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| Program Title: **Palliative and End-of-Life Program** | Manual Reference Number: |
| Date of Original Creation: | Policy Review Date: |
| Approved By: | |

**POLICY:** It is the policy of this Home to ensure there is a Palliative Care and End-of-life Program and interdisciplinary team in place to provide a resident-centered, palliative approach to care that enhances a resident's quality of life until death and to honour the resident after death.

**GOALS:**

A palliative approach and end of life care aims to relieve suffering, enhance quality of life and provide a dignified death for all residents in long term care. A palliative approach is holistic, resident and family centered and includes all domains; disease management, loss and grief, physical, psychological, social, spiritual, practical and end of life care/death management.

**OBJECTIVES:**

- To provide a palliative approach and end of life care to every resident when it benefits them the most
- To provide palliative/end-of-life care that is resident-centered and family-centered
- To address pain and symptom management, physical, psychological, social, spiritual care and practical end of life issues as well as provide grief and bereavement support.
- Improve quality of life during illness until death
- Provide a dignified death for residents
- To ensure all staff receive appropriate and ongoing training in providing a palliative approach and end of life care.
- Provide support and resources for families and staff
- To celebrate and honour the life of the resident throughout their long term care journey

**TERMS:**

**Palliative Approach:** is an approach to care that improves the quality of life of persons and their families facing the problem associated with life-limiting illness, through the prevention and relief of suffering by means of early identification, advance care planning and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual. Care:

- Provides relief from pain and other distressing symptoms;
- Affirms life and regards dying as a normal process;
- Intends neither to hasten or postpone death;
- Integrates the psychological and spiritual aspects of care;
- Offers a support system to help persons live as actively as possible until death;
- Offers a support system to help the family cope during the person's illness and in their own bereavement;
- Uses a team approach to address the needs of persons and their families, including bereavement counselling, if indicated;
- Will enhance quality of life, and may also positively influence the course of illness;
- Is applicable early in the course of illness, in conjunction with other therapies that are intended to prolong life, such as chemotherapy or radiation therapy, and includes those investigations needed to better understand and manage distressing clinical complications. (WHO, 2019)

[ADD HOME LOGO and ANY OTHER REQUIRED TEMPLATE HEADERS]

Palliative Care is NOT just care at the end of life

**End-of-life Care:** is the final stage of the palliative approach. The resident is expected to die within the near future (months, weeks, days).

**COMMUNITY PARTNERS**

Consider utilizing community resources to enhance and support the palliative approach to care

- Pain and Palliative Care consultant (http://www.pccnetwork.ca/where-we-are/)
- Alzheimer Society
- Cultural Organizations
- Spiritual Organizations
- MS Society
- CHPO
- CHPCA

**ASSESSMENTS**

- The Palliative Performance Scale (PPS) will be used to help identify decline in a resident.
- Changes in Health, End-Stage Disease and Signs and Symptoms (CHESS) scale. This scale detects frailty and health instability and was designed to identify residents at risk of serious decline. (CIHI, 2013)
- Early Identification & Prognostic Indicator Guide. To support earlier identification of decline in residents.
- Other pain and symptom assessments completed as required as per homes policy

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**PROCESS:**

**Admission:**
1 – Give admission book which discusses palliative care services within the home (*home specific*)
2 – Provide Illness Trajectory Pamphlets (if appropriate) (https://spaltc.ca/resource-library/page/2?category=informational-print-resource)
3 – PPS completed with other admission assessments

**6 Week/Annual Care Conference or upon decline:**
1 – Give palliative care pamphlet – if appropriate
2 – Provide illness trajectory pamphlets – if appropriate and not already done (https://spaltc.ca/resource-library/page/2?category=informational-print-resource)
3 – complete PPS. If PPS 40 or less look at other indicators of decline (weight loss/food/fluid intake). May prompt J5C on MDS

**Less than 6 months to live Diagnosis:**
1 – Email Chair of Palliative Care Team (*optional to Home*) to communicate information to Palliative Care Team
2 – Palliative Care Team initiates own internal palliative processes
- Palliative Rounds
- Family Care Conference
- Volunteer palliative visits
- Recreation team 1:1 visits
- Music Therapy
- Notify staff

3 - Palliative Indicator on resident's doorframe (eg. Butterfly, daisy etc or homes option)

**End-of-life**:
1 – Communication to staff (weeks/days/hours) and at shift change
2 – Increase Palliative Rounds
3 – Bereavement pamphlets to families (https://spaltc.ca/resource-library/?category=bereavement-topic)
4 – Palliative Cart to resident (*optional to home*)
5 – Comfort cart to family (*optional to home*)
6 – provide End-of-life interventions to family or staff staying with resident
7 – Provide family with Comfort Care Booklet

**Death and Post-death:**
1 – Complete process as per home upon a death (eg. Check apical heart beat for 1 min, pupil dilation, notify family/physician/funeral home)
2 – Place notice on residents door to see nurse before entering (until body is removed)
2 – Use dignity blanket on resident when funeral home removes the body
3 – Honour guard in place as body is removed from home
4 – Memory mat and electric candle at meal for staff and residents to sign or daisies with petals that memories can be written on (*homes option*)
5 – Announcement of death to residents at next meal and tell of memory mat – announcement template – (https://spaltc.ca/resource/suggested-wording-for-announcing-a-residents-death-2/)
6 – Communication to families and staff of death vis email/SMART TV or Memorial shelf with picture and flowers (*homes option*)
7 – Staff attend funeral if possible and deliver memory mat (*homes option*)
8 – Comfort Care Rounds monthly or informal huddles after each death (*homes option*)
9 – Bereavement pamphlets to family/significant others if not previously give – if appropriate (https://spaltc.ca/resource-library/?category=bereavement-topic)

**EVALUATION OF PROGRAM**
The program will be evaluated annually. Documentation of the evaluation will be kept. Documentation will include;

- date of the evaluation
- names of those who participated in evaluation
- a summary of changes made
- the date that the changes were implemented.

**EDUCATION**
Education on hire and annually related to palliative and end-of-life care is provided for all employees.
Education/support to families and residents is available via pamphlets, resource material, from in house staff and outside consultants.

**SUPPORT**
Employee Support is available through EAP access (with benefits)(*home specific*), access to comfort care rounds, peer support and support of clergy
Family Support is available through staff, clergy, social worker (*home specific*), both during and after death of a resident.

**GLOSSARY OF TERMS**

**Honour Guard**: To honour and respect the resident that has died. When the funeral home arrives, announce to staff that they are invited to form a silent honour guard at the front entrance. Staff and residents gather as the body is removed from the home

**Dignity Blanket:** A blanket that covers the morticians body bag as the body leaves the home. One staff will retrieve the blanket as the body is transferred to the funeral home vehicle

**Memory Mat:** A white placemat that is placed at the resident's dining room spot for staff ad residents to sign. The staff member attending the funeral can take or give to family when cleaning room. This allows closure for staff, residents and hopefully family.

**Comfort Care Rounds**: Comfort care rounds are a time of support for staff. Bimonthly to monthly or individual huddles/meetings to allow staff to reminisce, grieve, talk, share and discuss what was done well or what could have been better in the resident's death process. As well, discussions on who else could benefit from the palliative approach can be discussed.

**Palliative Cart:** A cart to be brought to resident's nearing end-of-life. The cart contains supplies to enhance comfort for the resident (eg. CD player, music, star lights, bubble tubes – dependant on homes resources)

**Comfort Cart**: A cart to be brought to the room when family are staying with the resident nearing end-of-life. The cart contains supplies to enhance comfort for the family. (eg. Coffee maker, drinks, granola bars, tissues, blanket, books – dependant on homes resources)

References

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