Updates & Innovations in Essential Conversations for the Health Care Team ECHO Series

Palliative Approach to Care in LTC:

Building comfort, care and connection into the Fraser Health culture

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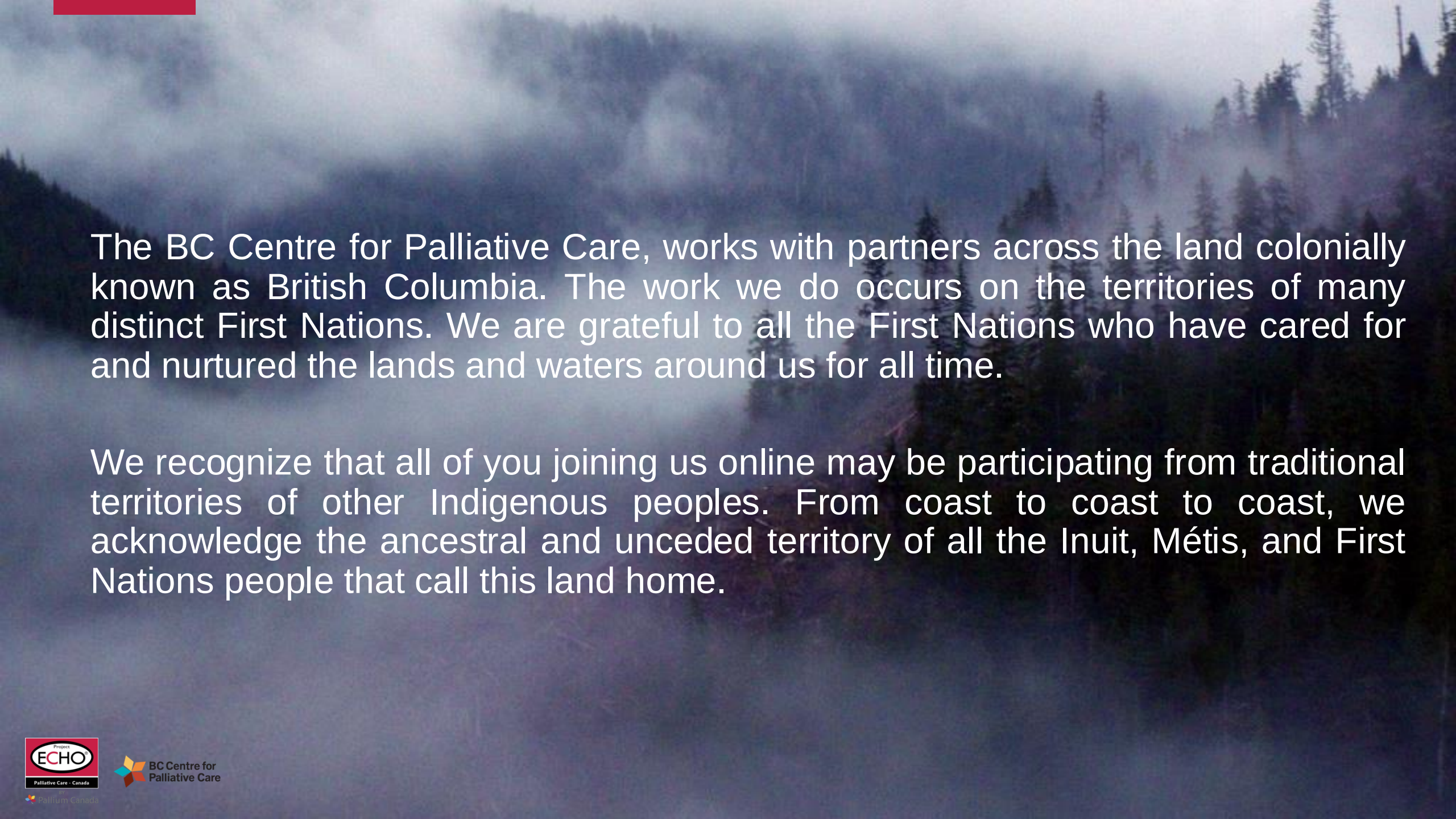
Project ECHO® Palliative Care - Canada BY Pallium Canada

BC Centre for Palliative Care

The BC Centre for Palliative Care is the provincial hub partner of the Palliative Care ECHO Project in British Columbia



The BC Centre for Palliative Care, works with partners across the land colonially known as British Columbia. The work we do occurs on the territories of many distinct First Nations. We are grateful to all the First Nations who have cared for and nurtured the lands and waters around us for all time.

We recognize that all of you joining us online may be participating from traditional territories of other Indigenous peoples. From coast to coast to coast, we acknowledge the ancestral and unceded territory of all the Inuit, Métis, and First Nations people that call this land home.

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The Palliative Care ECHO Project

The Palliative Care ECHO Project is a 5-year national initiative to cultivate communities of practice and establish continuous professional development among health care providers across Canada who care for patients with life-limiting illness.

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Thank You

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Introductions

Presenters

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Learning Objectives

By the end of the session, participants will be able to:

Fraser Health approach to PA2C in LTC

Fundamental principles of PA2C in LTC

A patient's journey, and how pillars of PA2C apply

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Poll

1. How much do you know about PA2C?
2. How much do you know about LTC?

What is LTC?

- A person's last home
- 24 hour supervision
  - NOT 24 hour care
- Support for unscheduled care needs
  - Care aids, Nurses, FP, SW, OT, PT, Pharmacy, RT, MT, Geri-Psych
- 3.36 direct care hours per resident per day
- Average age is 85 years old
- >75% have dementia

LTC in our communities

BC
~30,000 residents in LTC
~6,000 people waiting for a LTC bed

Fraser Health
~8700 residents in LTC
~1500 people waiting for a LTC bed
~4000 residents admitted per year
Average length of stay is 15 months

Why is palliative approach to care (PA2C) important?

- **It supports us to ensure:**
  - Residents' pain and other symptoms are well managed.
  - Residents feel more comfortable and have improved quality of life.
  - Adequate psychological support is provided.

- **For the LTC population:**
  - LTC population has serious conditions (e.g. Dementia) that cannot be cured

Implementation

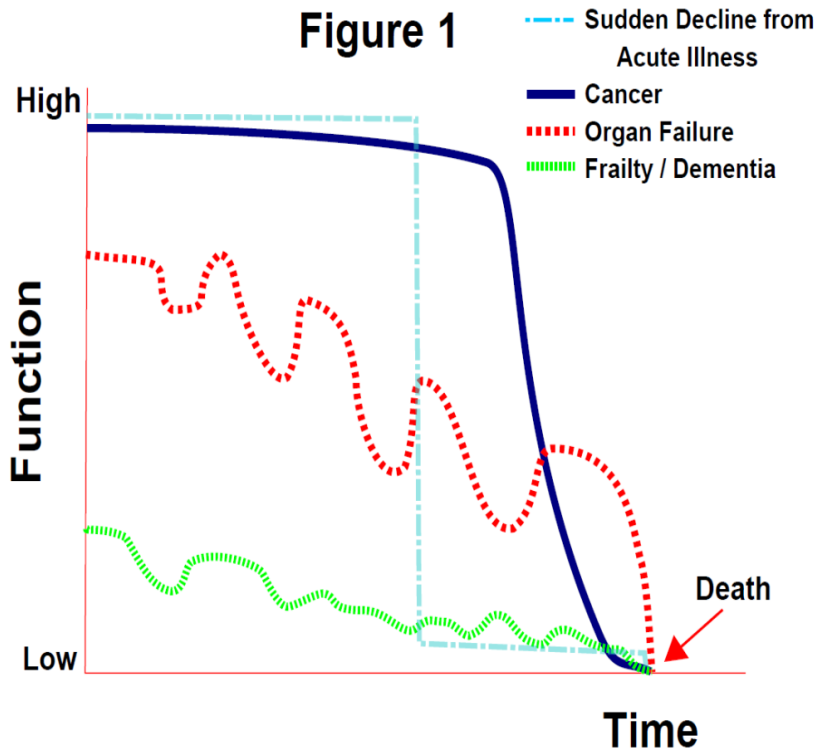
- Leadership engagement
- Education for MRPs, staff, family, residents
- Tools and resources SBAR, clinical practice guidelines:
  - PA2C, Actively Dying, Pain, ACP policy
- Inclusion of PA2C in staff daily workflow
- Inclusion of PA2C in resident's assessment, monitoring, and care planning tools
- Evaluation
  - Care home level: neighborhood audit and quality partner audit
  - Regional level: clinical quality indicator

Sustainment

- Community of Practice meetings to share success and challenges
- Ongoing collaboration with Palliative Care team, ACP team, provincial palliative team
- Ensuring PA2C philosophy is included in all initiatives and all new decision support tool
- Monitoring Data and revising tools and process as needed
- Providing PA2C refresher as needed at care home level

PA2C Pillars

- Clinical assessment **A**
  - Identifying life-limiting illness
  - Symptom and suffering recognition
- Prognosis assessment **P**
  - Which illness trajectory
  - Where along that trajectory



PA2C pillars

- Communication C
  - Information sharing amongst interdisciplinary team
  - Proactive and ad hoc with residents family conversations
- Symptom management SM
  - Care plan, medications, recreation plan, diet/food preferences
  - Focus on quality of life and comfort

Foundational principles of PA2C in LTC

1. Comfort, care, connection → QUALITY OF LIFE
2. Our care is always palliative care
3. Resident and family are always involved
4. What are we trying to achieve for this resident?

LTC resident journey: the 4 “A’s”

- Admission
- proActive Assessment
- Acute illness
- Actively dying

PATIENT JOURNEY – 4As: ADMISSION

- **Moving-in-day Interview:** *Social worker, nurses, family* → A
- **Determine SDM:** *Social worker, nurses, family* → A
- **Clinical assessment:** *nurses, FP, OT, rec therapy, dietician, physio, SW* → A
  - Assess medical, social, cultural, recreation, ADLs hx
- **Medication review**: *pharmacist, nurses, FP* → A + SM
- **Review prior GOC:** *family, social worker, FP* → A + C

!! REMEMBER THE FOUNDATIONAL PRINCIPLES !!

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PATIENT JOURNEY – 4As: PROACTIVE CARE

- **Daily personal care:** *care aids, nurses, recreation therapy, physiotherapy* → A & SM
- **Clinical assessments**: *nurses, FP (minimum Q3M), OT, dieticians* → A & SM
- **Annual care conference**: *nurses, FP, pharmacist, social worker, family* → P & SM & C
  - Goal of care
  - Medication review
  - Frailty Scale Tool/ prognosis
  - RAI assessment tool (ADLs)
  - Living at risk assessment

!! REMEMBER THE FOUNDATIONAL PRINCIPLES !!

PATIENT JOURNEY – 4As: ACUTE CHANGES IN FUNCTION

- **Clinical assessment**: *care aid, nurses, dieticians, FP* → **A & SM**
  - Symptom and comfort Ax
- **Prognosis**: *FP, nurses* → **P**
  - What treatments are available? Where are they on the trajectory?
  - Clinical practice guidelines, prognosis tools, frailty scale
- **GOC conversations**: *nurses, FP* → **C & SM**
  - Share updated prognosis
  - Discuss comfort and QOL
- **Updated Care plan:** *nurses, FP* → **SM, P, C**
  - Balancing comfort with interventions based on GOC discussions

!! REMEMBER THE FOUNDATIONAL PRINCIPLES !!

PATIENT JOURNEY – 4As: ACTIVELY DYING

- **Changes in function**: *care aids, nurses, FP* → A
  - Decreased intake
  - Sleep increases
  - Less alert

REMEMBER THE FOUNDATIONAL PRINCIPLES !!

- **Communication of transition to EOL** → C & P
- **Symptom management:** *Care aids, nurses, GP* → SM
  - Stopping vitals, medication for symptoms, making room comfortable for family (including cultural preferences), grief support
  - Increased frequency of assessments, knowledge of EOL symptoms

Challenges to making change to culture

- Frequent team turnover
- Site level leadership support
- System level recognition of PA2C:
  - Acute care and home care
  - Provincial and national guidelines
  - LTC partners: licensing, infection control, Accreditation Canada
  - Health authority, DoBC, MoH, MD/RN colleges
- Effort: PA2C is not the easy road to take, but it's the right road
  - The default culture is cheaper, quicker, easier

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Poll

1. Has your knowledge level on today's topic increased because of this session?

2. To what extent does attending ECHO help you feel more connected to others interested in this topic?

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→ Register by September 23rd

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