

Engaging Long Term Care Homes to Implement a Palliative Approach to Care in Six Provinces: An Opportunity for Critical Reflection and Dialogue



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Canadian Hospice Palliative Care Association Conference
October 12-14, 2023

Agenda

- 0900-0930: Introduction to the Health Canada Study and SPA-LTC program
- 0930-0945: International palliative care perspective
- 0945-1045: Small group breakout session
- 1045-1100: Break with light refreshments
- 1100-1130: Large group sharing
- 1130-1140: Overview of next steps for the Health Canada Study
- 1140-1145: Questions/discussion



Introduction to the Health Canada Study and SPA-LTC program



Need to implement a palliative approach in long term care

- In Canada, current average stay in LTC is <18 months
- Over 1 in 4 residents die each year
- Frail and marginalized population – multiple chronic conditions, social isolation
- Includes dementia and mental illness – unique approach to care using a palliative approach required
- Decision making often occurs too late and in crisis mode



Goal of SPA-LTC

- Knowledge mobilization project
 - Increase uptake of palliative approach in Canadian long term care (LTC) homes
 - Curating, adapting and disseminating resources for:
 - Direct care
 - Program development
 - Staff training
 - Consolidating resources into an accessible national repository



SPA-LTC

Resources for Strengthening a Palliative Approach in Long-Term Care

Preparing for Future Changes

- ✓ Advance care planning resources
- ✓ Healthcare decision-making resources
- ✓ Illness trajectory pamphlets for residents and families

Improving Comfort and Quality of Life

- ✓ Assessment tools
- ✓ Education for the whole care team
- ✓ Educational resources for residents and families

Strengthening Relationships

- ✓ Care conferencing resources
- ✓ Bereavement care resources for residents, families and staff
- ✓ Resources to support relationship-centred care

Building Organizational Capacity

- ✓ Self-assessment resources
- ✓ Resource mapping tools to identify external consultants
- ✓ Guidelines for building a Palliative Champion Team

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SPA-LTC

Strengthening a Palliative Approach
in Long-Term Care



Health Canada

Santé Canada

- Situational analysis project funded by Health Canada (2021-2026) to roll out a palliative program in LTC across Canada in partnership with:
 - CHPCA
 - Canadian Virtual Hospice
 - Pallium



Overarching objective

- To explore contextual challenges, facilitators, and resources that could be leveraged to support LTC homes to implement a palliative program (Strengthening a Palliative Approach in Long-Term Care (SPA-LTC)) in LTC homes in Ontario, Saskatchewan, Manitoba, New Brunswick, Quebec, and British Columbia



Situational Analysis Data

Stakeholders

- Family/care partners
- Nurses
- Physicians
- Administrators
- External consultants
- Allied Health

Methods

- Surveys
- One-on-one Interviews



Findings of the surveys

- 184 surveys analyzed
 - Ontario (n=87), British Columbia (n=84), Quebec (n=13)
- Key findings:
 - Residents and families are not actively contributing and participating in the palliative program development
 - Diversity data were not consistently collected
 - Lack of grief and bereavement support for staff and family and resident
 - Lack of process for evaluating family and staff satisfaction across



Key Qualitative Findings

Current State of PA Program

- PA is thought to be same as end-of-life care
- ACP is procedural than person-centered
- Sociocultural and psychosocial care is sporadic
- Bereavement care is work in progress

Facilitators for Implementing a PA Program

- Champions in the home
- Access to palliative consultants
- Staff education initiatives
- Palliative rounds

Barriers to Implementation

- Cultural diversity of staff, residents and region
- Lack of APNs on the floor
- HHR crisis - no continuity + turnover
- Lack of psychosocial and grief support for the staff

Recommendations for a Sustainable PA Program

- Resource allocation to implement change
- Implement role of APN with expertise in palliative approach
- Initiatives to educate and involve informal care partners
- 24/7 access to palliative champion
- Empower care aids
- Implement entry to practice palliative competency
- Palliative toolkit

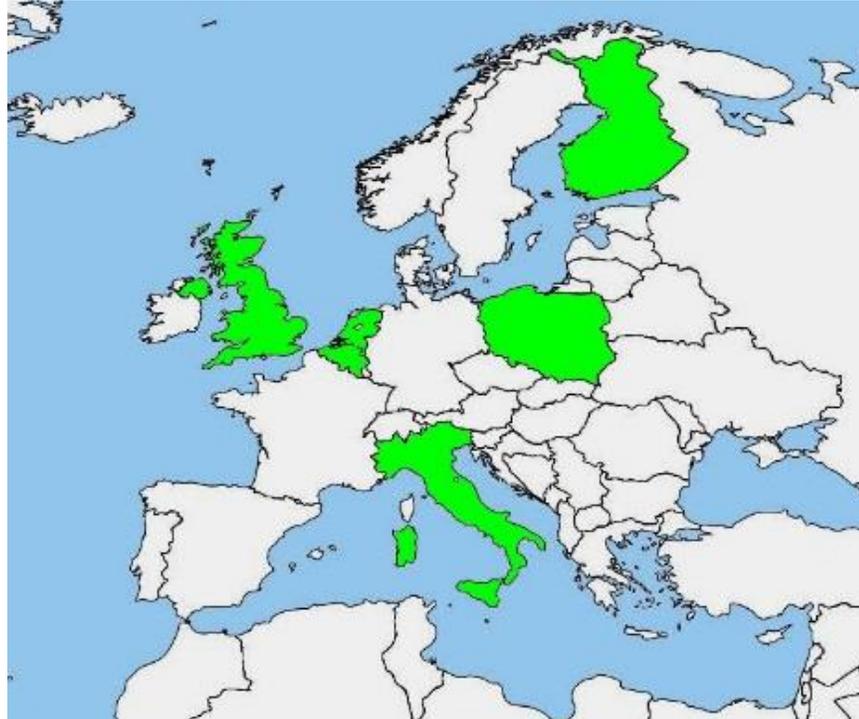


International palliative care perspective



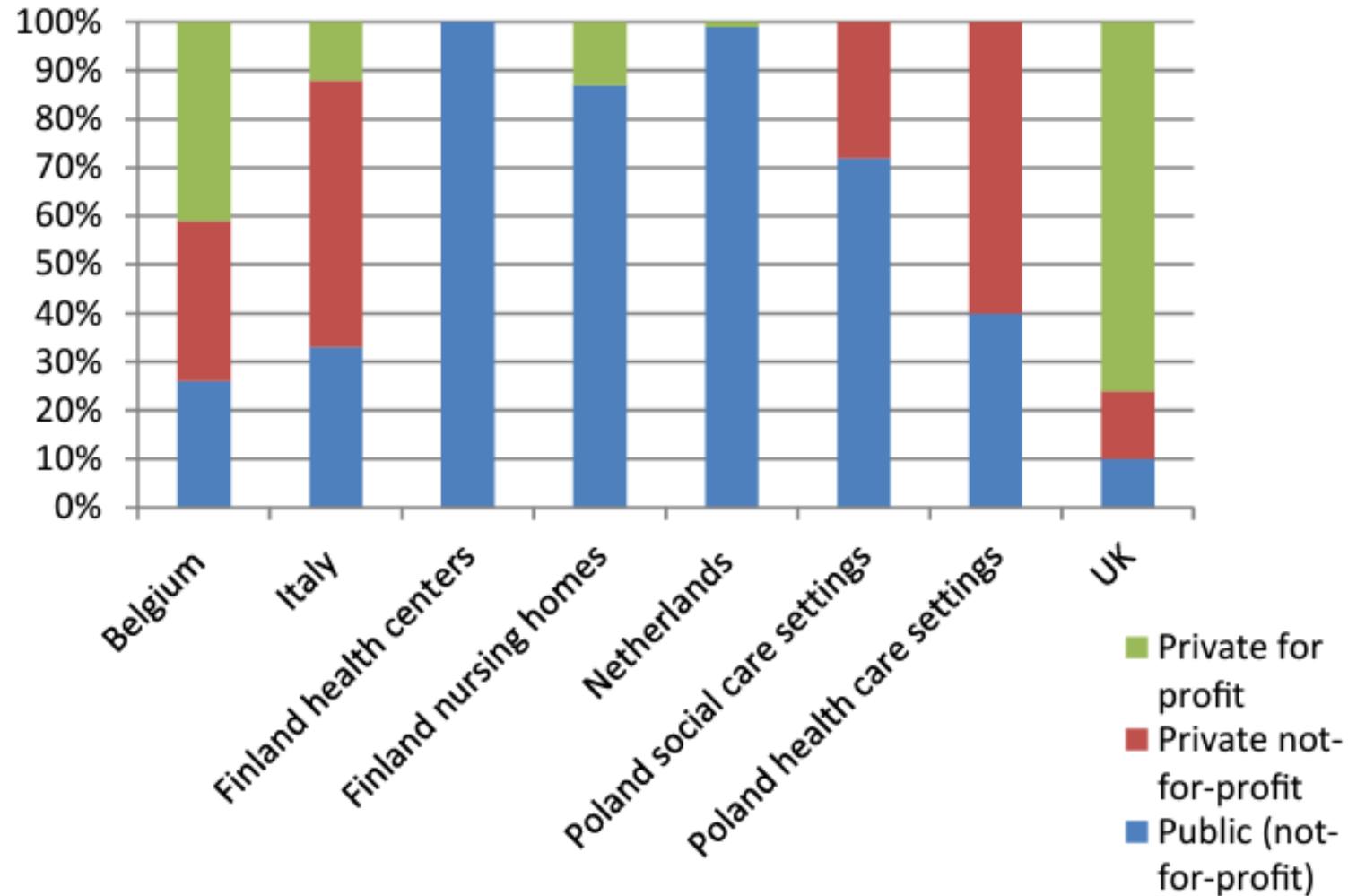
PACE: Mortality follow back study

- England,
- The Netherlands,
- Belgium,
- Finland,
- Poland,
- Italy



Aim: to recruit 48 LTCFs in each country, collecting data on 192 deceased residents, from LTCF staff members, general practitioners/physicians and relatives of the resident

LTCFs in Europe



Recruitment

- LTCF recruitment - 322
 - Deceased residents - 1707
 - Staff members - 2275
- Recruitment varied by country - 13.4% to 49.2%
- Structured surveys with:
 - LTCF staff – 54.2% to 95.1%
 - General practitioners – 23.8% to 88.4%
 - Relatives – 22.8% to 78.1%



Survey measures

- Demographic data (resident, staff and LTCF)
- Quality of dying in the last week of life: End-of-Life in Dementia Scales - Comfort Assessment while Dying (EOLD-CAD)
- Quality of end-of-life care in the last month of life (Quality of Dying in Long-Term Care (QoD-LTC) scale)
- Health related quality of life (EuroQoLEQ-5D-5L)
- Staff knowledge (Palliative Care Survey)

... and many more!



Complex population...

- Average age at death: from 81 years (Poland) to 87 years (Belgium, England).
- Length of stay: from 6 months (Poland, Italy) to 2 years (Belgium).
- More than two morbidities: 47% (the Netherlands) to 74% (Italy).
- Dementia: 60% (England) to 83% (Finland), roughly half of these in an advanced stage.
- Clinical complications during the final month 51.9% (England) to 66.4% (Finland and Poland).



Quality of dying/end of life care

- Quality of dying in the last week of life - ranged from 29.9 in Italy to 33.9 in England.
- Quality of end of life care in the last month of life - ranged from 35.0 in Italy to 44.1 in England.
- Higher scores associated with:
 - older age,
 - length of stay over one year,
 - higher functional status,
 - absence of dementia,
 - death in LTCF



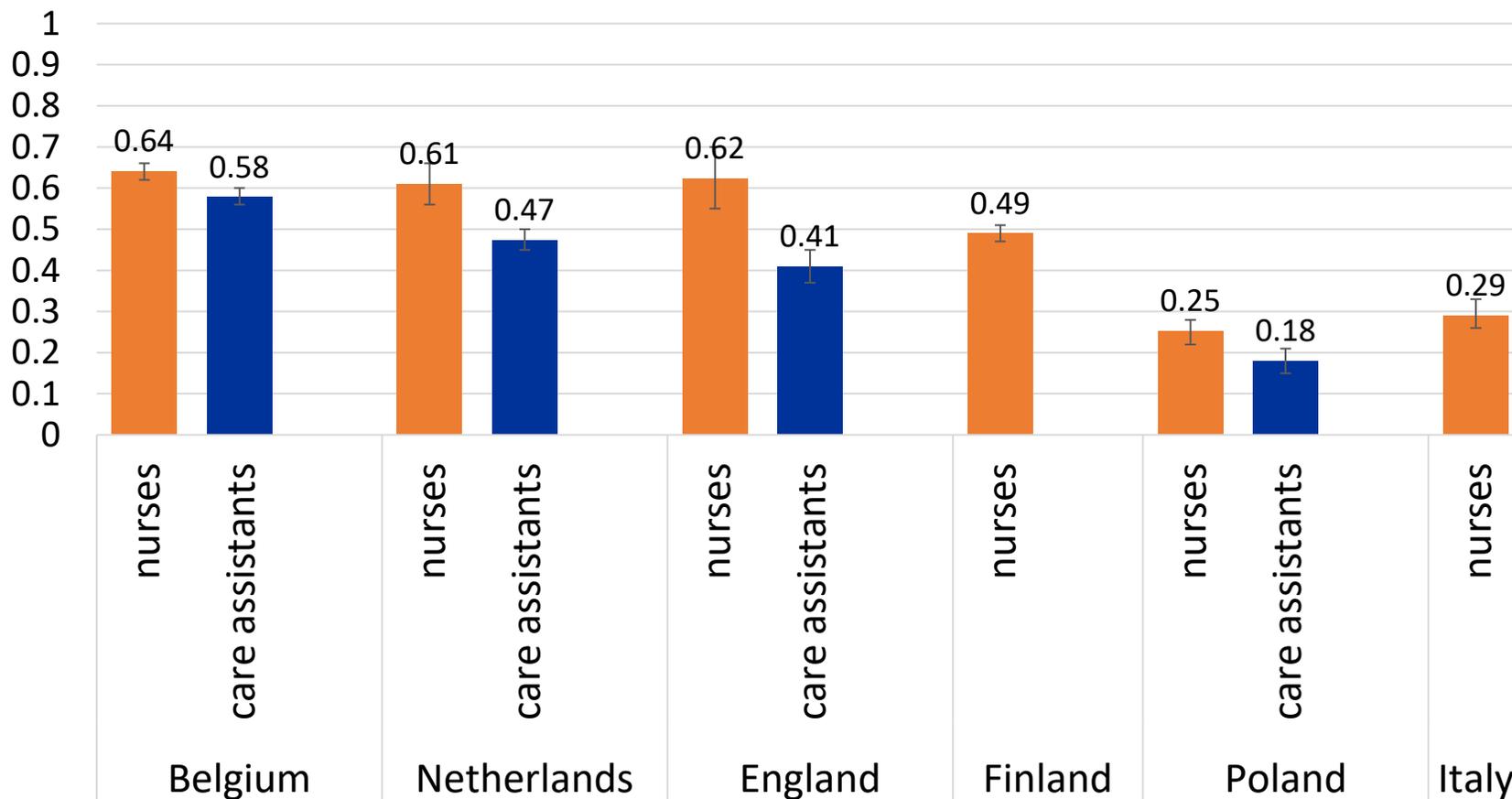
Palliative care knowledge

- Knowledge of basic palliative care issues ranged between 0.20 in Poland and 0.61 in Belgium.
- Knowledge of physical aspects that can contribute to pain ranged between 0.81 in Poland and 0.91 in the Netherlands.
- Knowledge of psychological reasons that can contribute to pain ranged between 0.56 in England and 0.87 in Finland
- Factors included professional role and having undertaken formal training in palliative care.



Palliative care knowledge

PCS End-of-Life Care subscale



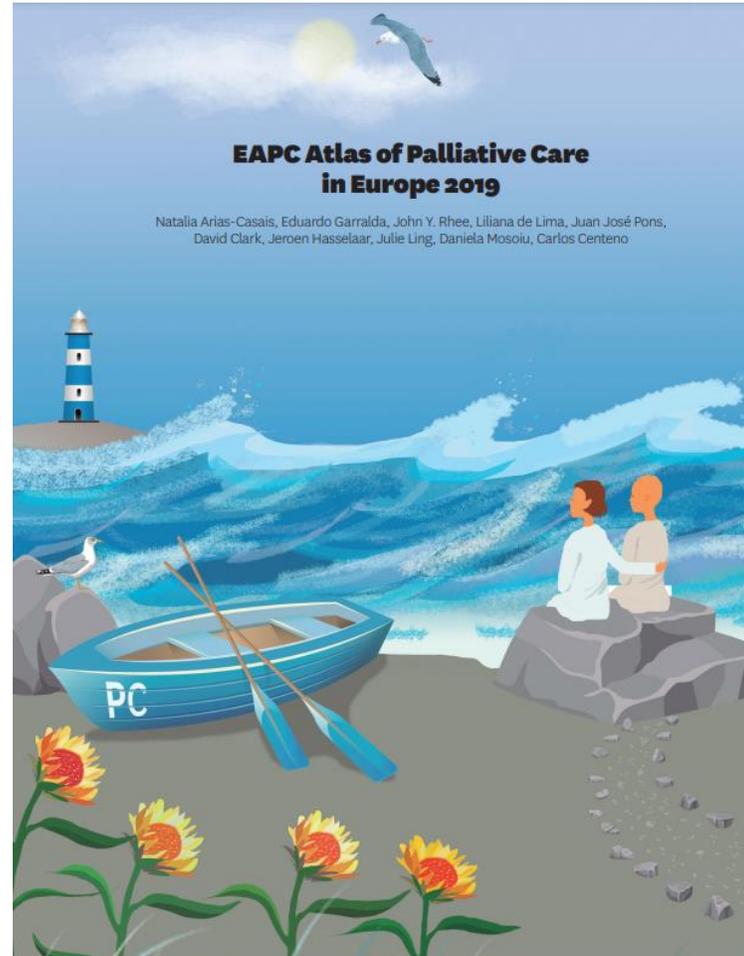
Higher mean scores (0 to 1) = better knowledge

Smets T, Pivodic L, Piers R, Pasman HRW, Engels Y, Szczerbińska K, Kylänen M, Gambassi G, Payne S, Deliens L, Van den Block L. The palliative care knowledge of nursing home staff: The EU FP7 PACE cross-sectional survey in 322 nursing homes in six European countries. Palliat Med. 2018 Oct;32(9):1487-1497.



EAPC Atlas

- Existence of official documents regulating palliative care interventions and its provision,
- training in palliative care,
- publications regarding the provision of palliative care,
- collaboration with palliative care teams,
- availability of national funds.



Acknowledgements



This project has received funding from the European Union's Seventh Framework Programme for research, technological development and demonstration under grant agreement no. 603111.



Small group breakout session



Activities

- Please take a printed list of recommendations for a palliative approach to care in LTC
- Rate your level of agreement for each recommendation on the second sheet of paper
- In your small group, discuss whether long term care homes in your local regions have put in place similar components to the SPA-LTC program
- Please record your responses on a large sheet so that key discussion points can be shared with the large group following the break
- Speakers of the symposium will be circulating in each small group during this session to address questions and engage with the group



Recommendation 1: Embed local palliative champion teams to initiate organizational change

- Identify existing palliative and end-of-life champion/s either in-house or virtually (local hospice) from various disciplines to form a palliative champion team (SPA-LTC example: <https://spaltc.ca/wp-content/uploads/2020/07/PCT-Terms-of-Reference.pdf>)
- Offer support to champions such as regional quarterly 'check ins' to create momentum and share best practices across homes
- Integrate discussions related to palliative care into existing formal committees which include families, residents, and staff to make decisions at a policy level (optimize use of resident and family council)



Recommendation 2: Conduct a self-assessment of a palliative approach in current care delivery in each home

- Assess how a resident and family-centred approach is currently being used from admission to bereavement by reviewing existing protocols and forms (SPA-LTC booklet on bereavement: https://spaltec.ca/wp-content/uploads/2022/08/SPA-LTC2012_Bereavement_in_LTC_Booklet-5-EN-FINAL.pdf)
- Embed a formal structure/script for LTC staff when discussing values and wishes with residents and families and have such discussions during admission conference



Recommendation 3: Building on the resident and family centred care approach in LTC, incorporate practice supports for integration of a palliative approach

- Offer site-wide staff education in formal and recognized programs in palliative care such as Learning Essential Approaches to Palliative Care (LEAP) and free programs such as SPA-LTC e-modules: <https://spaltc.ca/registration/>
- Provide residents and families with a questionnaire to help them prepare for a care conference to discuss palliative and end-of-life care (SPA-LTC example: https://spaltc.ca/wp-content/uploads/2021/01/Pre-Questionnaire.v6_Jan-2021.pdf)
- Provide staff with a care conference checklist to help them prepare for discussions about palliative and end-of-life care with residents and families (SPA-LTC example: https://spaltc.ca/wp-content/uploads/2021/01/StaffPlanningChecklist_v5_Jan-2021-.pdf)



Recommendation 4: Optimize internal and external resources and services to support staff in complex care situations

- Identify physician leaders in LTC to promote a palliative approach to care and team collaboration
- Empower healthcare aides to collaborate in resident assessments and reports and receive palliative care education (SPA-LTC example: <https://spaltec.ca/courses/polish-your-psw-and-hsw-practice/>)
- Maximize existing partnerships between LTC and external organizations (e.g., hospice, hospitals, local universities) to meet mutual priorities
- Utilize specialized external resources such as palliative specialist teams, hospice nurses, palliative nursing services (offers after hours services)



Recommendation 5: Put in place strategies for continuously strengthening a palliative approach as part of the culture of care in the facility

- Expand on existing assessments (e.g., inter-RAI) to reflect a palliative approach to care (e.g., pain, values and wishes, psychosocial needs, spiritual needs)
- Provide opportunities for LTC staff debriefing following traumatic/critical events such as a sudden death of a resident and when a 'good' death of a resident occurs (discussions can during staff rounds)
- Create little shifts in palliative care language through conversations and written information provided to residents and families on topics such as illness trajectory (SPA-LTC example: <https://spaltec.ca/resource-library/?search=illness+trajectory&province=british-columbia>)
- Embed indicators into existing processes and documentation for a successful implementation of a palliative approach program that are not only specific to hospital transfers and admissions or place of death; but also about advanced care planning and goals of care discussions (e.g., how soon after admission, how frequently); capacity building activities and number of staff trained in palliative approach to care





**STOP HERE
TO REFUEL
(TAKE OUT AVAILABLE)**

Break with light refreshments

Large group sharing



Activities

- Please have one member of each small group share their top 3 key discussion points with the large group



Overview of the next steps for the Health Canada Study



Next steps

- Collect survey responses and conduct interviews in other provinces of Canada
- Partner with existing organizations and work with LTC homes across Canada to address their needs and resource gaps
- Support LTC homes in developing their own palliative programs



Feedback on the next steps

- What else would you recommend we do to move forward with this work?
- How would you like to be involved?



Website & Social Media

- Website: www.spaltc.ca
- Twitter: @spa_ltc
- Facebook
- LinkedIn
<https://www.linkedin.com/company/spa-ltc/about/?viewAsMember=true>
- YouTube channel:
www.youtube.com/@spaltc

The image shows a screenshot of the SPA-LTC website and a tweet. The website header features the SPA-LTC logo (a tree with colorful leaves) and the tagline "Strengthening a Palliative Approach in Long-Term Care". The navigation menu includes Home, About SPA-LTC, Families, Healthcare Providers, Research, and Resources. The main banner image shows an elderly woman and a child, with the text "JOIN OUR COMMUNITY OF PRACTICE" overlaid. Below the banner, a paragraph describes the community of practice. The tweet below is from SPA-LTC (@spa_ltc) and mentions a video about the SK LTC Network's role in re-establishing family relationships.

Our Team Contact Us

SPA-LTC
Strengthening a Palliative Approach
in Long-Term Care

Home About SPA-LTC Families Healthcare Providers Research Resources

JOIN OUR COMMUNITY OF PRACTICE

The Palliative Approach in Long Term Care Community of Practice is a group of professionals who come together on a monthly basis to share experiences and best practices regarding advance care planning education and implementation in Canada – including challenges and successes.

Home

What's happening?

SPA-LTC @spa_ltc · 1h
SK LTC Network and #SPALTC worked in partnership to produce this video as a reminder of the significance of family relationships and the need to re-establish their role in #LTC. You can find the resource on the SPA-LTC website spaltc.ca/resource-libra...

SK LTC Network: Re-establishing the Role of Familie...
A conversation with members of the Saskatchewan Long Term Care Network [SK LTC Network]
vimeo.com

Tweet

QR Code to Situational Analysis Process in BC



Questions?