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## Section #1: Introduction

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This module will:

- Introduce the Quality Palliative Care in Long Term Care Alliance
- Outline a framework for developing and implementing palliative care program within long term care homes
- Highlight the importance of having palliative care programs within long term care homes



## Quality Palliative Care in Long Term Care Alliance

In 2009, the Social Sciences and Humanities Research Council funded the Quality Palliative Care in Long Term Care Alliance (QPC-LTC) for five years to address the need to develop formal palliative care programs in LTC homes. The Quality Palliative Care in Long-Term Care Alliance is comprised of 31 researchers and 50 organizational partners who actively contribute their expertise to the research project entitled, *Improving Quality of Life for People Dying in Long-Term Care Homes*. The Alliance's primary goal is to develop sustainable, person-focused palliative care programs consistent with the Canadian Hospice Palliative Care Association's Square of Care using a capacity development process. For further information please see the project website [www.palliativealliance.ca](http://www.palliativealliance.ca)

The Principal Investigator is Dr. Mary Lou Kelley from Lakehead University Thunder Bay Ontario. The research is conducted with four key partners; Lakehead University, McMaster University, the Municipality of Halton and St. Joseph's Care Group in Thunder Bay. The QPC-LTC Alliance partners are municipal, provincial and national organizations that represent individuals, families, caregivers, health care providers, educators and other stakeholders. There are four long-term care (LTC) homes in Ontario that are study sites for the project: Bethammi Nursing Home and Hogarth Riverview Manor in Thunder Bay, and Allendale Village in Milton and Creek Way Village in Burlington.

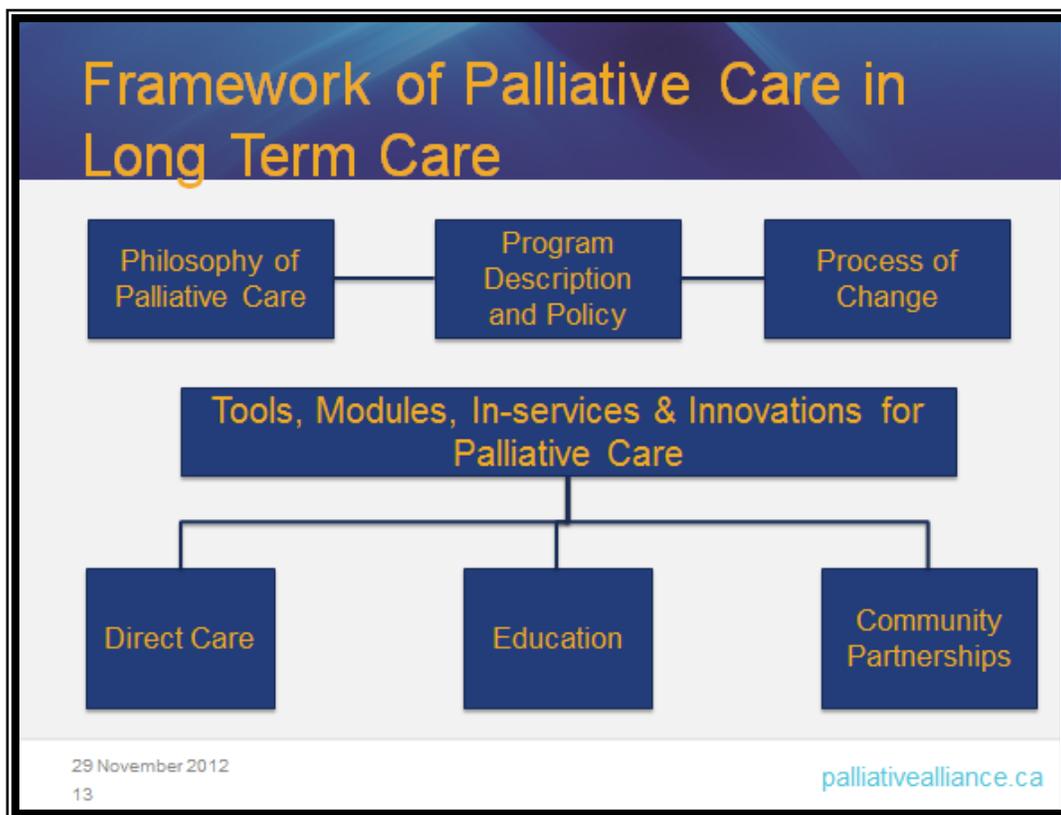
The primary goal of the research is to improve the quality of life of people dying in LTC homes by developing palliative care programs which integrate the Canadian Hospice Palliative Care Model of Care (see Appendix B). The specific project objectives are:

- to empower PSWs to maximize their role in caring for people who are dying and their families and support them to be catalysts for organizational changes in developing palliative care
- to implement and evaluate a 4-phase process model of community capacity development in four LTC sites, and create an evidence-based tool kit of strategies and interventions to support this development.
- to create sustainable organizational changes that will improve capacity to deliver palliative care programs through empowering PSWs, developing palliative care teams and programs within LTC homes and strengthening linkages with the community partners.

# Palliative Care in Long Term Care Framework

The Quality Palliative Care in Long Term Care Alliance has developed a framework to help support long term care homes with the development and delivery of their formalized programs. The following are the required elements:

- Philosophy of Palliative Care
- Program Description and Policy
- Process of Change
- Tools, Modules, In-services and innovations for palliative care



Education of the key elements will be explored in more detail in the other sections of this toolkit.

# Infographic- Palliative Care in LTC Ontario 2012



What is  
Palliative  
Care?

**palliative care is whole-person  
health care that aims to relieve  
suffering and improve the quality  
of living and dying.**



Components  
of Palliative  
Care:

-  **Physical**
-  **Spiritual**
-  **End of Life**
-  **Practical**
-  **Grief and Loss**
-  **Psychological**
-  **Social**
-  **Disease Management**



The  
Challenge



**83% of residents  
admitted to LTC in  
2010/11 had 'high' or  
'very high' care needs**



**76% of residents are totally  
dependent**



**45.9 % of LTC residents  
died in 2010/11**



**99% of LTC beds  
occupied As of  
July 2011**

PSW's 27,912

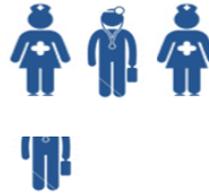


LTC 2010 Staff

RPN's 6,693



RN's 3,822



= 1,000 staff



PSW Competencies



PSWs provide the majority of the beside care to residents at the end-of-life in LTC

There competencies include:

*Care of the resident*

*Self-care*

**Professional development/  
mentorship**

*Ethical and legal issues*

*Advocacy*

**Communication**

*Time management skills*

*Teamwork skills*

**Care of the family**

*Care at the end of life*

