



One Organization's Approach to Palliative Care Support and Training

Sandra Cook Wright RN, MHS, CHPCN(C)

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Objectives

- History of palliative program in Carewest
- How it developed
- Where we are presently
- How our teams functions
- Our roles and responsibilities
- Benefits to the region

History Of Palliative Care at Carewest

- In March 1985, a 14 month pilot project, working with Hospice Calgary, developed a Palliative Care and Support Loss Support Service Team, comprised of a nurse coordinator, part time physician and part time pastoral care consultant

History Of Palliative Care at Carewest

- This program was not based on any other model and was unique in the continuing care field in Calgary
- The focus of the team was on consultation in palliative care issues, loss and grief support and staff education

History Of Palliative Care at Carewest

- The palliative team worked as advisors and educators
- It was implemented at the George Boyack Nursing Home and Cross Bow Auxiliary Hospital to start

How Palliative Care Developed within Carewest

- Due to its success, in 1986 the palliative consult service became a permanent Carewest program and expanded services to Sarcee, Glenmore Park and finally to Fanning Centre in 1990



Where We Are Today

- Carewest operates from 13 locations, which includes ten sites
- It offers 24 hour residential care as well as:
- Day programs for adults living in the community
- Palliative and Hospice care for people with life limiting illnesses

Where We Are Today

- Rehabilitation and sub-acute care for those recuperating from neurological or musculoskeletal impairments
- Transition programs for people needing assessment, recuperation and therapy before moving to another community setting

Where We Are Today

- A Regional Seating Service for assessments and provision of special equipment for wheelchairs
- Respite services for home caregivers to have a rest, attend business or go on vacation

Carewest's Pain and Palliative Team

- Our role has evolved over the last few years and having experience in geriatrics and/or palliative care is vital
- Presently there are 3 pain and palliative nurse consultants that cover 8 Carewest locations

Our Consult Service

- Areas of focus can include pain/palliative issues, symptom management, psychosocial support, education regarding disease progression and end of life, Goals of Care, and referring to hospice if symptoms are unable to be controlled in the facility

Our Consult Service

- Our palliative service works with the resident's entire team to manage complex pain/ palliative symptoms and issues related to any life limiting disease
- We also provide pain management support to 2 rehabilitation units

Consult Service

- We have access to the regional palliative program through AHS if we require help with complex pain management, or hospice admission
- We try to keep residents in place but on occasion a hospice admission is required

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Indicators	Fanning Centre	George Boyak	Sarcee	Garrison Green	Royal Park	Signal Pointe	Colonel Belcher		Colonel Belcher	Rouveau Manor	Total This Month
							VET	Non VET			
Total Direct Hours (Client Specific)	44	26.25	10.25	3.5	5.75	1.5	9.5	10.25	19.75	0	111
TOTAL NUMBER OF VISITS	59	51	21	5	14	3	10	8	18	0	171
Number of Clients at Beginning of Month	9	12	9	3	10	3	8	5	13	0	59
Number of New Clients	6	2	3	1	0	0	1	2	3	0	15
Number of Clients Discharged/Deceased	2/1	1/2	2/2	2/0	0/1	0/0	0/0	0/0	0/0	0	7/6
Number of Clients at End of Month	12	11	8	2	9	3	9	7	16	0	61

Draft 2015 October

Why Are We Consulted

- Because Halley and I each have a rehab unit, we receive many requests for pain management
- Most patients have had fractures and are over 65. Pain and mobility are huge factors in their recovery
- Assessment of their pain is crucial to determine the optimum pain management

Why Are We Consulted

- Pain and symptom management
- End of life care
- End of life discussions
- Reassurance
- Discussion on Goals of Care
- Family support
- Grief and loss support
- Psychosocial support

Education

- Education is an important component of our role
- This can occur as mini sessions, full day sessions, or one on one
- Topics vary according to the need of the unit, staff or family

Education

- Many of the topics that we are consulted for, we have provided education on
- Pain assessment and management are topics we focus on the most
- It is very difficult to treat an elderly resident because of their multiple co-morbidities, dementia being one

Education Topics

- What to expect at end of life
- Determining end of life
- Palliative care etiquette
- Understanding eating for comfort
- What is palliative care
- Managing dyspnea
- Dementia
- Caring communications

Education Topics

- Loss and grief
- Mouth care at end of life
- Critical thinking and when to call a physician
- What are goals of care
- Delirium and treatments
- Chronic pain

Education

- One area we felt required more education was the HCA's
- They are the staff that have intimate knowledge of their residents and usually the first to notice the small changes
- This intimate knowledge and changes occurring often goes unrecognized

HCA Education

- We developed a full day session for our HCA's called

“Empowering Palliative Care HCA Champions in LTC”
- We felt that they could be a resource to their unit with palliative care issues

HCA Education

- Through out the day it was stressed their importance to the team
- We stressed communication tools and how to bring their concerns forward
- How to recognize changes towards end of life

RN, LPN Education

- We conduct a full day education session for our RN and LPN,s twice a year
- During each session we stress the importance of HCA's and how they are under utilized for the intimate knowledge of the resident
- These sessions allow staff to bring up issues that are occurring on their units

Resource Binder

- There is a pain and palliative resource binder on each unit
- It has end of life packages, pamphlets, list of funeral homes etc.
- The units should also have extra end of packages to give to families
- Our group tries to keep these binders updated

Orientation

- Our general orientation for new staff is held monthly
- Halley introduces our pain assessment flow sheets
- She also discusses the role and purpose of our consult team

Benefits

- Consults and follow up are completed in a timely manner
- We get to know the staff at each of our sites
- We can determine where special education is required
- Staff feel very comfortable asking our advice prior to calling a physician.

Benefits

- We can provide staff support to the unit after a difficult loss or coping with a difficult family
- Provide support so the patient can remain in the facility instead of being transferred out
- MAiD can cause stress amongst the staff and we can offer support

QI PAIN-AD Project

- First floor of the Colonel Belcher conducted a 14 week pilot project of the PAIN-AD tool, a pain identification tool specially designed to help identify and monitor pain in the residents living with dementia
- Data showed that the staff felt the tool allowed them to connect better with the residents, as well as communicate more effectively with members of the health team

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