Flexing Your Core: the Palliative Workout ECHO

Professional and Ethical Practice, Education, Evaluation, Quality Improvement and Research

August 26th, 2025

AGENDA ITEM	NOTES
Introductions, Objectives	**Session Facilitators**: Laura Finkler-Kemeny, RN MSN & Sue Bartnik, RN, BScN **Learning objectives:** 1. Identify continuing palliative care education, especially in cultural safety and underserviced populations learning 2. Identify potential quality improvement, evaluation & research activities 3. Identify common ethical issues in palliative care and begin to discover how to address them

Session Key Points and discussion	**Overview**
	Professional & Ethical practice
	• Focuses on the person and their family (including caregivers, friends, or chosen family) and their needs/wishes.
	• Emphasizes maintaining professional and personal integrity for healthcare providers' well-being and effective care delivery.
	• Guides decision-making, especially during emotionally charged moments as life-limiting illnesses progress.
	• Adapts to changing healthcare needs
	
	Education, Evaluation, Quality Improvement, and Research:
	• Continuous learning and program evaluation drive improvements in palliative care.
	• Helps evolve palliative care from focusing solely on the final weeks/months of life to a palliative approach starting at diagnosis of chronic conditions.
	• Encouraging healthcare providers to promote, contribute to, or lead research to further advance the field.
	
	Education
	• Asking yourself where are my learning edges? What do I need to learn or grow in?
	• BCCPC has number of educational resources:
	  ○ Review of Educational Resources
	  ○ Knowledge exchange and learning series about equitable access to palliative and end of life care – fact sheets for each underserved population / illness, literature reviews and summary themes that came from the sessions
	• Virtual Hospice – Indigenous Cultural Safety Training

	Quality Care
	• Looking at quality through a wholistic lens made up of multiple dimensions. BC-Health-Quality-Matrix-Health-Quality-BC.pdf
	• Not just what evidence says for clinical intervention but also person-centered and takes into account whole-person wellbeing
	• Looking at the different dimensions we can evaluate and measure care better
	• This matrix used provincially for quality improvement (QI) projects and can be a great stepping stone to research. Ex. Falls improvement project, hand washing
	
	Evaluation
	• Underutilized in healthcare, particularly in palliative care, where an indicator like recovery outcomes are less relevant.
	• Goal-Concordant Care: The primary indicator of quality palliative care, ensuring care aligns with patients' values, wishes, and goals. Highly valued but challenging to measure due to changing goals, poor documentation, and the need for extensive chart auditing.
	• Can use specific measures tailored to interventions (e.g., handwashing rates for hygiene campaigns), measuring completed assessments, documented conversations, essential conversations part of care conferences, particularly in long-term care settings.
	• Evaluation helps us understand if what the change we wanted to make or hope to make is working/having an impact
	
	Reflection
	• Are there ways to improve the quality of care being provided in your work environment?
	  ○ Support for frontline nurses and allied health, the only support we have right now is physician led
	  ○ Doing a lot of work to get a multi team for our outpatient program
	  ○ Don't make assumptions. Be curious. Ask the individual about their wants and preferences
	  ○ The PIO (Palliative Identification Order) rollout to more accurately capture palliative approach and end of life clients across all care settings. The previous palliative alert indicator was only attached to home health so we were missing a HUGE demographic in stat capturing (which we know guides resource funding!) Hoping this will showcase the needs better
	  ○ Sometimes we don't ask because we're afraid we can't provide those services
	
	Current research trends in palliative care
	• AI and palliative care
	• Intersections between mental health and psychosocial support
	• Health equity and access – see a lot of research on west coast around this
	• ER and acute care

- Geriatric and dementia care
- Pediatric palliative care

<u>Reflection</u> – How might you get involved in palliative care research?

- This doesn't need to necessarily be formal research but a posture of being curious and asking questions to ourselves, colleagues and leaders: Why? How does this work well, How you know? Has anyone ever done a project understanding how this works or how we could do this better?
- Different research organizations that support clinicians doing research including BC Centre of Palliative Care, Canadian Nursing Association, different health authorities and regions have this support with a team approach to research.
- Encourage participants to read journal articles on topics of interest

<u>Professional Practice</u>

- Important for us to remember our professional boundaries. Analogy: it's not about getting on to the dance floor with pt / family. We should be off the dance floor supporting their dance.
- Important for us to remember why we got into this work to ground us to inspire us to do QI projects, evaluation, research, continue to learn

<u>Ethics</u>

- Talk to your team and learn what supports/resources are around you in your setting.
- Reflect on our values, beliefs and experiences. Identify and address potential areas of conflict. Look at the resources available to us and how we are using them
- Common ethical issues: decision making capacity, withdrawal/withholding life-sustaining treatment, principle of double effect (both positive and negative outcomes can happen for ex. giving pain medications that also might lead to sedation), advanced directives, artificial nutrition/hydration, Medical Assistance in Dying (MAiD)
- Relational Ethics: acknowledges that "right" answers unfold *in relationships*, where trust, compassion, and context shape how those principles are lived out such as family and health team relationships

<u>Case Study Discussion</u>

You are caring for Alex, an 80-year-old client with end stage heart disease that regularly receives home care. He has recently begun experiencing increasing fatigue, shortness of breath and chest pain. Alex's daughter asks you if you think he is nearing the end of his life. You tell her time may be short and you feel this is likely the strongest he will feel. His daughter then tells you that she sees no point in informing Alex about his situation, as it will only distress him further and make him give up. You and the healthcare team feel uncomfortable with this request.

What are some ways you might address this dilemma?

	• had a similar situation in my care setting (hospice). Talked to the team about asking client what they would want and how much info they want about their illness and what they can expect. So we did that and he wanted his family to know he didn't. We felt his wishes and family was honored and respected • start with Alex and find out what is his understanding of his situation and how much does he want to know? • explore with curiosity- what are Alex's wishes with regards to his care journey? What are his daughter's fears around him being informed? • how do they both need to be supported at this time? ensure symptoms are well managed per his comfort goals and loop in some caregiver supports to help her through this emotionally challenging time • go back to the ethical framework and the right to self-determination of the patient while considering the daughter's worries and concerns
Resources	• Healthcare Excellence Canada - https://www.healthcareexcellence.ca/ • BC Health Quality Forum - https://healthqualitybc.ca/quality-forum/ • Canadian Hospice Palliative Care Association - https://www.chpca.ca/ • BC Hospice Palliative Care Association - https://bchpca.org/ • Pallium Canada - https://www.pallium.ca/ • Professional Colleges – Codes of Conduct, Standards of Practice, etc. • BC Centre for Palliative Care https://www.bc-cpc.ca/ • Ethics/Professional practice departments
Concluding thoughts	• Palliative care is holistic, compassionate, person centred care, values autonomy, informed consent and that we're culturally sensitive and work as a team • Our education might include things like cultural competence, communication skills into professional collaboration, self-care. • Evaluation: Involves assessing symptom management effectiveness, psychosocial well-being, and quality of life for patients and families. • Quality Improvement: Focuses on collecting patient and family feedback, defining and measuring outcome goals, and identifying necessary training and education • Research: Encourages exploration in areas we've discussed today and can look many ways