

# Palliative Care Resource Team Retreat

## *Tool for Building Teams*

### Quality Palliative Care in Long Term Care Alliance (QPC-LTC)



**Winter of 2014**



Social Sciences and Humanities  
Research Council of Canada

Conseil de recherches en  
sciences humaines du Canada



Lakehead  
UNIVERSITY

## Acknowledgement

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**Palliative Care Resource Team Retreat, Quality Palliative Care in Long Term Care, Version 1, [www.palliativealliance.ca](http://www.palliativealliance.ca).**

For more information regarding the project please visit [www.palliativealliance.ca](http://www.palliativealliance.ca) or email our team at [palliativealliance@lakeheadu.ca](mailto:palliativealliance@lakeheadu.ca)



## Introduction

It is difficult for long term care staff members to meet and develop programs for their residents due to a lack of time and human resources. Bethammi Nursing Home and Hogarth Riverview Manor piloted a Retreat day format to begin to build and get consensus on their new formalized palliative care programs and palliative care resource teams. The Retreat day was interactive and allowed for small and large group discussions.

## Process of Hosting a Retreat Day

### 1. Plan the Retreat Day

Prior to the event it is important to have a clear sense of the goals that you would like to have accomplished. You will need to know the following:

- How many staff and which staff will attend the Retreat day? Will the staff be paid or will they be volunteering their time?
- When will the retreat take place? Consider the time of year and whether staff can be easily replaced. Attempt to schedule the Retreat day according to your day shift (ex: 8:30am-2:00pm). This will allow for less complications in scheduling as only one shift will need replacements.
- Where will the Retreat day take place? It is important that the Retreat day take place in a venue that is accessible for all staff. For the pilot it was decided to have the Retreat away from the long term care home. If you decide to have your retreat in the long term care home do not have it near the resident floors or home units. This may take away from the Retreat day because of the distractions.
- What are your goals for the day? What would you like to have accomplished. Is there any important updates or new education sessions that you are also able to update the staff on during this session. Set your agenda for the day.

*Tip: Having 10-20 staff will provide the best results. Also, it is important to have staff representing each department or discipline.*

## 2. Create your agenda and book venue

When making your agenda, make sure to leave enough time for discussion. Consider using the questions in the sample agenda below:

### Quality Palliative Care in Long Term Care A Community-University Research Alliance

Facilitator: JoAnn Vis

Friday, April 8, 2011

#### Agenda

- |          |   |
|----------|---|
| 8:30am   | Continental Breakfast available.<br>Welcome (Research Team)<br>ADI Video  |
| 8:45am   | 1.0: Exploration of Research Findings / Literature / Best Practices -Large Groups<br>1.1 How is palliative care defined?<br>1.2 Where should palliative care be provided?<br>1.3 Who will be members of the palliative care resource team?  |
| 9:15 am  | 2.0: Knowledge Café -Small Groups<br>2.1 When would residents benefit by receiving palliative care?<br>2.2 Once a resident has been referred for palliative care, how is that communicated within the home?<br>2.3 How will community resources be identified and utilized within the home?   |
| 10:30 am | Refreshment Break   |
| 10:45am  | 3.0: Exploration of Research Findings / Literature / Best Practices -Large Groups<br>3.1 What are the needs of staff?<br>3.2 What are the needs of residents?<br>3.3 What are the needs of families?  |
| 11:15am  | 4.0: Knowledge Café -Small Groups<br>4.1 Which disciplines are missing from the palliative care resource team? Are there opportunities to involve them?<br>4.2 What could the palliative care resource team do (incorporating the needs of staff, residents, and families)?<br>4.3 How can residents/family/staff access the resource team? |
| 12:30pm  | Lunch Break   |
| 1:00pm   | Presentation and discussion of knowledge café outcomes  |
| 1:50pm   | Heather Kibzey -Family Perspective  |
| 2:00pm   | Next Steps (Meghan/Nadia)   |
| 2:30pm   | Adjournment   |



- You may want to consider using a knowledge café style such as suggested above. Knowledge café are done by separating into small groups and working a set questions. This can provide the opportunity for staff to work together that do not usually meet or work together.
- Make sure to have breaks especially during a full day session. Breaks also give facilitators time to summarize knowledge café findings in order to provide same day information to participants. If small group work is done ensure that there is a person recording the details so that information can be summarized.

### 3. Advertise your event

When advertising the event consider whether a set group of people will be invited such as the palliative care team or whether the event will be open to all staff. Include all of logistical and practical information that you determined in step one.

### 4. Prepare information for the team

Information will be needed in order for the team to make an informed decision. For example during the 8:45am question #1.1 asks “how is palliative care defined?” You may want to prepare a handout or PowerPoint for the team to choose from. See a sample PowerPoint in [Appendix A](#). Also consider if “key informants” can support the information delivery. You may want to consider having a Palliative Pain and Symptom Management Consultant or a family member as seen in the agenda.



## 5. Hold your retreat day

During your retreat day make sure to keep an open mind. It is important the long term care administration be present and they should help to facilitate the day. The more departments and disciplines present the better and more inclusive your results will be and the more excitement will be generated.

## 6. Summarize your results and provide them to your team

Once the day is complete make sure to provide all participants with a summary of the days events. It is important to keep record of the day so that you can look back on the decisions made and rationale.

### Appendix A: Sample PowerPoint



# Morning Agenda

8:30am	Welcome
8:45am	1.0 Research Findings (large group discussion)
9:15am	2.0 Knowledge Café (small group discussion)
10:30am	Refreshment Break
10:45am	3.0 Research Findings (large group discussion)
11:15am	4.0 Knowledge Café (small group discussion)
12:30pm	Lunch Break



## Section 1.0 Research Finding / Literature / Best Practices (Large Group Discussion)



**8:45am-9:15am**



# 1.1 What is Palliative Care?

## Literature

- ◆ Many different definitions for palliative care (Canadian Hospice Palliative Care Association, Ontario Palliative Care Association, and World Health Organization definitions are included within your package)

- ◆ The Canadian Hospice Palliative Care Definition is the one used by the Quality Palliative Care in Long-Term Care Alliance

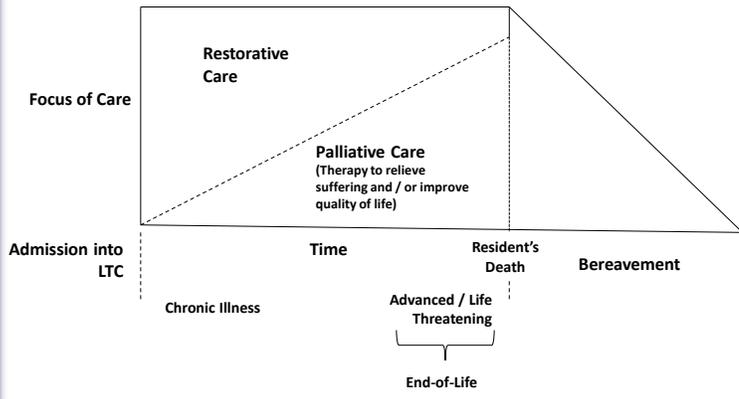
- ◆ Palliative care is whole-person care that aims to relieve suffering and improve the quality of life for an individual diagnosed with a chronic, life limiting or terminal disease (expected death).

- ◆ Palliative care uses a team approach to help residents and families:

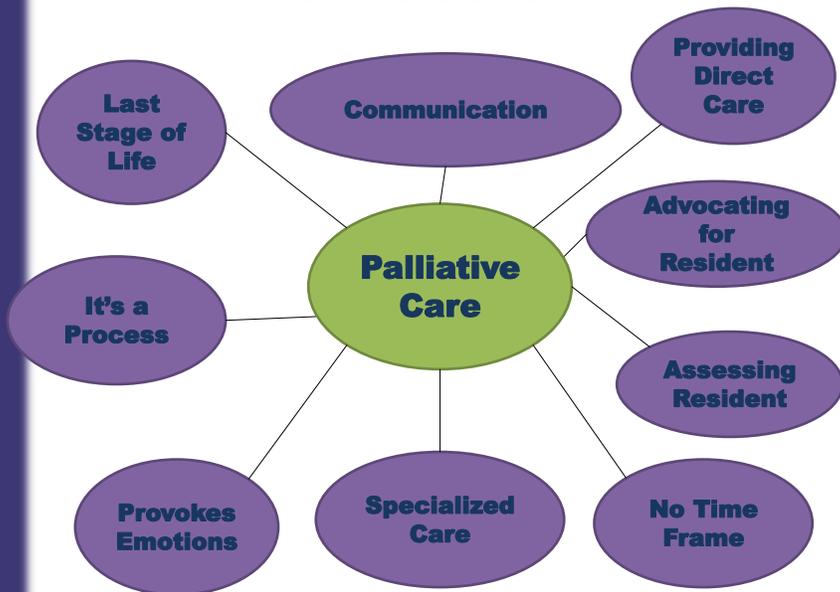
- ◆ address physical, psychological, social, spiritual and practical issues and their associated expectations, needs, hopes and fears

- ◆ prepare for and manage self-determined life closure and the dying process

- ◆ Palliative care extends beyond death to offer grief/bereavement support to family.



### Research Results



## 1.2 Where Should Palliative Care be Provided?

### Literature

- ◆ Palliative Care should be provided wherever the person resides
- ◆ Facts regarding long-term care:
  - ◆ The average length of time a resident lives in LTC is 2 years
  - ◆ In Bethammi and Hogarth, 30-40% of residents die each year, which is comparable to national statistics
  - ◆ Over 75% of residents have some form of cognitive impairment

## 1.3 Who will be members of the palliative care resource team?

### Current List of Team Members

<b>Bethammi Nursing Home</b>	<b>Hogarth Riverview Manor</b>
<ul style="list-style-type: none"><li>• 1 Clinical Care Coordinator</li><li>• 13 PSWs</li><li>• 1 RN</li><li>• 1 RPN</li><li>• 2 Dietary Aids</li><li>• 1 Housekeeping</li><li>• 1 Life Enrichment</li><li>• 1 RAI Coordinator</li><li>• 1 Spiritual Care Supervisor (shared)</li><li>• 1 Life Enrichment Supervisor (shared)</li></ul>	<ul style="list-style-type: none"><li>• 1 Clinical Care Coordinator</li><li>• 3 PSW</li><li>• 1 RN</li><li>• 1 RPN</li><li>• 1 Food Services Manager</li><li>• 1 Spiritual Care Supervisor (shared)</li><li>• 1 Life Enrichment Supervisor (shared)</li></ul>

**Are there any gaps?**



## Section 2.0 Knowledge Café (Small Group Work)



9:15am-10:30am



### KNOWLEDGE CAFÉ GROUPS

#### Group 1

RHONDA B.  
STEPHAN B.  
PAT L.  
DEBBIE T.  
RYAN A.  
ASHLEE M.  
VALERIE J.  
PEGGY L.

#### Group 2

JACQUIE C.  
KATHY Com.  
NADIA T.  
LINA M.  
SHIRLEY S.  
BARB M.  
TRACY R.

#### Group 3

CHRIS E.  
JACKIE M.  
MEAGHAN S.  
CAROL W.  
LOU T.  
AMY T.  
KATHY C.  
TERRI S-M.



**Refreshment Break  
(15 min)**



**Section 3.0: Research Finding /  
Literature and Best Practices  
(Large Group Discussion)**



**10:45am-11:15am**



## 3.1 What are the Needs of the Staff? Literature

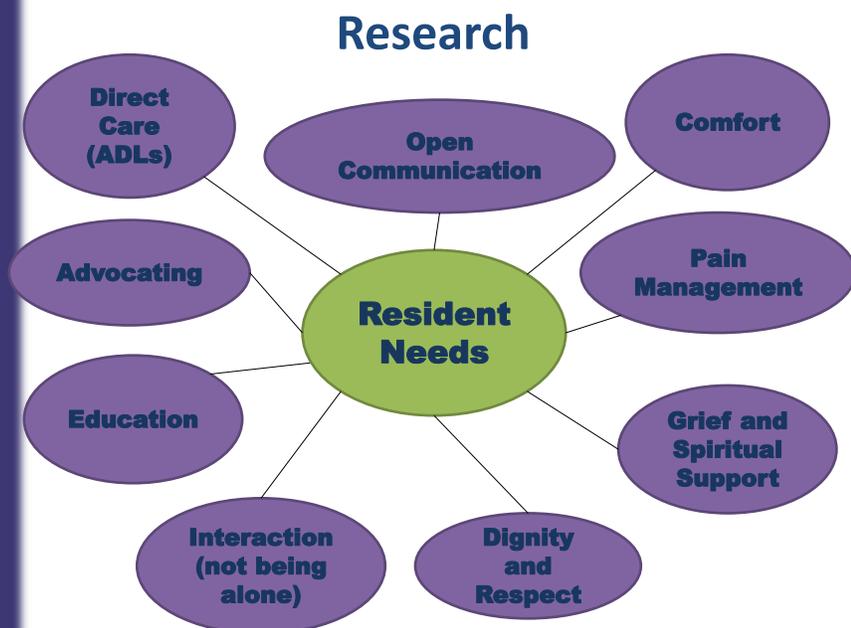
- ◆ Education regarding: pain control resources, bereavement support for families, palliative care concepts
- ◆ A palliative care model that is specific for Long-Term Care homes and a population of residents with chronic illness and dementia.
- ◆ Bereavement support offered consistently after resident deaths (example debriefing, memorial service)
- ◆ Supportive organizational policy and procedures, palliative care resources to address CHPCA norms of best practice Square of Care.

## Research Findings



## 3.2 What are the Needs of Residents? Literature

- ◆ Residents and families must be informed and educated to the extent they desire (disease trajectory, roles of each member of team and their role, and what they can expect)
- ◆ Coordination and continuity of care across diverse health care settings is key to quality end-of-life care.
- ◆ The Square of Care looks at assessment and how best to share information. Common concerns are:
  - ◆ relationships,
  - ◆ pain management,
  - ◆ anxiety,
  - ◆ life closure,
  - ◆ treatment choices/options
  - ◆ understanding information/ communication
  - ◆ hopes and fears, and
  - ◆ unresolved conflict.

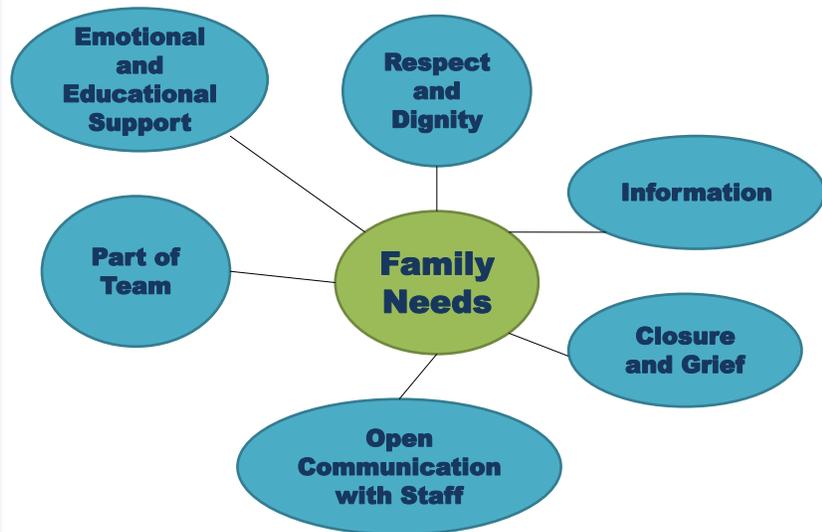


## 3.3 What are the Needs of the Family?

### Literature

- ◆ Family may be experiencing grief or guilt, so it can be difficult for them to be involved in end-of-life treatment decisions.
  - ◆ Families and caregivers of a resident with dementia are at a greater risk of psychological stress due to the prolonged dying trajectory
  - ◆ For some family members this may be their first experience of a palliative approach or their first experience of impending death. They need opportunity and privacy to attend to such matters as: treatment decisions, family relationships and financial concerns.
- 
- ◆ Families have concerns about pain management and about ensuring that care preserves dignity
  - ◆ The family will also require education on the purpose and benefits of palliative care, and a discussion of what to expect in the disease trajectory
  - ◆ Whenever possible, being informed when death is imminent.
  - ◆ The Square of Care outlines the important issues such as addressing expectations, physical and psychological care, meaning, goals of care, relationships, loss, education about what to expect, and unresolved conflict.

## Research Results



## Section 4.0 Knowledge Café (Small Group Work)



11:15am-12:30am





## **Lunch Break (30 min)**



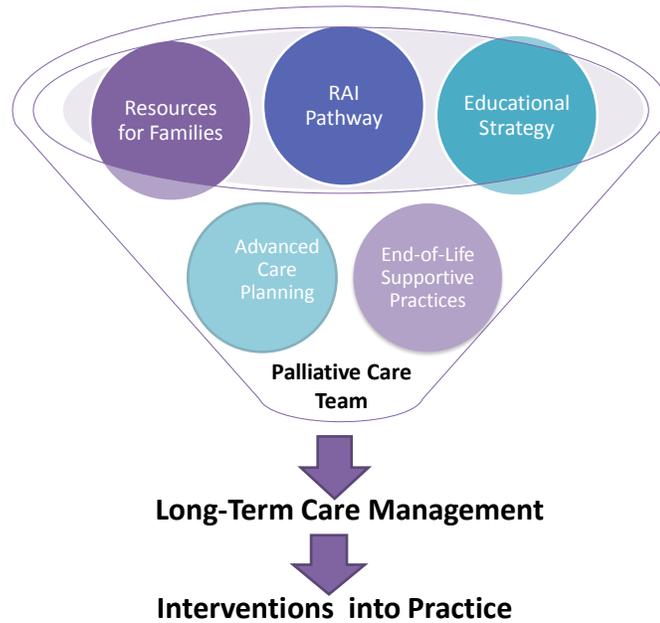
## **Afternoon Agenda**

- |               |   |
|---------------|---|
| <b>1:00pm</b> | <b>Presentations regarding outcomes of small group work</b> |
| <b>1:50pm</b> | <b>Family Perspective- Heather Kibzey</b>                   |
| <b>2:00pm</b> | <b>Closing Remarks- Meaghan and Nadia</b>                   |
| <b>2:30pm</b> | <b>Adjournment</b>  |
- 

## Next Steps?



## Palliative Care Communication



## Key Partners



## Funders



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For additional information, please contact:

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