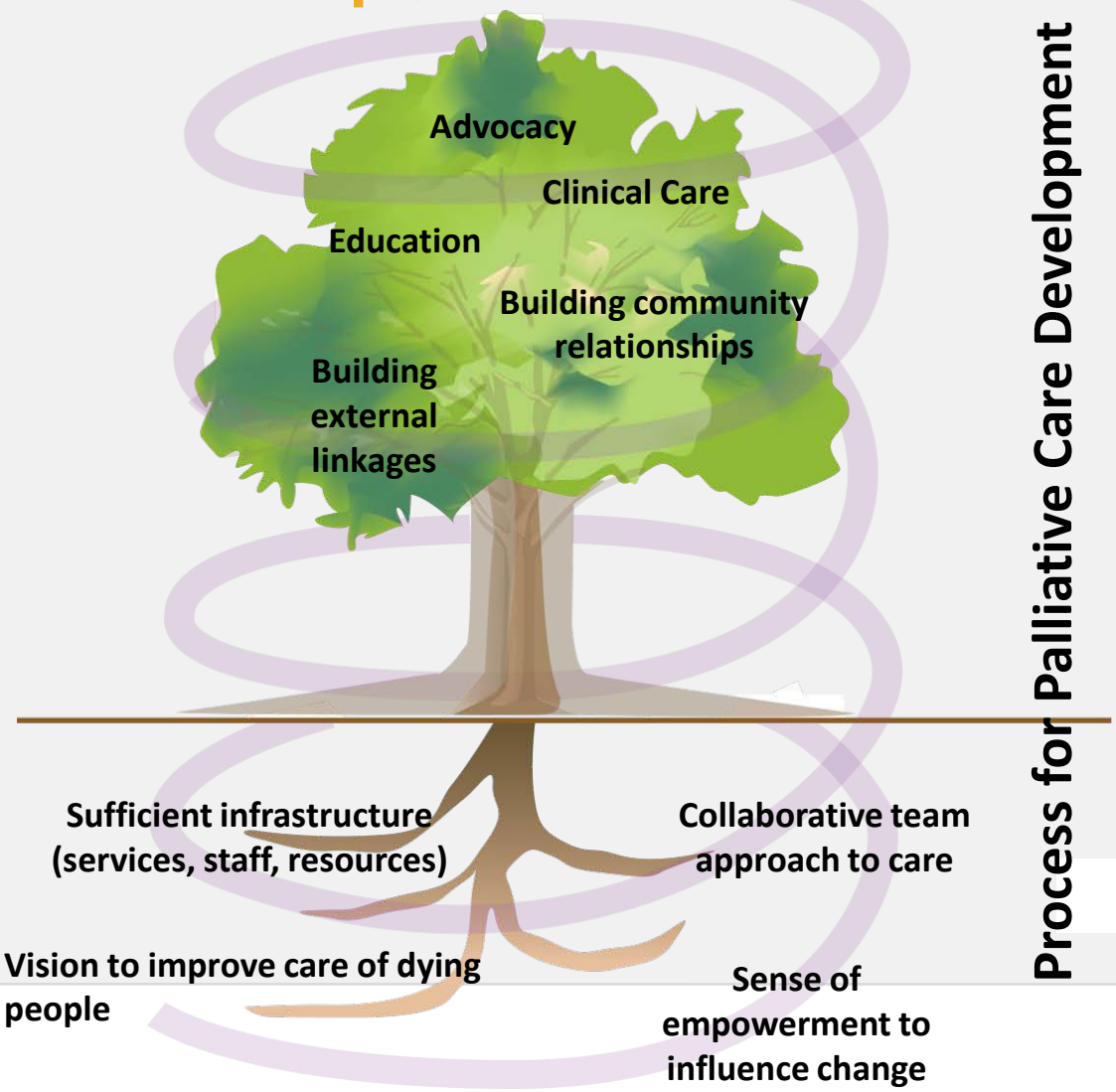
QPC-LTC Activities

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

Research Design

- Comparative Case Study
- Two conceptual frameworks
  - CHPCA Norms of Practice for Palliative Care
  - Model for Community Capacity Development

Model for Community Capacity Development



Process for Palliative Care Development

Sequential phases of the capacity development model:

4. Growing the PC Program

3. Creating the PC Team

2. Experiencing a Catalyst

1. Antecedent conditions

Methods- Participatory Action Research (PAR)

- The goal of PAR is to create social change in relation to a desired goal through the empowerment of people.
- The empowerment process, the change process and its outcomes are systematically documented through a variety of data collection methods before, after and throughout the research process.
- PAR recognizes the existing expertise of LTC staff and promotes integration of palliative care into existing practices.

Research Timeline

- Year 1 – Environmental Scan in each home to create baseline understanding using CHPCA norms of practice
- **Year 2 – Create interprofessional PC teams and identify initial interventions based on evidence**
- Year 3 – 4 Develop PC program with PSW and community partners.
- Year 5 – Evaluate change and sustainability of changes Create evidence based toolkit of successful interventions
- Year 5 onwards – Promote change in policy, practice and education.

Long-Term Care Home Perspective

Helen Alemany, RN
Former Director of Care, Allendale

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Engagement in QPC-LTC

- Recognized need for QPC in LTC homes
- Improve PC practices
- Enthusiasm for project throughout LTC home

Strategies for Success

- Recognizing PSW presence in providing QPC in LTC
- Selecting passionate PSW leads for project
- Coordinated data collection

Student Perspective

Abigail Wickson-Griffiths, RN, MN
Student Trainee

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Engagement in QPC in LTC

- 20 students have participated in project
- Training
  - LTC setting/ Palliative Care
  - Research process
    - PAR method
    - Data collection and analysis
    - Interaction and involvement with LTC staff
    - Mentoring

Interventions

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QPC-LTC – The Hospice Role

Lesley Hirst RGN (UK), RN, MN, MSc (c)

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Background

The Carpenter Hospice – 10 bed residential hospice, Burlington ON

- Staff include RNs, RPNs, PSWs, APN
- Assist with the placement for PSWs from LTC
- End-of-life care is a component of palliative care
- Palliative care approach should be delivered from diagnosis

Mentoring PSWs from LTC

- PSWs come to work at the hospice for 2 days and work alongside PSW staff
  - Objectives reviewed
  - Work together in pairs
    - Talk about the philosophy of delivering end-of-life care
    - Barriers in LTC
    - What they can take back to LTC

Description of Intervention #1

- Why is this important?
    - PSWs get focused on “tasks” in LTC
    - In hospice all members of the team are integral to achieving the goals of care
    - The residents benefit – the staff benefit

Intervention Continued

- Understand how delivering care to people who are dying does not necessarily mean you delivering good quality palliative care
- Breaks down myths associated with workload and care delivery
- Discussion at a wider level – all project members get to discuss palliative care and future directions

Outcomes

- The hospice is thought of as a ‘Centre of Excellence’
- Hospice PSWs feel empowerment as mentors
- LTC PSWs benefit from:
  - Learning new ways to approach work
  - Brainstorming to identify solutions to barriers
  - New resources and larger network to pull from
  - Empowerment from new knowledge

Watch for Negative Outcomes

- Resistance to change in LTC
- PSWs feeling overwhelmed with mentoring
- PSWs from LTC feeling disillusioned when they return

Reflections

- Recommend other hospices partner with LTC
- Sustainability: The LTC system needs to be addressed and barriers broken down
- Labelling patients/residents still exists
- Palliative care is an approach, end-of-life care fits into palliative care

PSW Perspective on Hospice Visits

Penny Marks, PSW, Creek Way Village, Burlington

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PSWs Reflections

- 6 visiting PSWs
  - 2 - Hospice Northwest, Thunder Bay
  - 4 - Carpenter Hospice, Burlington
- Standardized questionnaire completed by participants

Emerging Themes

- High value of PSW role at hospice
  - Inter-professional Care Conference

"A 'huddle' occurred when I first arrived on the H/PCU where all the team members discussed the patients on the unit and each gave a report [. . .] everyone had their chance to say their piece about the patients."

Emerging Themes

- Communication between IP Team
  - Tools used Palliative Performance Scale (PPS) & Palliative Prognostic Index (PPI)

“Of course people are in charge but still on the ‘floor/frontline’ no ‘them & us’ mentality to stand in the way of care.”

Emerging Themes

- Resident Centered Care
  - Not task focused

“They went by the patient’s schedule and got them out of bed when the patient wanted to get out of bed.”

Next Steps

- Increase IP learning

“I did however feel uncomfortable with my lack of knowledge of medication effects.”

- Ensure the effective uptake of lessons learned from hospice to LTC setting

Snoezelen Therapy

Nadia Thatcher RN, HBScN
Meaghan Sharp RN, BScN, MN, CEN, MBA (c)

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Background

- Directors of Care
- St Joseph’s Care Group (SJCG), Long-term Care (LTC)
- Leadership support and guidance

Snoezelen Therapy

- Multi-Sensory Stimulation Therapy
  - What is Snoezelen Therapy???
- Provides residents with a pleasurable experience and sense of well-being
- Based on the individual resident plan of care

Description of Intervention #2

- Use of Snoezelen therapy was limited to Life Enrichment staff
- Development of a training toolkit for families, volunteers and staff
- Delivery of education to all groups
- Goal: Increase the utilization of Snoezelen therapy
- All residents will benefit

Outcomes

- Interprofessional approach to therapy, including family and volunteers
- PSW's leading change
- Measureable clinical outcomes
- Improves the quality of life of residents

Outcomes

- Areas for improvement
  - Communicate Snoezelen therapy to residents/families, volunteers and staff
  - More training opportunities to staff, volunteers, family and residents
  - Referral process for residents who would benefit from Snoezelen therapy

Reflections

- Increased recognition of PSW leadership
- Continued leadership presence
- Snoezelen therapy aligns with
  - resident centred model of care
  - interprofessional approach to resident care
- Empowers families and volunteers

Spiritual Care Intervention

Diane Crawshaw, Project Coordinator
McMaster University

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Spirit

Spirituality is that part of each individual which longs for meaning, integrity, beauty, dignity, hope, love and acceptance.

~ Vitas

Background

- Allendale LTC, Milton
  - 200 beds
  - Municipally funded
  - Secular
  - 40 resident deaths last year
- Identified a gap in spiritual care
- Family Council requested an onsite chaplain

Intervention #3

- Lucinda Landau, MDiv, Dmin
  - Clinical Chaplain, CASC
  - Chaplaincy Research Associate
- Available 4 hours per week
- Addressing juxtaposition of care-giving with marked exposure to community death

Intervention Continued

- Resources for spiritual and palliative care volunteers to be evaluated and refreshed
- Will this intervention make a difference to the quality of life for residents, family and staff?

Outcomes - Preliminary

- Spiritual care provided through referral and self-identification
- Collaboration among volunteers to streamline referrals, enrich training and resources
- Consultation with community partners
- Creation of comprehensive bereavement program

Reflections

What might work better:

- Chaplain researcher and volunteer chaplain to chart resident visits
- Integrating residents as volunteers
- Tracking all spiritual care volunteer visits

Future Steps

- Encourage Clinical Pastoral Education students to use Allendale for clinical placements
- Better integration of Spiritual Care Providers to the Interprofessional team
- Recognize need for staff to communicate grief issues/ compassion fatigue-Room Blessings

Comfort Care Rounds

Mickey Turner RN CHPCN(C)

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Background

- Palliative Pain and Symptom Management Consultant
- One of approximately 26 consultants in Ontario supported by MOHLTC
- Community partner QPC-LTC
- Involved with two of the four LTC homes participating in project

Intervention # 4

- Monthly Comfort Care Rounds
- Began as Pain Rounds stemming from desire of LTC staff to have education on pain management
- Interdisciplinary (manager, nurses, PSW, rehab, pharmacy, NP, volunteers, spiritual workers, PRC)
- Sessions once a month for 30-60 minutes
- Held off units in LTCH

Outcomes

- Knowledge of pain management improved- nurses stopped attending
- Realized need to be flexible
- Format in each home is unique based on their own needs

Outcomes

- Morphed into Comfort Care Rounds
  - less focus on pain and focused on myriad of EOL issues
  - discuss any issues around recent deaths (good and bad)
  - discuss specific resident issues (pain, communication challenges)
  - often an education component as determined by staff
- Staff started attending again

Challenges

- Competing with other initiatives (Ministry visits, MDS, Point-Click Care, etc)
- Time off units
- Getting other members to attend (especially PSW's)

Reflections

Through Involvement of the Project:

- Increased participation of PSWs in monthly rounds
- Ability to address some of needs expressed in surveys conducted by research team (ACP, spirituality, etc)
- Potential for involvement in future education needs of LTC staff using Comfort Care forum or by other means

Wrap Up

- Questions??
- Thank you!