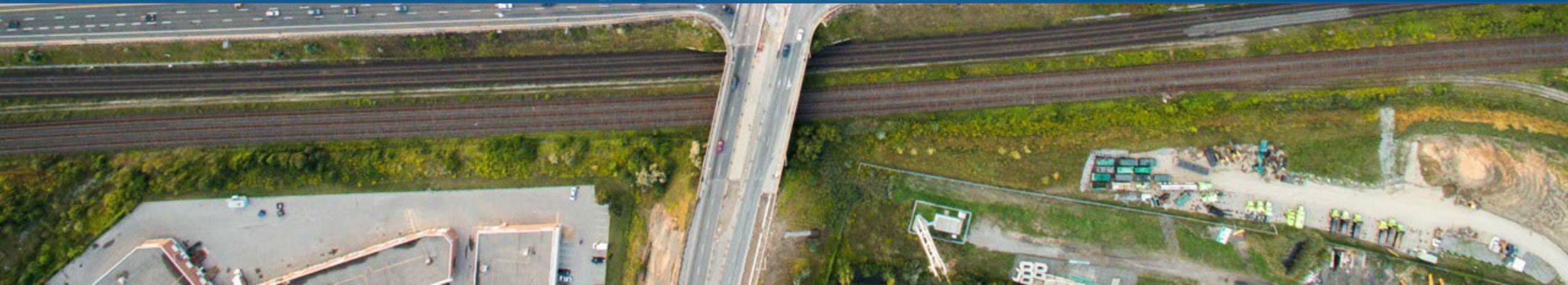




# Palliation in Long-Term Care: a Resident Focused Approach

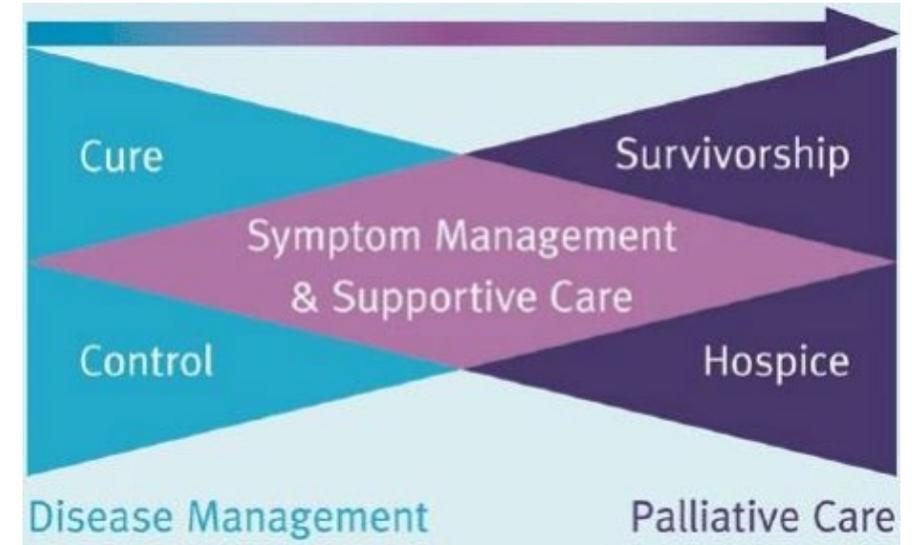
Stephanie Breurkes, *Nurse Practitioner-Hillsdale Terraces*

Heather Toll, *Registered Dietitian-Hillsdale Terraces*



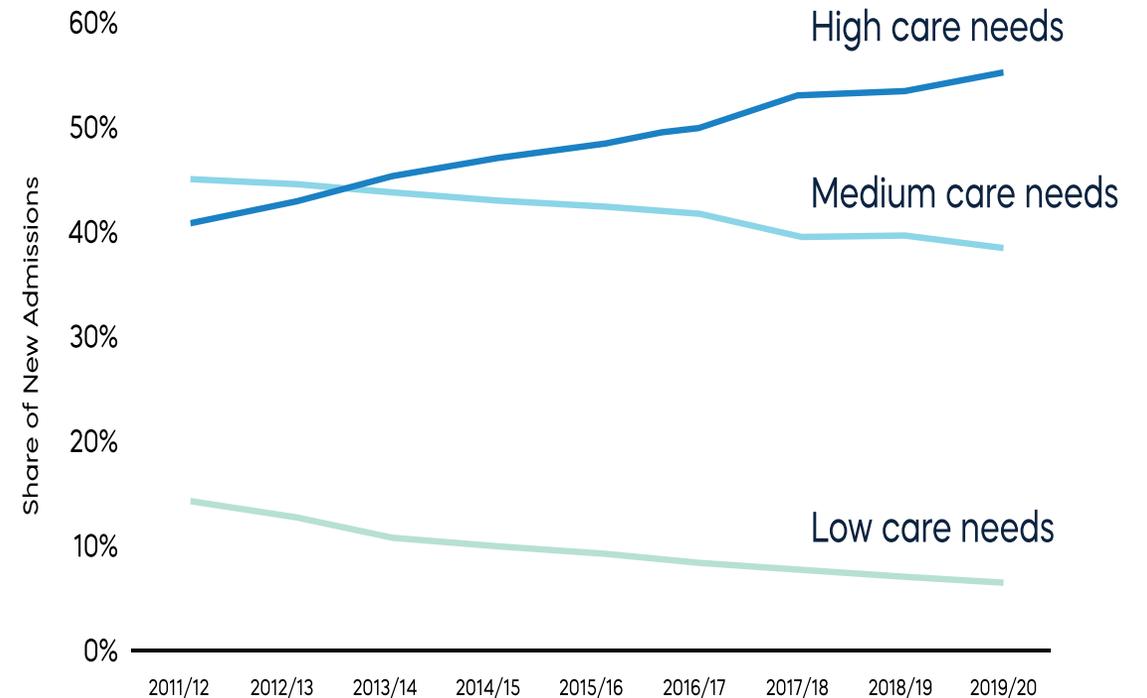
# What is Palliative Care & Why is it Important?

- **Palliative care (PC)**
  - Specialized medical care for people living with serious illness
  - Symptom and stress relief
  - Improve quality of life
  - Can be provided for months/years
- **End-of-Life Care (EOL)**
  - Provided in the final days/hours of life.
  - Focused on relief of symptoms, resident and family support
- **Access to Palliative Care**
  - **Diagnosis:** Cancer patients are the most likely to be identified as having palliative care needs in their last year of life (77%), while those with dementia are the least likely (39%).
  - **Age:** Canadians 85 and older are least likely to receive palliative care.
  - Residents are admitted to long-term care with more advanced disease and increased frailty

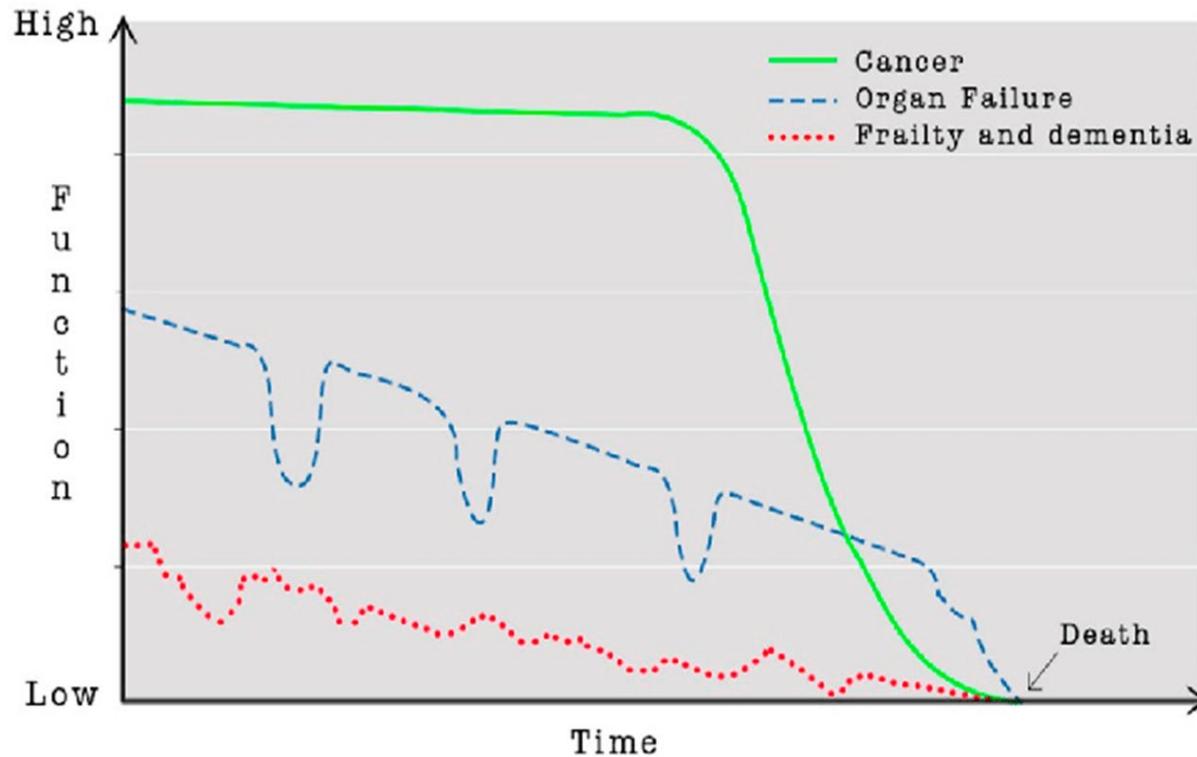


# Current Long-Term Care Population

- Average age in LTC **83yrs old**
- Length of stay has declined by **100 days** each year since 2019 at Hillsdale Terraces (HT)
- 75% of admitted residents have 3 or more **complex medical conditions**
  - At HT residents have an average of 10 diagnoses
- 75% of resident have some form of **cognitive impairment**
  - 25% increase when compared to data from 2011



# Disease Trajectories



- Residents will have different experiences over time depending on the disease process
- **Medically Complex Conditions**
  - Heart/lung diseases
  - Many recurrent illnesses as disease progresses
  - Increase in symptoms
- **Late Stage Dementia**
  - Slow decline in function
  - Eating and drinking slowly declines over time
  - Total care for all activities of daily living
  - Sleeping more

# Fixing Long-Term Care Act, 2021

- In April 2022 the *Fixing Long-Term Care Act (2021)* regulation changes came into effect
- The Act includes the following statements:
  - 61. (3) The licensee shall ensure that the resident or Substitute Decision Maker... are **provided with an explanation of the palliative care options** that are available based on the assessment of the resident's palliative care needs, which may include, but are not limited to, early palliative care and end-of-life care.
  - (4) ...the palliative care options made available to the resident include, at a minimum,
    - (a) quality of life improvements;**
    - (b) symptom management;**
    - (c) psychosocial support; and**
    - (d) end-of-life care, if appropriate.**



# Divisional Long-Term Care Palliative Care Program

- **Program enhancements include:**
- **Assessment**
  - Standardized assessment and communication tools
  - Interdisciplinary approach to assessment/care need identification
  - Standardized medication orders as a starting point for symptom relief at end-of-life
- **Communication**
  - Primary focus on early identification for close monitoring throughout the disease trajectories
    - clearly outlining residents wishes/goals of care as their health declines
  - Enhancing the care conference structure which allows for residents, families and team members to collaborate on the plan of care

# Divisional Long-Term Care Palliative Care Program

- **Program enhancements include:**
- **Collaboration**
  - Built sustainable partnership with hospice volunteer, grief and bereavement services
  - Early education and collaboration with families and residents
  - Supporting front-line education to build knowledge and capacity
  - The addition of a dedicated palliative care program lead



# Positive Outcomes

- **Avoiding Emergency Room transfers** when health decline is expected
- **Improving symptom management** for medically complex deaths, instituting and updating an EOL symptom management order set
- **Increasing hospice volunteer support** through expanding our internal volunteers and through our partnership with the Victoria Order of Nurses (VON)
- **Improving family experience** of death through improving comfort at the bedside chairs, cart with nourishment and supplies)
- **Improved communication** throughout disease trajectory (increased care conference) staff and families



**On average, over 86% of residents of Hillsdale Terraces died at the long-term care home vs in the hospital since October 2021**

# Future Goals



- **Increase opportunities for front-line staff to access education**
  - Build capacity and confidence of direct care/allied health staff to provide focused support for our residents and families
- **Continuing to explore ways to incorporate goals of care discussions in the admission process as appropriate**
  - Fostering team based practice for ongoing interdisciplinary assessment to supports a holistic approach to care
- **Encouraging an upward trend in the following statistics:**
  - End-of-life care occurring with supports in the LTC home vs hospital
  - Residents receiving palliative care within their last 6 months of life
  - Team based goals of care discussions with increased opportunities to review care options

# References

- Ontario Long-Term Care Association(OLTCA) -Data webpage
  - <https://www.oltca.com/about-long-term-care/the-data/>
- Access to Palliative Care in Canada (CIHI) 2023
  - <https://www.cihi.ca/sites/default/files/document/access-to-palliative-care-in-canada-2023-report-en.pdf>



# Thank You!

[Stephanie.Breurkes@durham.ca](mailto:Stephanie.Breurkes@durham.ca)

905-579-3313 X 5025

[Heather.Toll@durham.ca](mailto:Heather.Toll@durham.ca)

906-579-3313 X 5153

[durham.ca](http://durham.ca)

@RegionofDurham

