An Assessment of Organizational Infrastructure Gaps, Barriers and Enablers to Developing Formal Palliative Care Programs: A Comparative Case Study of Two Long-Term Care Homes in Northern Ontario *(Thesis in Progress)*

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Introduction

This research is a sub-study of a five year SSHRC funded Community-University Research Alliance project, "Improving Quality of Life for People Dying in Long-Term Care Homes", which is in progress. This sub-study used the Canadian Hospice Palliative Care Association's (CHPCA) model of practice as a framework to understand how the organizational infrastructure of long-term care homes affects their capacity to develop and deliver formal palliative care programs. Data used for this analysis were gathered in two northern Ontario homes over 2009-10. Both homes are operated by a non-profit and faith based organization.

Research Questions

1. What organizational resources and functions enable the development and delivery of formal palliative care programs?
2. What are the gaps or barriers in organizational resources and functions for the development/delivery of a formal palliative care program?

Method

This thesis uses a comparative case study methodology. Both primary and secondary types of data were used for data collection. The two tables below depict the data collected.

Primary Analysis	Type Documents reviewed	Number of Documents
Documents Review	• Policies •Annual Reports •Community Reports •New Hire Orientation Checklists •New Admission Handbooks	46 policies 2 annual reports 1 community report 3 Checklists: PSW, RN, RPN 2 handbooks (1 / home)

Secondary Analysis Of Staff Surveys and Focus Group Data	Domains Measured	Participation Rates
Frommelt Attitude Towards the Care of the Dying (FATCOD)	Attitudes regarding working with the dying	Total: 104/171 Home A: 57/91 Home B: 47/80
Quality in Action Scale (QiAS)	Patient Focus, Management Style, Teamwork Orientation, Improvement Orientation, Mission and Goals Orientation, and Personal Influence / Performance	Total: 108/171 Home A: 61/91 Home B: 47/80
Personal Empowerment in the workplace (PEiW)	Meaning , Competence, Self-Determination, and Impact	Total: 74/97 Home A: 47/53 Home B: 27/44
Supervisory Support	Empathy, Reliability, and Nurturing Connection	Total: 52 /97 Home A: 31/53 Home B: 21/44
Self Efficacy in End-of-Life Care Survey (S-E EOLC)	Patient Management, Communication, and Multidisciplinary Teamwork	Total: 19/34 Home A: 11/16 Home B: 8/18
Palliative Care Quiz	Palliative Care Nursing Knowledge	Total: 20/34 Home A: 12/16 Home B: 8/18
Focus Groups	Understand of palliative care, supports and barriers to practice, role of family members (etc.)	Total: 90/205 Home A: 58/119 Home B: 32/ 86
Interview	Understand of palliative care, supports and barriers to practice, role of family members (etc.)	Total: 20/32 Home A: 11/16 Home B: 9/16

Findings

Both qualitative and quantitative data findings are displayed in the table below. The qualitative data was analyzed using a process of analytic induction and the relevant survey findings extracted for this analysis.

CHPCA Domain	Findings
Government and Administration	•Scopes of practice and professional hierarchy in long-term care homes affect communication with residents and families and the ability for staff to work as a team •Limited supervision hinders PSWs and nurses' ability to work with complex palliative clients
Planning	•Staff of both long-term care homes moderately agreed that they understand the mission and goals of their organization and how it relates to their work (mission and values are consistent with a palliative approach) (QiAS)
Operations	•Staff in both long-term care homes have attitudes that are consistent with a palliative care approach (FATCOD) •Although staff in both homes scored high on the PEiW survey for perceived competence with work, there was a significant variability in their feelings of autonomy and ability to have impact within the workplace.
Quality Management	•Both homes had a high scores on staff attitudes regarding looking for and working towards making improvements in their workplace (QiAS)
Communication and Marketing	•During admission, staff have difficulty communicating with residents and their families about advanced care directives and that death can be supported within the homes.
Financial Resources	•Funding given to the long-term care homes from the Ontario Ministry of Health and in Long-Term Care comes with strict guidelines and accountabilities, requiring the homes to spend most of the money on physical care as opposed to psychological, spiritual, social and other types of care.
Human Resources	•Employees at both homes feel that recent changes to their work schedules are benefiting residents because there is now more consistency for staff and residents.
Informational Resources	•Staff discussed the benefits of having change of shift updates which allow them to gauge change in residents' health. Staff indicated they would like more education regarding palliative care, including, talking to residents and families about death, and working with families who are not accepting of a "palliative diagnosis".
Physical Resources	•Staff would like to see more dedicated space within their homes for palliative care, and more informational resources and medical supplies readily available within palliative care rooms.
Community Resources	•During focus groups and interviews ,staff expressed that having active and involved families and volunteer support from the community helps them provide better palliative care to residents

Conclusion: Enablers, barriers, and gaps exist in both homes. Some results varied between the two homes, however, their were many common findings across homes that influence the development and delivery of palliative care. Some of these influences are internal to the home, while some are external forces in the community, the health care system, or related to government regulations that prescribe how long-term care homes function.



Reference:
Ferris, F. D., Balfour, H. M., Bowen, K., Farley, J., Hardwick, M., Lamontagne, C., Lundy, M., Syme, A., & West, P. (2002). A model to guide hospice palliative care. Ottawa, ON: Canadian Hospice Palliative Care Association.

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