

Creating a Model of Care for

Presented by Dr. Mary Lou Kelley
Quality Palliative Care in Long Term Care Alliance
(QPC-LTC)

palliativealliance.ca

Lakehead
UNIVERSITY

McMaster
University 

 Halton
REGION


ST. JOSEPH'S CARE GROUP



Social Sciences and Humanities
Research Council of Canada

Conseil de recherches en
sciences humaines du Canada

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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, chronic illness, and it is the place where they will die.
- The majority of LTC homes in Canada lack formalized palliative care programs.

QPC-LTC 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

LTC 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
- OLTC and 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

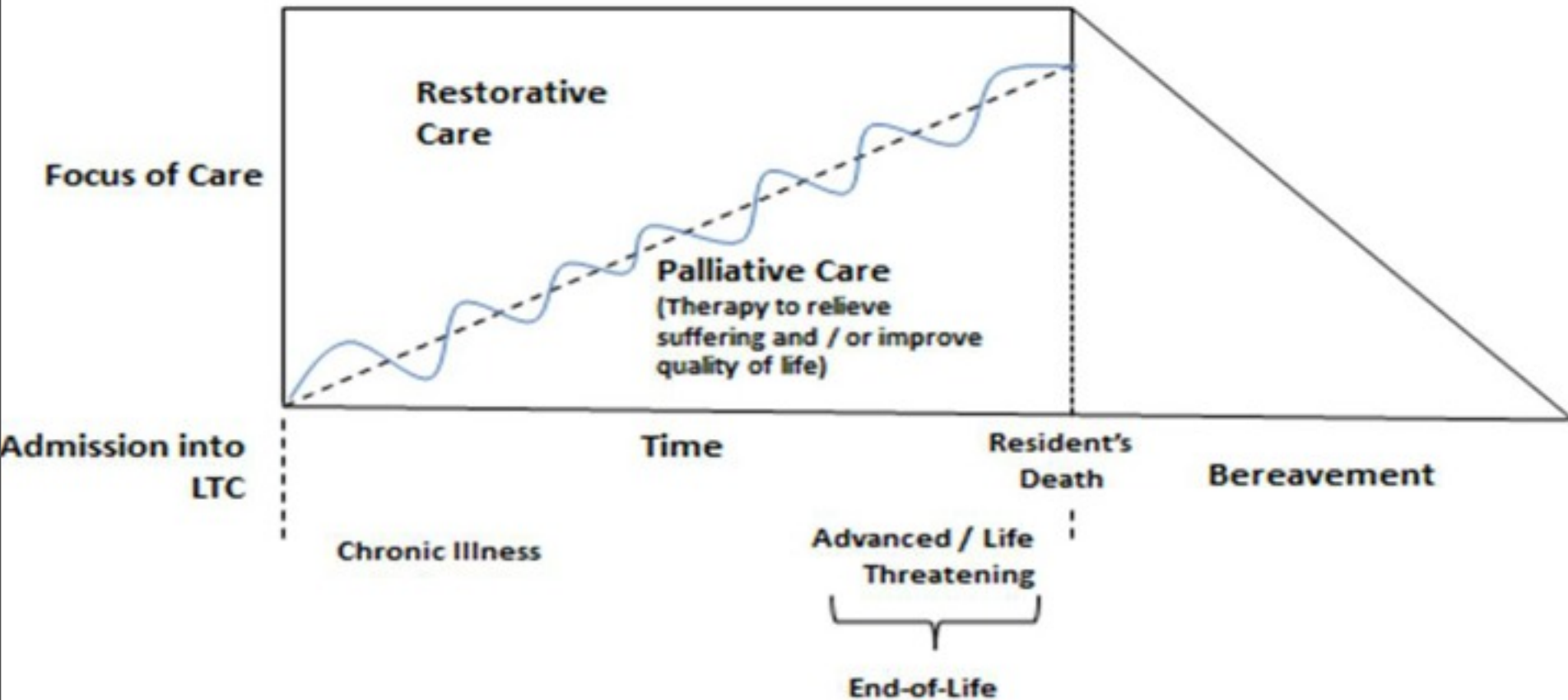
What is Palliative Care?

- A philosophy of care and a unique set of interventions that aim to enhance quality of life for all residents with life limiting illness regardless of diagnosis.
- Interprofessional in approach including non-regulated direct care staff.
- Identifier: *“We would not be surprised if the resident died within the next year.”*
- Plan of care is resident-centred and multi-dimensional, focusing on quality of life, symptom control, physical, emotional, spiritual and financial domains.
- Emphasizes education, communication and advance care planning with residents, families and staff.
- Family and staff education and support are important to avoid unnecessary family stress or hospitalization of the resident.

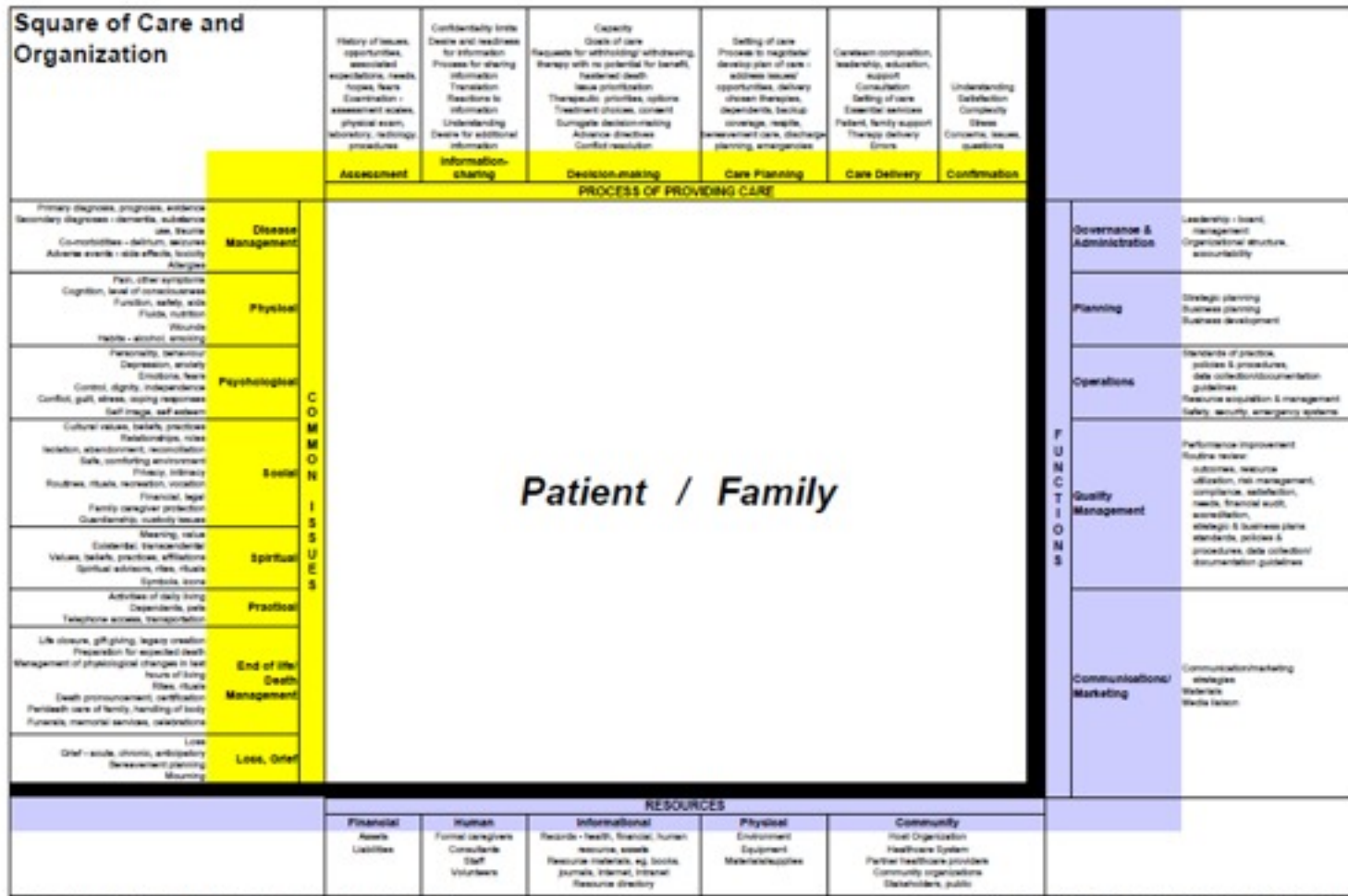
What is End-of-Life Care?

- Last phase of palliative care
- Last days or weeks of life
- Restorative care is no longer the focus as death is imminent
- Trajectory is short (1- 6 months)
- Focus is on supporting resident and family choices
- Addresses anticipatory grief

Transitions from Admission to Death



CHPCA Square of Care

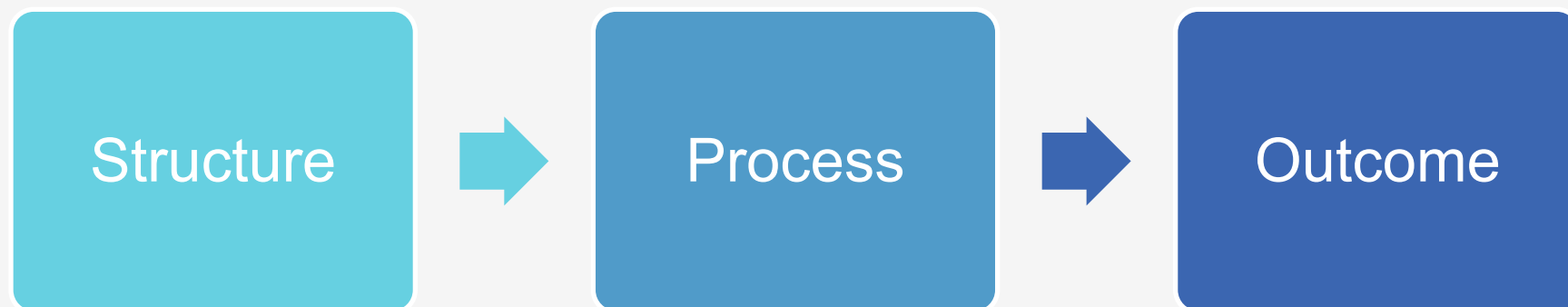


From: Farris PD, Barlow HR, Bowen R, Felby J, Harbick M, Lacrologie C, Lundy M, Sykes A, Ward P.

A Model to Guide Hospice Palliative Care © Canadian Hospice Palliative Care Association, Ottawa, Canada, 2002.

Creating a Model of Care

- Develop and evaluate quality palliative care programs will involve attending to three components:



(Donabedian, A., 2005)

Structure of PC Model for LTC (DRAFT)

- Formalized palliative care program with a description.
- Formalized interprofessional palliative care team including PSWs.
- Palliative care education for residents, families and staff.
- Community partnerships to support residents, families and staff with palliative care.

Processes related to PC program delivery

- Staff initiate/invite an advance care planning discussion with resident, family, SDM approx. a month after admission
- Staff Identification of residents who would benefit (ongoing)
- Staff initiate discussions and health care consent process with family SDMs at transitions to palliative approach and end of life care
- Holistic assessment of resident/family needs
- Documentation

Processes (continued)

- Care by interprofessional team including PSWs role
- Communication amongst staff/families
- Family education & support
- Engage community partners to support staff & families
- Avoid hospital transfers
- Manage physical environment to maximize privacy, dignity & comfort
- Grief support for staff & families following death

Outcomes in LTC

- Process mapping confirms successful implementation of model of care
- Promotional material available that explains PC team and program
- Family are satisfied with care
- Staff are satisfied with care

Outcomes (continued)

- Pain and symptoms well controlled
- Residents die at home
- Programs are in place to meet the social, spiritual, emotional, physical, functional, psychological, practical and grief support needs of residents and families

QPC-LTC Toolkits to implement model

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 - 6 week course
- Hospice Visits

QPC-LTC Toolkits to implement model

PC Policy and Procedure

- Palliative Care Program Description & Policy
- Advance Care Planning
- Pain Management Toolkit
- RAI for Palliative Care identifier

Community Partnerships

- Hospice Northwest Volunteers/Caring Hearts
- Music Utilization
- Alzheimer's Society Education Seminars
- Palliative Pain and Symptom Management Consultant

Quality Palliative Care Program Self-Assessment Checklist (Audit tool)

- Checklist being developed to assess whether the structural, process and outcome components are present in a LTC home.
- Can be used to assist homes to perform self-audits to monitor progress toward best practice in providing quality palliative care in LTC.

Upcoming Conference:

- Completed **model and audit tool** will be introduced at the QPC-LTC Tools for Change Conference.

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Toronto, Ontario

www.palliativealliance.ca

Further Information

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