

Quality Palliative Care in Long-Term Care

Dr. Giulia-Anna Perri, MD CCFP (COE) (PC)



Faculty/Presenter Disclosure

Faculty: Dr. Giulia-Anna Perri

- **Relationships with financial sponsors:**
 - No relationships

Disclosure of Financial Support

- This program has **NOT** received financial support other than the support of the MOHLTC
- This program has **NOT** received in-kind support
- Potential for conflict(s) of interest:

None to be disclosed

Mitigating Potential Bias

The information presented in this CME program is based on recent information that is explicitly “evidence-based”.

This CME Program and its material is peer reviewed and all the recommendations involving clinical medicine are based on evidence that is accepted within the profession; and all scientific research referred to, reported, or used in the CME/CPD activity in support or justification of patient care recommendations conforms to the generally accepted standards

Objectives

- 1) Differentiate between palliative and end-of-life care.
- 2) Recognize quality indicators for the palliative approach to care in LTCHs.
- 3) Describe a palliative approach to symptom control.

How would you define **palliative care**?

And how would you differentiate it
from **end of life care**?

Palliative and End of Life Care

Palliative care is an approach that improves the quality of life of patients and their families facing the problems associated with **life-threatening illness**, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.

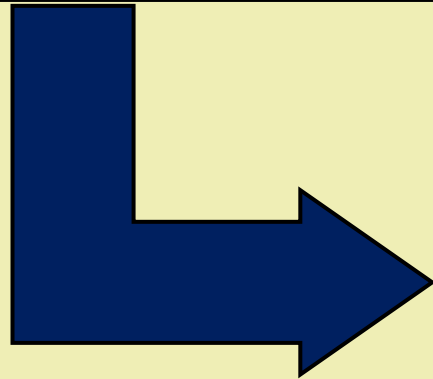
End of Life: Prognosis is short (< 3 months)

Actively Dying: Prognosis is very short (hours to days)



The Palliative Approach to Care Aims To:

30% of Canadians have access to palliative care and end of life services.



Individuals with Advanced Dementia receive suboptimal palliative care.



WHAT ARE THE COMPONENTS OF QUALITY PALLIATIVE CARE?

Word Cloud

Menti.com 940631

HQO: Palliative Care



QUALITY STATEMENT 1: **Identification and Assessment of Needs**

How do you **identify** residents who may benefit from the palliative approach to care?


Indicators that EOL is approaching

- General indicators of decline
- Disease specific indicators
- Surprise Question; “Would I be surprised if my Resident died in the next year?”

General Indicators of Decline



- **General physical decline, increasing dependence and needs for support**
- **Repeated unplanned hospital admissions**
- **Advanced disease**
- **Multiple, significant co-morbidities**
- **Decreasing activity**
- **Decreasing response to treatments, decreasing reversibility**
- **Resident choice for not further active treatment and focus on QOL**
- **Progressive weight loss (>10% in 6 months)**
- **Sentinel event**
- **Serum albumin (<25g/L)**



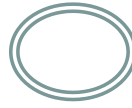
Disease specific indicators for dementia:

- Unable to walk without assistance and
- Bladder and bowel incontinence, and
- No consistently meaningful conversation and
- Unable to do ADLs (Barthel score < 3)

Plus any of the following:

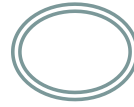
- Weight loss
- UTI
- Severe pressure sores – stage 3 or 4
- Recurrent fever
- Reduced oral intake
- Aspiration pneumonia

The Surprise Question



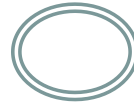
For residents with advanced disease or progressive life limiting conditions, would you be surprised if the resident were to die in the next year, months, weeks, days?

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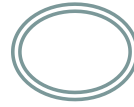
QUALITY STATEMENT 2:
Timely Access to Palliative Care Support

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QUALITY STATEMENT 3:
**Advance Care Planning – Substitute
Decision-Maker**

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QUALITY STATEMENT 4: **Goals of Care Discussion and Consent**

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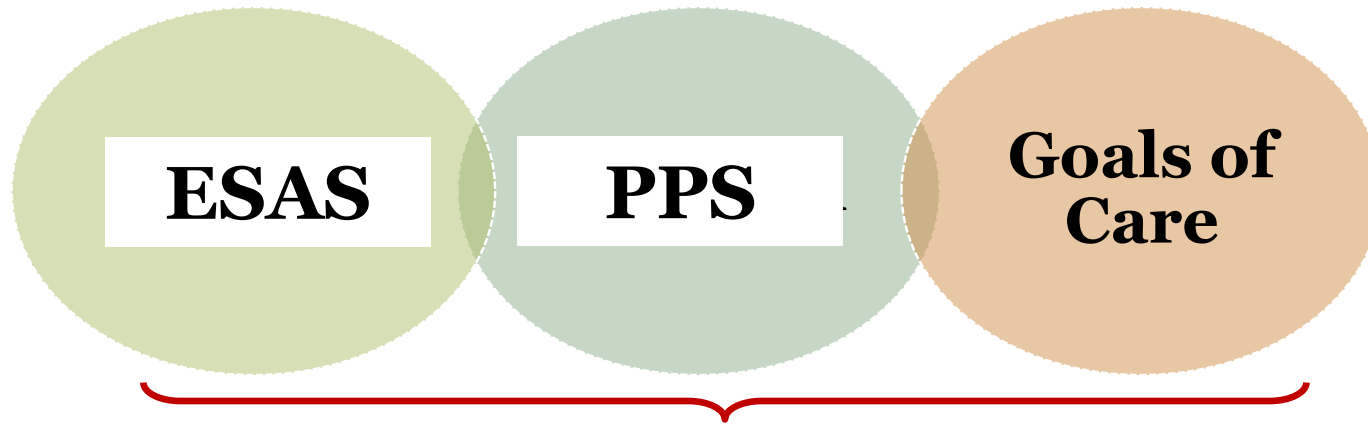
QUALITY STATEMENT 5: **Individualized, Person-Centered Care Plan**

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QUALITY STATEMENT 6: **Management of Pain and Other Symptoms**

The Palliative Approach to Symptom Management



Management Framework		
Investigate/Treat the Underlying and/or Contributing Cause?	Non-Pharmacological Approaches	Pharmacological Options
Client-Centered Education		

The “End-of-Life” Kit

Written Information

Medications:

- **Stop** all medications that aren't contributing to comfort
- **Convert** all oral symptom control medications to sc route
- **Ensure access** to different classes of symptom control sc medications: Opioids, Antipsychotics, Benzodiazapines, Anti-cholinergics.
- **Suppositories**

Supplies:

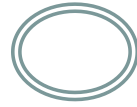
- SC lines
- Catheters
- Mouth care

Pronouncement &
Death Certificate protocols

Bereavement
Program

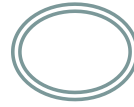
Debrief as a
team/community

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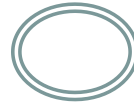
QUALITY STATEMENT 7: **Psychosocial Aspects of Care**

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QUALITY STATEMENT 8:
**Education for Patients, SDMs, Families, and
Caregivers**

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QUALITY STATEMENT 9: **Caregiver support**

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QUALITY STATEMENT 10: **Transitions in Care**

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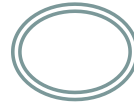
QUALITY STATEMENT 11: **Setting of Care and Place of Death**

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QUALITY STATEMENT 12: **Interdisciplinary Team-Based Care**

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QUALITY STATEMENT 13: **Education for Health Care Providers and Volunteers**

Resources

- **Gold Standard Framework:**
<http://www.goldstandardsframework.org.uk/>
- **HQO Palliative Care Quality Indicators:**
<https://www.hqontario.ca/portals/o/documents/evidence/quality-standards/qs-palliative-care-clinical-guide-en.pdf>
- **Ontario Palliative Care Network:**
<https://www.ontariopalliativecarenetwork.ca/en>
- **Canadian Virtual Hospice:** <http://www.virtualhospice.ca>
- **ESAS:**
<https://www.cancercareontario.ca/sites/ccocancercare/files/assets/COESAS-English.pdf?redirect=true>
- **PPS:**
https://www.victoriahospice.org/sites/default/files/ppsv2_qa_instructions_definitionsoc2018update.pdf
- **Pallium Canada:** <https://pallium.ca/>
- **Hospice Palliative Care Ontario (HPCO):** <https://www.hpco.ca/>
- **Speak Up:** <http://www.advancecareplanning.ca/>



gperri@baycrest.org



North East Specialized
Geriatric Centre
Centre gériatrique
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