



Section #2: Palliative Care in Long Term Care Philosophy

This module will:

- Outline key palliative care definitions that consider a long term care home context
- Explore the difference between palliative care and end-of-life care in a long term care setting
- Provide an example palliative care program description and key components that long term care homes should consider



What is a Palliative Approach to Care?

A *Palliative Approach* is resident-centred care, within the long-term care home, that aims to relieve suffering and improve the quality of life for a resident and his or her family. A *palliative approach* should be implemented when death of a resident would be expected within the next year. A plan of care that has a *palliative approach* would address the physical, psychological, social, spiritual and practical issues of both the resident and family and continues to provide support into bereavement.

Generally, palliative care:

- Begins when a resident has chronic or terminal illness or illnesses that cannot be cured
- Emphasizes quality of life of the resident and symptom control
- Requires an interdisciplinary approach
- Focuses on resident centered care and holistic care

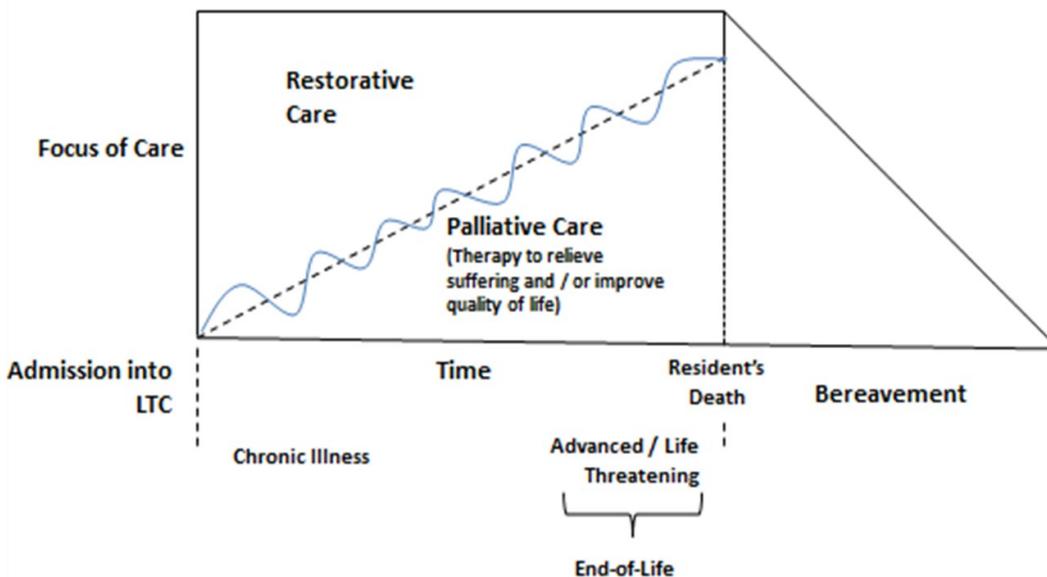
One way to determine if a resident could benefit from palliative care is to ask your team "would you be surprised if [the resident] died in the next year?" If they answer no, the resident would benefit from palliative care.



When Can Residents Benefit from a Palliative Approach to Care?

All residents can benefit from the philosophies of palliative care; however residents that family and staff would not be surprised if they die within the next year have a greater need for this type of care.

A palliative approach can be implemented simultaneously with restorative care. As seen in the graphic even when admitted into LTC



Adapted from CHPCA Model of Care

there should be some palliative goals of care. As the person continues to live in LTC the focus of the care becomes more palliative until the resident's death.



What is End-of-Life Care?

End-of-Life Care is the final stage of the palliative approach. It is considered to be the final stage of the journey of life. The resident is expected to die within the near future (months, weeks, days).

End-of-Life Care is:

- when death is inevitable
- a short trajectory (months/weeks/hours)
- focused on supporting patient and family choices
- when to address anticipatory grief



Square of Care and Organization

Assessment		Confidentiality/ethics for information sharing	Capacity: Goals of care, Requests for withholding/withdrawing therapy with no potential for benefit, Issue prioritization, Therapeutic options, Surrogate decision-making, Advance directives, Conflict resolution	Care Planning: Setting of care, Process to negotiate/develop plan of care - address issues/ opportunities, delivery criteria, transition coverage, respite, bereavement care, discharge planning, emergencies	Care Delivery: Care team composition, leadership, education, support, Consulting of care team, Patient, family support, Therapy delivery, Errors	Confirmation: Understanding, Consistency, Concerns, Issues, questions
PROCESS OF PROVIDING CARE						
Disease Management	Primary diagnosis, prognosis, evidence Secondary diagnosis - dementia, substance use, trauma Co-morbidities - delirium, seizure Adverse events - side effects, toxicity <i>Alzdis</i>					
Physical	Thyroid, other symptoms Function, safety, side effects Fluids, nutrition Wounds Halls - alcohol, smoking					
Psychological	Personality, behaviour Depression, anxiety Control, dignity, independence Conflict, guilt, shame, coping responses Self image, self esteem					
MMONS	Cultural values, beliefs, practices Isolation, abandonment, recolonization Safely, confidence, self-esteem Routines, rituals, recreation, vocation Financial, legal Family caregiver protection Quadrants, custody issues					
Spiritual	Meaning, value Ethical, transcendental, moral, spiritual Spiritual advisors, rites, rituals Symbols, icons Activities of daily living Telephone access, transportation					
Practical	Life closure, gift giving, legacy creation Preparation for expected death Management of physiological changes in last hours of living Rites, rituals Death pronouncement Provision of care of body Funerals, memorial services, celebrations					
End of life/Death Management	Grief - acute, chronic, anticipatory Bereavement planning Mourning					
Patient / Family						
FINANCIAL / HUMAN / INFORMATIONAL / PHYSICAL / COMMUNITY RESOURCES						
Financial	Insurance Liabilities	Human Family members Consultants Staff Volunteers	Informational Records - health, financial, human resources, assets Resource materials, eg. books, journals, internet, internet Resource directory	Physical Equipment Materials/supplies	Community Hotlines Healthcare System Patient healthcare providers Community organizations Stakeholders, public	

From: Felix FD, Balaban RM, Bowen K, Farley J, Hechler M, Lenczowski C, Lindy M, Syme A, West P. A Model to Guide Hospice Palliative Care. © Canadian Hospice Palliative Care Association, Ottawa, Canada, 2002.

Overall Philosophy of Care

Overall, providing quality palliative care is providing quality resident-centred care. Palliative Care:

- Empowers residents to be decision-makers in their own care
- Respects residents choices, wishes, values, goals
- Treats residents as unique, whole persons
- Provides residents tools to car for themselves
- Advocates for resident; acts on their concerns
- Focuses on relationships as the core process in quality care
- Values interdependence



Sample Palliative Care Program Description

Palliative Approach and End of Life Care Program Description

Program Description Requirements (O 79/10, ss 30)

Goals

A palliative approach and end-of-life care aims to relieve suffering, improve the quality of life and provide a dignified death for residents living with a chronic, life-limiting or terminal illness. A palliative approach that includes end-of-life care is holistic in nature and addresses pain and symptom management, physical, psychological, spiritual, social care, and practical end-of-life care issues.

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-centred.
- To address pain and symptom management, physical, psychological, spiritual, social care, and practical end-of-life care issues, as well as provide grief and bereavement support.
- To ensure all staff receive appropriate and ongoing training in providing a palliative approach and end of life care.
- To provide care using an interdisciplinary approach
- To provide guidance through the palliative care resource team.
- To celebrate and honour the life of the resident throughout their journey in long term care.

Relevant Definitions

Palliative Approach

A *Palliative Approach* is resident-centred care, within the long-term care home, that aims to relieve suffering and improve the quality of life for a resident and his or her family. A *palliative approach* should be implemented when the resident is diagnosed with a chronic, life limiting or terminal disease and a death would be expected within the next year. A plan of care that has a *palliative approach* would address the physical, psychological, social, spiritual and practical issues of both the resident and family and continues to provide support into bereavement.

End-of-Life Care

End-of-Life Care is the final stage of the palliative approach. It is considered to be the final stage of the journey of life. The resident is expected to die within the near future (months, weeks, days).

Care Planning

Care planning is reflection and communications regarding decisions dealing with palliative and end-of-life care. The resident makes decisions surrounding palliative and end-of-life care unless he or she does not have the ability to express his or her wishes. In this case the substitute decision maker will need to express the resident wishes. These wishes, even if not agreed upon, need to be supported by the family and staff. The advance care plan includes the medical (DNAR) and also incorporate the social, psychological, and spiritual aspects of care.

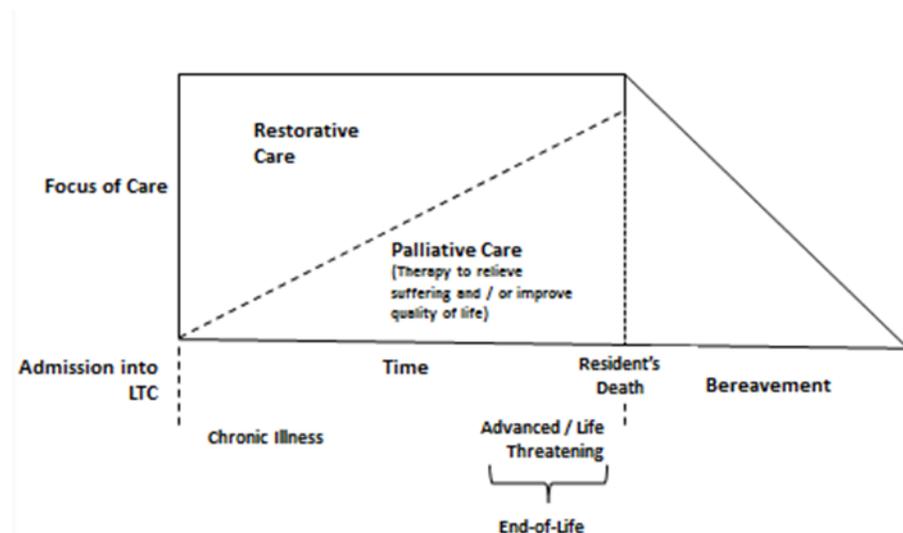
Interdisciplinary Palliative Care Resource Team

The roles of each staff member will be different within the palliative care team based on the staff's expertise and the role of the department he or she is representing. The following are generic tasks that the palliative care resource team will complete.

- Education
- Support
- Guidance
- Program Development and Growth

If any of the services are required any member of the Resource Team can be approached. If the team member cannot provide such support or information, he or she can locate another team member.

Graphic and Description (adapted from the Canadian Hospice Palliative Care Association, 2002)



A palliative approach can be implemented simultaneously with restorative care. As seen in the graphic even when admitted into LTC there should be some palliative goals of care. As the person continues to live in LTC the focus of the care becomes more palliative until the resident's death.

Relevant Programs, Policies and Procedures

A Palliative Approach and End-of-Life care can incorporate many different activities. As the plan of care is directed by the resident and family some or all of the activities may apply:

- Palliative Care Resource Team
- Palliative Approach and End-of-Life Care Identification
- Pain and Symptom Management
- Emotional Support
- Spiritual Support
- Palliative and End-of-Life Care Education (for residents, families, and staff)
- Palliative Approach and End-of-Life Care Communication Strategy (for residents, families, and staff)
- Grief and Loss Support (for residents, families, and staff)
- Palliative and End-of-Life Care Recreational Activities
- Advance Care Planning
- Wound Care
- Utilizing Community Organization to Support a Palliative Approach and End-of-Life Care Plan

Program Evaluation

Evaluated at least annually - evidence based

- Date of evaluation
- Names of person who participated in evaluation
- Summary of changes made and date of the changes were implemented

Protocol for Referring residents to specialized resources where required

References

Ferris FD, Balfour HM, Bowen K, Farley J, Hardwick M, Lamontagne C, Lundy M, Syme A, West P. (2002). A Model to Guide Hospice Palliative Care. Ottawa, ON: Canadian Hospice Palliative Care Association.

* Note: This program description was created based off an Ontario Association of Non-Profit Homes and services for Seniors Palliative Care Program template.

Palliative Care Program Components to Consider

When creating your palliative care program description consider the following key components:

1. Identification of Residents
2. Personal Support Worker Competencies
3. Grief and Loss Support for Staff
4. Community Partnerships

1. Identification of Residents

Identification of residents is an integral component to any palliative care program. It provides support to staff trying to decide when a palliative approach would benefit a resident.

One way to determine if a resident could benefit from a palliative approach is by utilizing a Palliative Performance Scale. The Palliative Performance Scale (PPS) is a useful tool for measuring the progressive decline of a palliative resident. It has five functional dimensions: ambulation, activity level and evidence of disease, self-care, oral intake, and level of consciousness. For more information regarding the PPS or how to implement it in a long term care home please [CLICK HERE](#).



2. Personal Support Worker Competencies

Given that Personal Support Workers provide most of the bedside care in long term care, the empowerment and education of Personal Support Workers is key to the development of a palliative care philosophy of care. The development of palliative care competencies for Personal Support Workers is a key step in the development of the palliative care team in long term care. Dr. Marg McKee along with several Personal Support Workers working in long term Care created 10 Competencies areas which include:

1. Care of the resident
2. Care of the family
3. Care at the end of life
4. Communication
5. Time Management
6. Team Work
7. Self-care
8. Professional Development
9. Ethical and Legal Issues
10. Advocacy



To view the competencies please [CLICK HERE](#).
For a French version please [CLICK HERE](#).

3. Staff Grief and Loss

Front Line Staff Experiences of Grief and Loss in a LTC Home, is a sub-study of the QPC-LTC Alliance. The goal of this sub-study is to describe the experiences of grief and loss of nine front line workers in LTC and to report on recommendations of how the organization can offer support to staff after a resident dies.

Some strategies for grief and loss support that your team or organization may want to explore could include:

“It’s hard to watch people die for a living...” (long term care home PSW)

- Staff education on grief and loss
- Peer support
- Formal support
- Protocols after a resident death

For more information on staff grief and loss and for example strategies please [CLICK HERE](#).

4. Community Partnerships

Community Partnerships can support you long term care home provide quality palliative care in several different ways:

- Enhance skill set for staff
- Provide additional expertise
- Help to provide more palliative care services within your home
- Support the building of palliative care programs
- Provide a palliative care focus at an organizational level
- Mentor your home on tools and best practices

The following are community partners that you may want to consider including in your palliative care program.

- Alzheimer Societies
- Multicultural and Multifaith groups
- Universities and Colleges
- Hospices
- Palliative Care Volunteer Groups
- Palliative Pain and Symptom Management Consultants
- End-of-Life Care Networks
- Dental Hygienists

Provincial and National Organizations can also help by providing you will a repository of information as well as by linking you up with other long term care homes providing palliative care.

- Ontario Long Term Care Association / Ontario Association of Non-Profit Homes and Services for Seniors
- Canadian Hospice Palliative Care Association
- Canadian Virtual Hospice
- Life and Death Matters