

Purpose

In Canada, approximately 39% of residents die in long-term care (LTC) homes each year.

However, most LTC homes lack formalized palliative care (PC) programs that address the holistic aspects of care for residents and their family members.

LTC funding, legislative and compliance regulations contribute to structural challenges to providing PC in LTC. The broader societal culture in which dying is regarded as a medical event rather than accepted as a normal life event poses further challenges. A four phase community capacity building model-having antecedent conditions, experiencing a catalyst, creating the team and growing the program- is being used as a theory of change to modify the culture of LTC homes and develop PC programs.

Methods

Participatory action research methodologies were used to assess a comprehensive environmental scan of the antecedent conditions of 4 LTC homes in Ontario, Canada.

Results

The results illuminated existing antecedent conditions in each home. Improving the comfort and quality of care for residents at the end-of-life was a shared vision for change amongst all staff groups, however staff across all disciplines did not feel empowered to influence organizational change. Teamwork and communication were great challenges due to low staffing levels, scopes of practice and the professional hierarchy of staff.

Conclusion

The success and sustainability of the PC programs will be influenced by the capacity of each organization in relation to the antecedent conditions. According to the model, strengthening these antecedent conditions is important as a foundation for developing a PC team. The LTC home can use the results to develop and prioritize educational, clinical and policy related interventions. Community resources can be engaged to help support the process and augment the care given to residents at the end of life. Funding for this program of research is provided by the Social Sciences and Humanities Research Council of Canada