# Embedding a palliative approach to care in continuing care: The ICCER team



Emily Dymchuk October 25, 2019

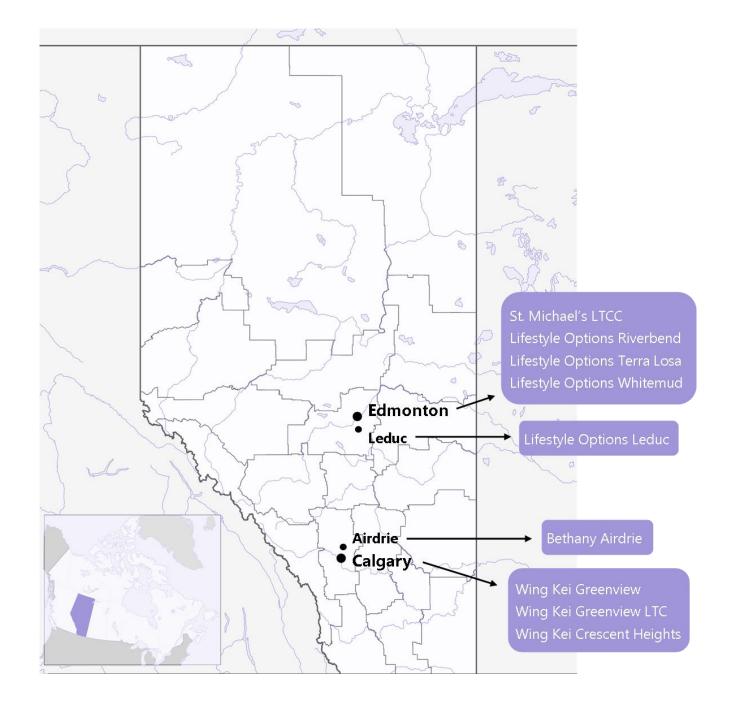
### Acknowledgements

Canadian Foundation for Healthcare Improvement

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# Agenda

- ICCER Team
- Project objectives
- Resident, family & staff experiences
- Outcomes
- Next steps





### Objectives

### **EMBEDDING A PALLIATIVE APPROACH TO CARE**

Identify, discuss, plan (IDP) at least 8 weeks prior to end-of-life

### Increase capacity and confidence:

- education
- tools
- resources

# Increase knowledge of residents and families:

- palliative care
- disease trajectory
- goals of care/ serious illness conversation

## Psychosocial care for residents and families:

- impact of loss on survivors
- tools
- resources

### Psychosocial care for healthcare team:

- tools
- resources

**Metrics and reporting** 



### Care Team Experience

#### Identified site champions

#### Education & training

- Workshops
  - Palliative approach to care
  - Implementation strategies

#### Resources & tools

- Online learning platform
- Webinars
- Coaching calls



### Care Team Experience

### Education & training

- HCAs, LPNs, RNs, Recreation Therapists, Social Workers, etc.
- Modules

#### Feedback

- Staff uncomfortable discussing death and dying
  - Role playing
  - Mentorship
  - Conversation cards
- Differences between SL and LTC
  - Resident population
  - Staff experience
  - AHS Case Managers



### Resident & Family Experience

#### Introduced EPAC

- Resident/family councils
- Bulletin boards
- Newsletters

#### **■** Early care conversations

- Start at admission
- Residents are comfortable talking to staff
  - Need for education on GoC in SL
- Families want to be prepared
  - Desire for resources
- Cultural considerations



# Psychosocial Support

- Comfort carts
- Palliative care room
- Pastoral care
- Signs/symbols on resident door
- Processes
  - Rose and poem on bed
  - Honour guard
  - Daisy

### Memorial spaces

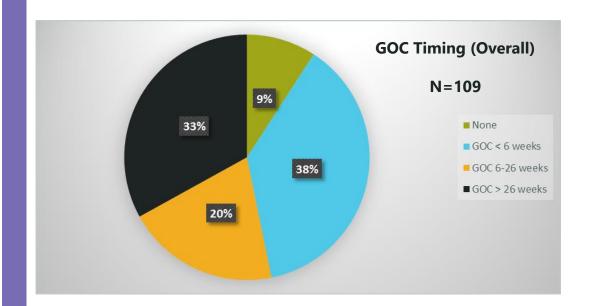
- Memorial shelf
- All Saints Day
- Tree of memories

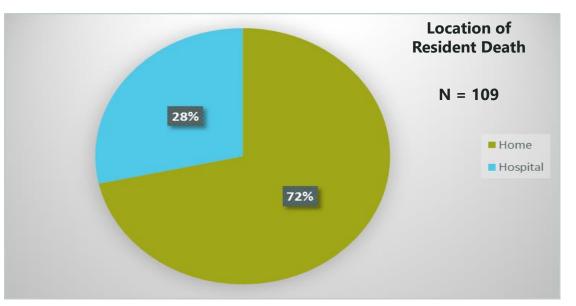


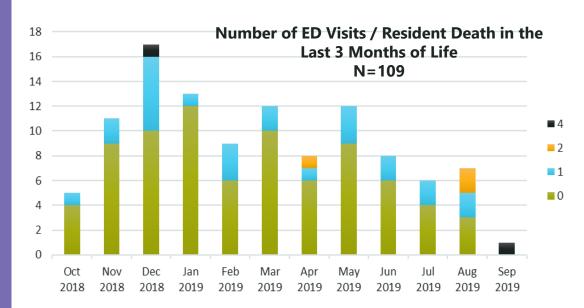
### **Outcomes**

EPAC Measures	Org 1 (SL)	Org 2 (LTC)	Org 3 (LTC)	Org 4 (SL & LTC)	All sites
# Reported Deaths	21	21	37	30	109
Average LOS (in years)	5.1	2.7	4.8	4.6	4.4
% Deaths with GOC	57% (12)	100% (21)	100% (37)	97% (30)	92% (100)
% Deaths with GOC < 2 weeks	0% (0)	29% (6)	32% (12)	37% (11)	29
% Deaths in the home	19% (4)	86% (18)	95% (35)	70% (21)	72% (78)











\*Hospital transfers = direct hospital admissions or via the emergency department



### **Next Steps**

#### **■** More education!

- Practicing conversations with residents and families
- Need for refreshers

#### **■** Introduce formal supports

- Staff
- Residents
- Family

### Sustainability

- Monitor % of current residents with GoC and set target (ideally 100% should have GoC at admission)
- Track resident hospital transfers within 3 months before death and location of death
- Review cases that do not meet the targets



# Thank you!

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