

Palliative Approach to Long-term Care (PALm)

Lisa Barnard, MA, Quality Review Coordinator & Jannah Mitchell, BSN, MEd, Quality Review Coordinator



Aim Statement

By March 2021, a palliative approach to care will be consistently embedded as a framework for care across all Interior Health (IH) owned and operated Long-term Care (LTC) homes and those contracted partners who have chosen to align their framework.

Background

- 75% of residents have moderate to severe cognitive decline and 90% are elderly and frail with increasingly complex chronic conditions. On average they are in the last 18 months of life.
- Many chronic diseases, dementia in particular, are not well recognized as life-limiting illnesses. It can also be difficult to determine when the final stages of a disease begins.
- The consequence is that individuals receive interventions that are inconsistent with an ideal end-of-life approach.
- It was found that some homes were already adopting and embedding the principles of the palliative approach in their delivery of care.

Scope

- Five sites representing both urban and rural areas were selected to participate in phase I of the PALm project from Sept 2018 - 19 based on readiness for change and stable leadership.
- These included: Mount Cartier Court (Revelstoke), Nelson Jubilee Manor, Polson (Vernon), Three Links Manor (Kelowna), and Trinity Care Center (Penticton). Each site had a change team that included a physician co-lead, administrator, and direct care staff.

Strategies for Change

Core Elements Include:

Education:

- Learning Essential Approaches to Palliative care (LEAP) – palliative education for nurses
- Canadian Hospice Palliative Care Association (CHPCA) – palliative education for health care aides
- Essential Conversations – education for all staff around how to have difficult conversations with families/residents
- Education videos – palliative education sent to families

Tools & Resources:

- Supportive and Palliative Care Indicators Tool (SPICT) & iPALL – tools used to identify residents appropriate for PALm
- Comfort Huddle – health care aide led team huddle to discuss residents on PALm
- Dementia Roadmap – tool used to explain the dementia journey
- Edmonton Symptom Assessment System (ESAS) – tool used to identify nine symptoms that are common in palliative care residents
- Butterfly symbol – identifier for residents on PALm

Partner Engagement:

- Meaningful medication reviews with physician and pharmacist with focus on sleep, pain, and bowels

Collaboration with staff, resident, family:

- Essential conversations, PALm discussion at family council meetings, and Honour Guard tradition

Measures & Results

The analysis of the results for phase I is based on the PALm data collected, feedback from team members, residents and families, and the tools and processes that were developed to support system transformation.

Outcome Measures	Results
# of emergency department transfers	The average of the five sites were consistently lower than the IH rate of visits per 100 LTC beds
# of inpatient admits via the emergency department per 100 LTC beds	Due to suppressed values at two of the five phase I sites an average number could not be calculated
% of worsening of pain	Three out of the five sites had lower worsening pain values than their comparison site while one was equal to and one higher
% of residents on 9 or more medications	Three out of the five sites had lower values of polypharmacy than their comparison site while two were higher
Process Measures	Results
# of residents identified for introduction to PALm	89% of residents at the five LTC homes met the criteria and were receiving the palliative approach
% of residents that were identified for PALm and received essential conversations	96% of the residents and/or families participated in last essential conversations prior to death
% of site team members who have completed education (LEAP and CHPCA)	47% of permanent nursing staff completed LEAP 79% of permanent health care aides completed CHPCA
Balancing Measures	Results
% of respondents from families that had a positive care experience (survey)	91% of families stated they were happy with the care that was provided
% of site team members who feel confident in applying PALm knowledge to practice (survey)	95% of staff feel confident in applying the principles of the palliative approach

Lessons Learned

- Implementation of PALm requires a strong education and background knowledge to succeed.
- A cultural shift has started in the five PALm sites however ongoing support is needed for sustainability.
- “Palliative” can be a difficult concept for some staff and family members so education is key.
- Early essential conversations has resulted in the most beneficial change.

Sustainability

- The National Health Services Sustainability Model was used to identify strengths and weaknesses in the implementation plan of PALm.
- It was suggested that phase I sites not only develop and act on actions to strengthen areas of weakness, but continuously identify, build on, and sustain their current areas of strength.

Next Steps/ Spread

- The phase I site report will be shared with all IH owned and operated LTC homes and contracted partners homes.
- The quality team will assist sites interested in adopting the palliative approach on-site and support phase I sustainability plans.