

Canadian Hospice Palliative Care Association
Long Term Care Interest Group Meeting Notes
Sunday, October 26, 2008
Charlottetown, PEI

Time: 11:00-12:30

Chair: Gael Page

Attendance: 16 members representing NL, NB, NS, Ont, Sask, BC, Man.

Gael welcomed the participants, and reviewed the role of the Interest group. General introductions followed. The Terms of Reference for the Interest Group was reviewed – no changes were requested. A sign-up sheet was circulated for those interested in joining the List Serve (same was given to Gillian Fernie, CHPCA office for follow-up). A list of attendees was completed. The floor was then opened for a discussion of issues anyone wished to raise.

Issues Raised/Discussion

- A challenge exists to providing information/teaching for LTC facilities; ideas were requested. It was noted that there is a broad group of staff to teach; there is a challenge to reach all staff to teach pain management; and a problem exists in taking staff away from their unit – due to shortages and work load. Feedback included: Newfoundland Labrador has a Pain & Symptom Management Team that does 1.5 hour inservice sessions in facilities for staff. Sessions provided for various professions – LPN's, RN's, SCA's. This works well. They also have an 'Angels Care' Program which originated in Florida. A Facilitator includes all depts, including Housekeeping into the philosophy which is geared to the individual client's needs. The Frazer Health Authority, in BC do an orientation program which includes some information on palliative care. Suggestion that there perhaps should be better orientation for the LTC staff to include info on palliative care. NL has a LEAP program being initiated, which is a 9 month module program. Teaching will be done for acute, and LTC facilities. Nova Scotia has a full teaching program under the auspices of Cancer Care NS which has been taught across the provinces for LTC folks, with an excellent response from the Homes.
- Discussion about the difficulty for younger residents in LTC living among older residents.
- Discussion around comment that residents from LTC facilities should be transferred to Hospice Unit.
- Discussion about early discharges from acute care and the strain on patients and families with readmissions to hospital (unsuccessful discharges). Noted that Nova Scotia has a team meeting with all members of the team for discharge planning prior to hospital discharge. Frazer Health in BC has a similar model with their Palliative Team.
- Work has been done in several provinces to improve standards for palliative care.
- Discussion about younger clients resistance to accepting care and wanting to remain in their homes. BC – Vancouver area working on establishing a Day Hospice.
- Information item: reviewed an information letter from a University of British Columbia researcher who is conducting a study of the palliative care workforce across Canada, as part of a research project “Who Will Care In The End: A Pan-Canadian Study of Palliative Care Providers' establishing a Pan Canadian baseline. For more information: <http://www.spph.ubc.ca/pcsurvey1>
- Discussed advantages to being part of the List Serve.
- Gael asked for feedback regarding the style of the meeting: would members rather a more formal agenda perhaps with a guest speaker etc. Those present were unanimous in wanting the agenda kept open for discussion – the less formal the better. All agreed they need time to network, raise issues and discuss with colleagues – the rest of the conference is very structured – this time is best not. It was noted that when some people entered the room and saw an agenda, they decided not to attend.

Gael thanked everyone for attending, and for the good discussion.

Meeting concluded at 12:30 pm.