

Development And Integration Of A Palliative Approach To Care (PAC) Strategy In Four Long Term Care Sites In British Columbia, Canada

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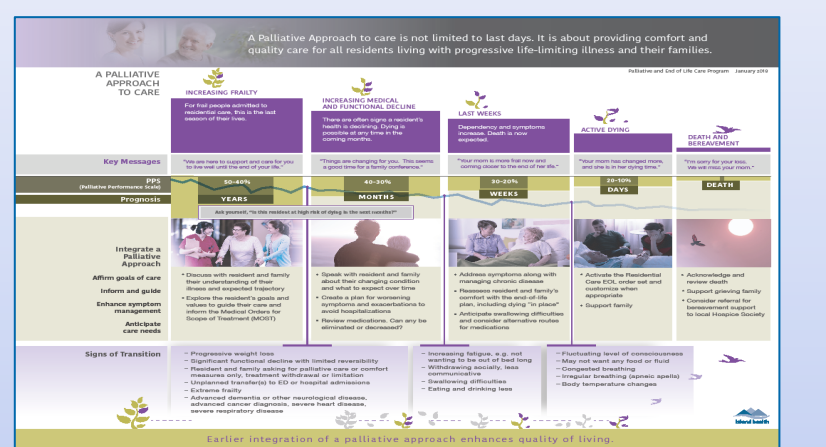
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Objective

To evaluate the implementation of an integrative palliative approach to end of life care (IPEOL) pilot project in long term care (LTC) facilities

IPEOL Project Resources

- Onsite Link Palliative Care Nurse (one day/week)
- Connection to Palliative Physician
- Palliative Rounds (*developed during implementation)
- L.E.A.P. Education Sessions
- Toolkit: Poster, Early Identification, Guide to Goals of Care, Conversation Guide, & Letter to Physician



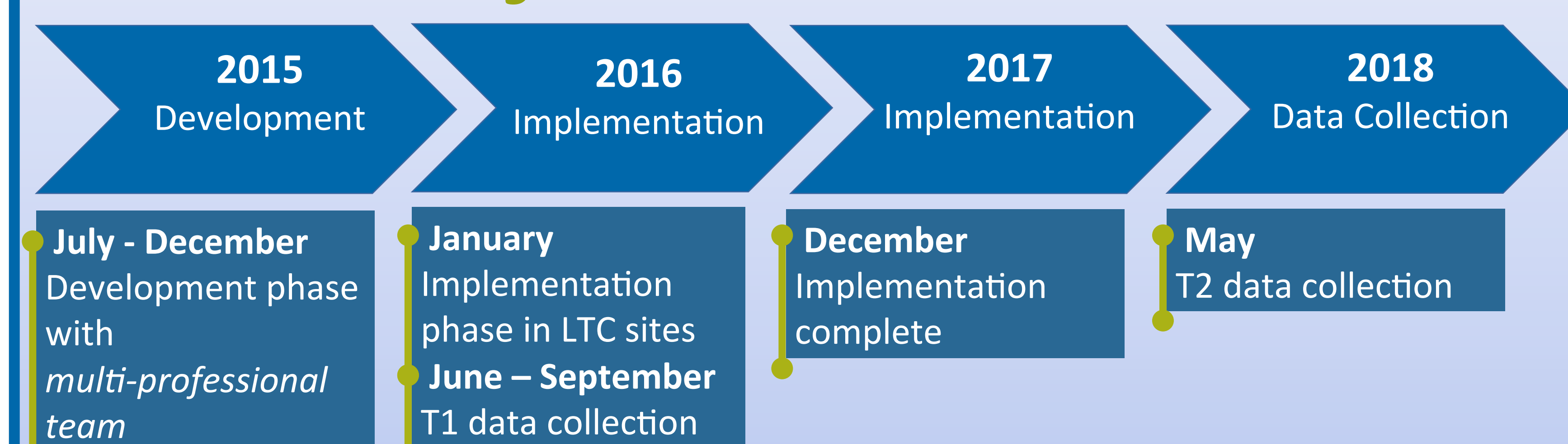
Methods

- Case study evaluation
- Recruitment**
 - Research team distributed information letters; interested participants contacted research team
 - Sample* : site leadership, care providers, clinical and professional staff, direct care staff, family council
- Data Collection & Analysis**
 - Interviews and focus groups collected on: care practices, facilitators & barriers, education, satisfaction, confidence and comfort with PAC and resulting changes in care approach
 - Interpretive thematic analysis; data was transcribed, coded, and compared: (A) pre/post, (B) project/control

Results

	Site 1	Site 2	Site 3	Site 4	Site 5 - Control
Context	Small, urban, owned & operated	Large, urban, affiliate	Small, rural, owned & operated	Medium, rural, affiliate	Small, urban, owned & operated
PAC awareness T1	Increased *through early ID	None	Little, if any	Increased *through early ID	private death, comfort & pain management
PAC awareness T2	Increased *RN/LPN/ staff	None	Some *RN/LPN only	Increased *RN/LPN only	N/A
Communication T1	Earlier, clearer *interprofessional, with families	Open, direct *interprofessional, with families	Open, direct *interprofessional, with families	Earlier ID *with families	Inconsistent; No strategies with families
Communication T2	Effective *RN/LPN & families	Effective *RN/LPN & families	Effective *RN/LPN & families	Effective *RN/LPN & families	N/A
Tools used	Poster, Early ID, Conversation Guide, Palliative Rounds	Poster, Early ID, Conversation Guide, Palliative Rounds	Poster, Early ID, Conversation Guide	Poster, Early ID, Conversation Guide	N/A

IPEOL Project



Sample included: • 4 Project Sites • 1 Control Site



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Themes

“Sometimes Talking is Enough”
“Talking to other residents and families, [staff are] more prepared and comfortable – they understand the different stages of palliative now... that’s been the biggest impact in terms of quality of care.” (FC)

“Start Earlier in Our Thinking”
“it’s been rewarding in that we’re preparing people up to the end and not sort of jumping in at the last minute... we’re not caught off guard... we are getting better at spotting the warning signs.” (Dir of Care)

“Time as Barrier to Embeddedness”

- Capacity of leadership to support the tools in daily practice
- Greater staff (especially direct care) exposure to education and tools led to greater embeddedness

Outcomes

- Communication** was identified as the biggest barrier at T1 and IPEOL project’s conversation tool decreased these conflicts at T2; this also related to staff’s shifts in awareness and identification of PAC, leading to increased conversation with families.
- Barriers to implementation were time and gaps in educational opportunities between direct care and professional staff