

Quality Palliative Care in Long Term Care

A Community-University Research Alliance

Advance Care Planning with Families and Residents

When doing advance care planning with residents and families consider the following:

1) Education and Training:

- *Do you feel confident initiating and having conversations with residents and family members about advance care planning?*

For tips on starting the conversation please visit: <http://www.advancecareplanning.ca/>

- *Do you know what palliative and end-of-life care services your home has available?*

Talk to your team and administration about what services are available prior to having the conversation. If available bring pamphlets of the services.

2) Timing

- Do you feel comfortable in knowing when to start the conversation?

For advance care planning toolkits that are tailored for provincial guidelines please visit:

<http://www.chpca.net>

Providing residents and family members with information prior to admissions can ease awkwardness, discomfort, or apprehension of having the conversation.

Discussing advance care plans during the admission process into long-term care may be overwhelming for the resident and their family members. However, during admissions you can facilitate future discussions about advance care planning by preparing for a follow up meeting four to six weeks post admission.

Follow up with a meeting dedicated to understanding the advance care wishes of the resident.

- Have you continued to discuss advance care plans with residents and family members?

Annual care conferences are also an overwhelming experience for residents and family members. However, resident wishes for physical, emotional, spiritual and social care may change with time or as health changes. Continued assessments of advance care wishes are beneficial for residents when providing holistic care.

3) Communication

- How can communication about death improve care of a resident?

Advance care planning can alleviate stressful treatment decisions, feelings of guilt and unease during end-of-life if a resident is incapable of making those decisions.

- How can staff of long-term care homes facilitate ongoing communication about advance care wishes?

Development and maintenance of healthy therapeutic relationships with residents and their family members can enable and engage continued conversations about end-of-life care wishes.

4) Knowing the Resident

- Does the long-term care home meet the individual wishes of the resident?

Long-term care staff that is familiar with the resident's personal/social history will be able to better meet the spiritual, physical, social and psychological needs of a resident.

Knowing the resident holistically can create an environment of safety and trust that can be a channel for advance care planning conversations.