

Palliative Approach to Care – Long Term Care Initiative

Expression of Interest – OVERVIEW

OPEN: October 2, 2017

CLOSE: October 20, 2017, 5:00pm

The Toronto Central LHIN is seeking expressions of interest (EOIs) from long term care (LTC) homes interested in enhancing a palliative approach to care within their facilities.

Background

Recent trends in LTC homes show an older age of resident at the time of admission, with higher acuity and complexity of care needs, coupled with a shorter duration of stay prior to death. (Wilson & Truman, 2004; Froggatt et al., 2011). As a result, health care providers working in LTC are increasingly challenged by the need for advance care planning, changing care plans as a resident's condition changes, and complex decision making and communication related to end of life care. For these reasons, the value of embedding the palliative approach to care in LTC has increasingly gained attention. Toronto Central LHIN LTC homes have expressed a strong desire for assistance and guidance in providing enhanced palliative care to their residents.

The Toronto Central Palliative Care Network, in collaboration with health system providers, patients/families and health system planners, have identified the LTC sector as a strategic area of focus for improving palliative care in the LHIN. The Palliative Approach to Care in LTC ("PAC- LTC") Initiative has been developed which will offer LTC homes in the LHIN the opportunity to enhance the palliative approach to care within their facilities.

All LTC homes in the LHIN will have access to this initiative at some time over the course of 3 years.

Purpose of this EOI

The purpose of this EOI is to identify 12 LTC homes that have a willingness to work to strengthen the palliative approach to care in 2017/18 and to participate in Cohort 1 of the PAC-LTC Initiative. An EOI for Cohort 2 will be launched in the fall of 2018 for 12 homes interested in participating in the second year of this initiative.

Details on the PAC-LTC Initiative

The PAC-LTC Initiative operates from a strengths-based approach and will support LTC homes regardless of their starting point on the improvement journey. This structured initiative will:

- A. Build organizational readiness in LTC homes to provide a palliative approach to care and
- B. Develop capabilities for sustainable change in palliative care using a quality improvement approach.

Additional benefits of the PAC-LTC Initiative will be:

- Residents** • Increased communication & understanding of a palliative approach to care
- & Families:** • Enhanced the palliative care provided to residents and their families
 - Reduced numbers of unnecessary hospital transfers
 - Increased resident and family satisfaction with care experience
- LTC Staff:** • Increased knowledge and skills in providing the palliative approach
 - Improved confidence & skills to be catalysts for organizational changes in delivering palliative care

PAC-LTC Initiative will support LTC homes in 4 main areas:

1. Palliative care education: building the core competences and skills in palliative care;
2. Quality improvement training: building homes understanding of, and capacity to apply a QI approach to palliative care in their homes;
3. Palliative care resources and tools: offering evidence based resources to assist homes in making in-home improvements in palliative care; and
4. Clinical coaching/mentoring: trained experts will work with homes to support them through this initiative via individualized coaching and via participation in the Learning Collaborative.

(Note: Please refer to the table on the next page for further details and dates)

Participating homes will move through the initiative at the same time – receiving education and training, completing palliative care self- assessments, developing quality improvement ideas and solutions together. Over a 12-month period, representatives from the LTC homes will meet in a Learning Collaborative to share their work, results and best practices, which provides important opportunities for peer learning and networking.

LTC Home Commitments

To participate in PAC-LTC, homes will commit to the following:

- Leadership:
 - Ensuring support from Administrative leaders
 - Ensuring involvement from LTC Physician(s)/Medical Director
 - Identifying an in-house Palliative Champion/Lead (if one does not currently exist)
- Staff:
 - Enabling staff members to participate in education and training (LEAP LTC and IDEAS)
 - Creating a Palliative Care Resource Team, if one does not currently exist
- Actions:
 - Undertaking a LTC home Palliative Care Self-Assessment
 - Supporting local improvement efforts, leveraging the Palliative Care Resource Guide
 - Engaging resident/family council in palliative improvement efforts

- Participating in regular meetings of a *Learning Collaborative* comprised of teams from each of the 12 participating LTC homes
- Reporting to the LHIN on progress
- Participating in the ongoing evaluation of the initiative (e.g. staff surveys, family surveys, collection of performance metrics)

PAC-LTC Initiative Commitments

COMPONENT	DESCRIPTION	TIMELINE
1. Palliative Care Education & Training	<p>Learning Essential Approaches in Palliative Care: Long Term Care (LEAP LTC) TRAINING:</p> <ul style="list-style-type: none"> • LTC homes will be offered LEAP LTC Training • LTC homes will send a team of 4-5 staff (including the in-house Palliative Care Champion/Lead and 1 LTC physician) to participate in a 2-day LEAP training program • LTC physicians are expected to participate in LEAP training. Exception will be given to those who have previously completed LEAP-LTC training • LEAP Course fees will be covered and backfill funding will be provided for non-salaried LTC staff <p>ADDITIONAL PALLIATIVE CARE EDUCATION/TRAINING:</p> <ul style="list-style-type: none"> • While participating in PAC-LTC, LTC homes may identify on-going learning needs. PAC-LTC coaches will work with homes to deliver or arrange additional on-site education/training dependent on each home's needs <p>VOLUNTEER TRAINING</p> <ul style="list-style-type: none"> • Palliative Care Volunteer training will also be offered to LTC volunteers interested in enhancing their understanding of and capacity to support a palliative approach to care in their volunteer work 	<p>Session A: January 9-10, 2018</p> <p><u>OR</u></p> <p>Session B: January 16-17, 2018</p> <p>As needed</p> <p>As needed</p>
2. Quality Improvement Education & Training	<p>IDEAS Program - Foundations of Quality Improvement Program:</p> <ul style="list-style-type: none"> • LTC homes will be offered enrollment in the IDEAS Foundations of Quality Improvement 1-day learning program • LTC homes will send a team of 2-3 staff to participate in a 1-day Quality Improvement Training program that introduces key quality improvement concepts, knowledge of foundational methods of quality improvement, and practical tools in order to improve resident care, processes and outcomes • Participants should include: the Palliative Care Champion/Lead, Director of Care or Administrator. • Course fees will be covered and back fill funding will be provided for up to 1 non-salaried staff 	<p>The 1 day program will take place on either February 27, 28 or March 1, 2018. Exact date: <i>TBD</i>.</p>

3. Palliative Care Resource Guide	A <i>Palliative Care Resource Guide</i> will be made available to all LTC homes. The Guide provides a framework for implementing a palliative approach to care in LTC homes, and offers tools and resources to homes.	
4. Clinical Coaching & Mentoring	Clinical Coaches with extensive experience in palliative care, education and teaching will support homes with undertaking a Self-Assessment, review & interpretation of the Resource Guide, selecting areas for improvement and advising on the improvement journey.	December 2017– December 2018

Who can apply?

All long-term care homes in the Toronto Central LHIN are eligible to apply.

Criteria for Selecting Participating Homes

Up to 12 homes will be selected to participate in the first Cohort of PAC-LTC.

LTC homes will be assessed based on the following components:

- Organizational commitment to enhancing a palliative approach to care
- Level of support from LTC home administrator and physician/medical director to participate in the initiative
- Organizational willingness to fully participate in the initiative
- Candidate homes (which have provided responses that successfully address the criteria for selection) may be engaged in discussions with the LHIN about their ability to participate in this initiative.
(See *Application Template* for further details)

Process

Submit the attached EOI Template to torontocentral@tc.lhins.on.ca by 5pm on Friday October 20, 2017.

Timelines

EOI posted on Toronto Central LHIN website	October 2, 2017
Submission of questions from service providers *	October 5 –10, 2017
Answers to questions posted on Toronto Central LHIN website	October 11, 2017
EOI submission deadline	October 20, 2017, 5:00pm
Evaluation of submissions by Toronto Central LHIN	October 23 – November 10, 2017

* Questions can be submitted to: torontocentral@tc.lhins.on.ca

Appendix: Key Concepts

CONCEPT	DESCRIPTION
Palliative care	<p>Hospice palliative care aims to relieve suffering and improve the quality of living and dying by helping individuals and families. It addresses physical, psychological, social, spiritual and practical issues as well as associated expectations, needs, hopes and fears. By treating all active issues and preventing new issues from occurring it provides opportunities for meaningful and valuable experiences as well as personal and spiritual growth. It helps patients and their families prepare for and manage the end-of-life choices, the dying process and cope with loss and grief.</p> <p><i>Source: Ontario Palliative Care Network, http://www.ontariopalliativecarenetwork.ca</i></p>
Palliative Approach to Care	<p>A palliative approach would make certain aspects of palliative care available to residents and families at appropriate times throughout the illness trajectory. After diagnosis and in the early stages of the illness, the palliative care approach focuses primarily on:</p> <ul style="list-style-type: none"> • Open and sensitive communication about the person’s prognosis and illness trajectory, including any changes they may have to make in their lives, such as limiting certain activities; • Advance care planning, including discussing the range of treatments available and setting goals of care; psychosocial and spiritual support to help individuals and families struggling with any issues related to the illness; • Any pain or symptom management that may be required. • At later stages of the illness, a palliative care approach focuses more on: <ul style="list-style-type: none"> – reviewing the person’s goals of care and adjusting care strategies to reflect changes in goals; – ongoing psychosocial support for individuals and families ; pain & symptom management; – if and when to engage specialized palliative care providers, such as for people and families with challenging physical, psychosocial, or spiritual symptoms, conflicts over goals of care or decision making, family distress. <p>The palliative care approach focuses on person and family, and on their quality of life throughout the illness, not just at the end of life. It reinforces the person’s autonomy and right to be actively involved in his or her own care – and strives to give patients and families a greater sense of control. It sees palliative care as less of a discrete service offered to dying persons when treatment is no longer effective and more of an approach to care that can enhance quality of life throughout their illness.</p> <p>The palliative care approach recognizes that, in a health care system focused on cure and treatment, people may not be given the opportunity to talk about dying or be truly informed about their illness and prognosis. They may not be asked about their care goals.</p> <p>The palliative care approach also recognizes that, when care is focused on treating an illness, pain and other symptoms – including those related to the treatments – are not as well managed as they could be, especially as the illness progresses and more complications occur.</p> <p><i>Source: http://www.hpcintegration.ca/media/38753/TWF-palliative-approach-report-English-final2.pdf</i></p>

<p>Palliative Care Champion/Lead</p>	<p>A Palliative Care Champion Team provides leadership for the implementation of a Palliative Care Approach in the LTC home.</p> <p>Key responsibilities may include:</p> <ul style="list-style-type: none"> • Providing coaching in the home within their scope of practice to assist in delivering high quality palliative care • Providing leadership, supporting the creation of an internal palliative care resource team which will allow for broader internal capacity • Proactively identify training and education needs for the home and coordinate with PPSMC, HPCO, NLOTS etc. to deliver capacity building supports. • Leading the palliative care resource team in completing a home-wide palliative care self-assessment • Working with the palliative care resource team to plan for implementation of palliative approach to care • Helping organize intervention components to identify palliative care residents (i.e. assessments of resident decline, palliative family care conferences, end-of-life care, after death grief and bereavement period) • Offering ad-hoc consultation with other staff seeking information and support with implementation of the approach • Enhancing collaboration within and between disciplines with regards to palliative care • Acting as a link between the home and external consultants by helping to identify and address issues related to program implementation 		
<p>Palliative Care Resource Team</p>	<p>A palliative care resource team is not a clinical team. The team provides leadership and mentorship within the home. Resource teams are interdisciplinary in nature and ideally, have staff representing all departments including:</p> <table border="0" style="width: 100%;"> <tr> <td style="vertical-align: top;"> <ul style="list-style-type: none"> • Nursing • Personal Support Workers • Dietary • Housekeeping • Physiotherapy • Administration </td> <td style="vertical-align: top;"> <ul style="list-style-type: none"> • RAI Coordinator • Life Enrichment • Spiritual Care Associate • Maintenance • Volunteer Services • Physician/ Nurse Practitioner </td> </tr> </table> <p>Palliative Care Resource Teams can:</p> <ul style="list-style-type: none"> • Mentor other staff / families • Provide emotional support to Staff/ Families/ Residents • Provide information regarding training / tools for other staff members • Seek clarification of resident’s status after a hospital transfer • Educate / provide information to residents and families • Provide input into home specific policies and procedures • Promote a palliative approach and end-of-life care services to residents and families <p>(Source: http://www.palliativealliance.ca/assets/files/Alliance_Resources/Palliative_Care_Team- Apr. 8.pdf)</p>	<ul style="list-style-type: none"> • Nursing • Personal Support Workers • Dietary • Housekeeping • Physiotherapy • Administration 	<ul style="list-style-type: none"> • RAI Coordinator • Life Enrichment • Spiritual Care Associate • Maintenance • Volunteer Services • Physician/ Nurse Practitioner
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<p>Learning Essential Approaches in Palliative Care</p>	<p>LEAP LTC is a 2 day course created by Pallium Canada.</p> <p>The goals of the course are to:</p> <ul style="list-style-type: none"> • Provide learners with the essential, basic competencies of the palliative approach to care • Further develop teamwork and promote inter-professional collaboration. 		

– Long Term
Care (LEAP LTC)

Course modules include:

- Being Aware
- Taking Ownership
- Decision-making & ACP
- GI symptoms, Hydration & Nutrition
- Pain Management
- Respiratory Symptoms
- PSW Competencies
- Essential Conversations
- Psychosocial & Spiritual Care
- Delirium & Dementia
- Last Days & Hours
- Grief
- Organizational Readiness

The target audience for this course includes: Healthcare professionals, including physicians, nurses, pharmacists, social workers, as well as personal support workers (PSWs) or care aides and other regulated and unregulated care providers, who work in long-term care (LTC) and nursing homes.