

Personal Support Worker Community of Practice Series

Tools Practicum Part 1



Presenters: Tracey Human and Diane Roscoe

Date: January 11th, 2021

Territorial Honouring



The Palliative Care ECHO Project

The Palliative Care ECHO Project is a 5-year national initiative to cultivate communities of practice and establish continuous professional development among health care providers across Canada who care for patients with life-limiting illness.

Stay connected: www.echopalliative.com

Thank you!

The Palliative Care ECHO Project is supported by a financial contribution from Health Canada. The views expressed herein do not necessarily represent the views of Health Canada.



Several slides have been adopted from a recent Palliative Care ECHO session delivered by the North Simcoe Muskoka Hospice Palliative Care Network. These slides include their logo:



Welcome and Reminders

- Please introduce yourselves in the chat!
- Your microphones are muted for background noise, but we do want dynamic sharing, so please raise your hand to unmute to talk. Sharing or asking questions in the chat is also welcome.
- This session is being recorded and will be emailed to registrants within the next week.
- Remember not to disclose any Personal Health Information (PHI) during the session
- Terminology (Personal Support Worker)

Series Objectives

Our PSW Palliative Care Community of Practice

- PSWs with a passion to become PSW experts in palliative care
- A place for Peer-to-Peer practice support
- Facilitated and coached by palliative care experts
- Shared skill building in the Palliative Approach to Care
 - We engage in topic-based discussions, share knowledge and experiences to learn from each other, used cases to practice applying our skill caring for individuals/ families living with life-limiting illness
 - We share resources, tools, best-practice approaches
- Build on foundational knowledge acquired through LEAP PSW

Overview of Topics

| Session # | Session Title | Date/ Time |
|------------|--|--|
| Session 1 | Introductory Session | Nov 16 th , 2021 from 5-6pm |
| Session 2 | Essential Communication Skills Part 1 | Nov. 30 th , 2021 from 5-6pm ET |
| Session 3 | Essential Communication Skills Part 2 | Dec. 14 th , 2021 from 5-6pm ET |
| Session 4 | Tools Practicum Part 1 | Jan. 11 th , 2022 from 5-6pm |
| Session 5 | Tools Practicum Part 2 | Jan. 25 th , 2022 from 5-6pm ET |
| Session 6 | Pain and Shortness of Breath Management | Feb. 8 th , 2022 from 5-6pm ET |
| Session 7 | Understanding Tubes, Pumps, Bags and Lines | Feb. 22 nd , 2022 from 5-6pm ET |
| Session 8 | The PSWs Role in the Last Days and Hours | Mar. 8 th , 2022 from 5-6pm ET |
| Session 9 | End of Life Medications and Side Effects | Mar. 22 nd , 2022 from 5-6pm ET |
| Session 10 | End of Life Delirium | Apr. 5 th , 2022 from 5-6pm ET |
| Session 11 | Post-mortem Care: Cultural Considerations and what happens at the funeral Home | Apr. 19 th , 2022 from 5-6pm ET |
| Session 12 | Culturally Relevant Care | May 3 rd , 2022 from 5-6pm ET |
| Session 13 | Trauma Informed Care and Cultural Safety | May 17 th , 2022 from 5-6pm ET |
| Session 14 | Indigenous End of Life Care | May 31 st , 2022 from 5-6pm ET |

General Format of each Session

- Topic Introduction
- Coaching Together
- Case Study
- Wrap Up

TOPIC

Tools Practicum Part 1

PPS



TOOLS

Illness Stages & Trajectories

Domains of Issues

Norms of Practice

ID/Screen

Observe/Assess

Plan/ Manage

Gold Standard Framework - "The Surprise Question"

Palliative Performance Scale (PPS)

ESAS-r

PAINAD; DOLOPLUS; ABBY; CPS-NAID

Clinical Frailty Scale

CHESS; PSI

DOS

Dignity in Care - ABCD's

Depression Scales

Total Pain & Suffering

FICA; Spiritual; Meaning; Forgiveness;
Relatedness and Hope Pain Scale

Observing for Loss & Types of Grief

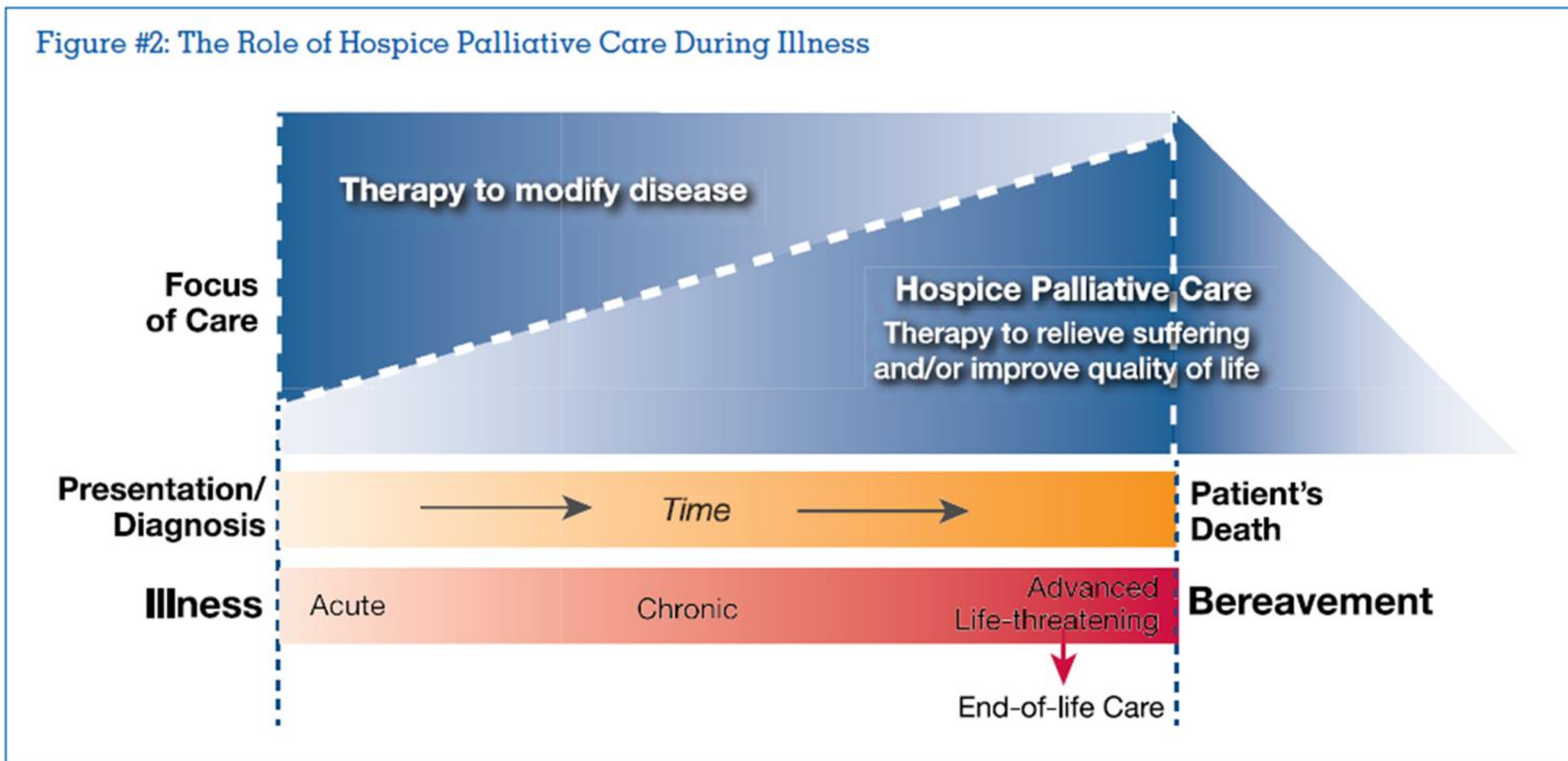
SBORS

Self-Care / Compassion Fatigue Inventory

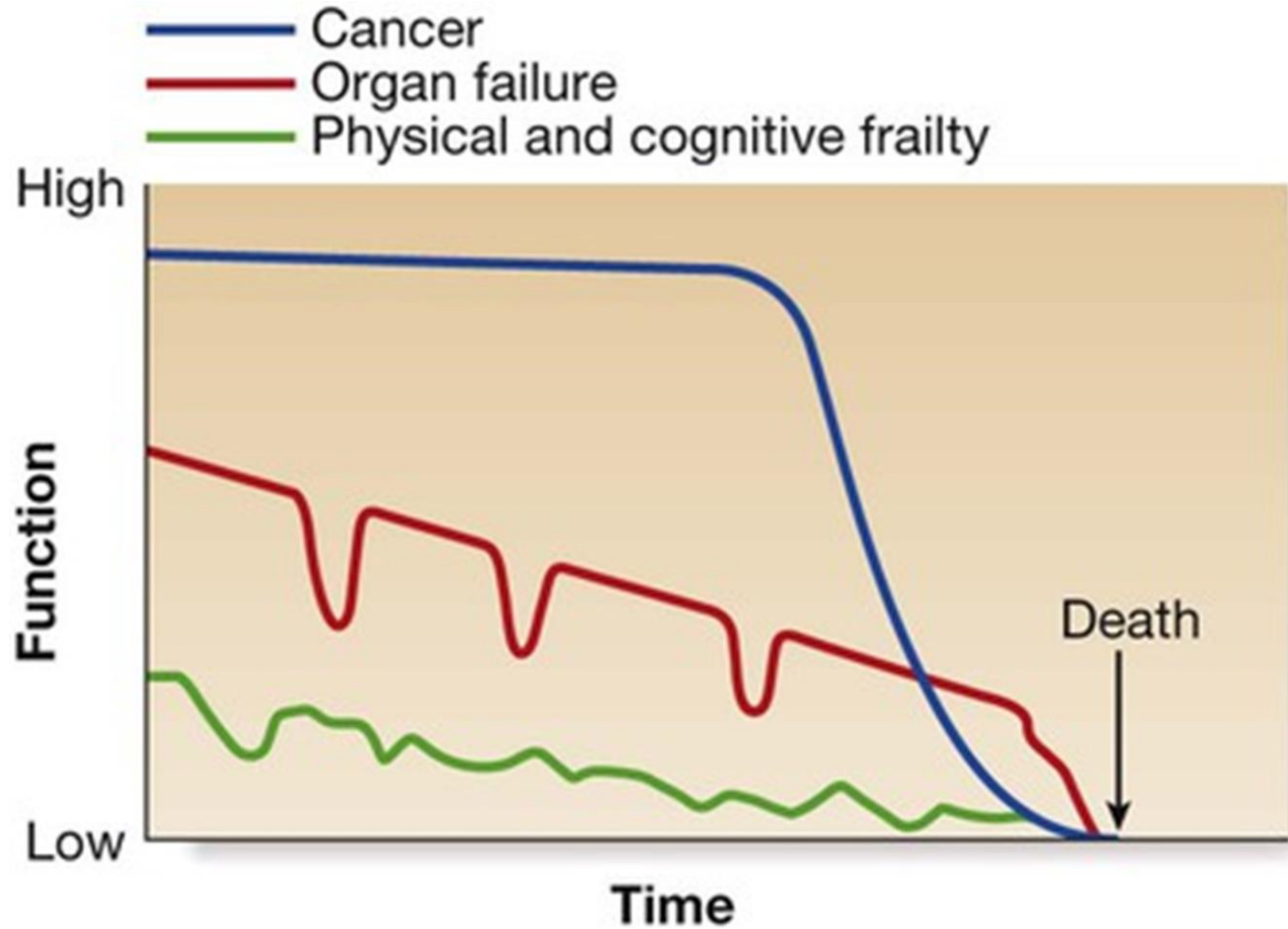
Others

Life-Limiting Illness Stages

Figure #2: The Role of Hospice Palliative Care During Illness



Illness Trajectories



PPS Description

- PPS a reliable and validated tool
- Used for assessing a patient's functional performance
- It has been translated into as many as 17 languages
- **11 categories which are measured in 10% decrements**

Divided into 3 phases:

- 1) Stable 100% - 70%
- 2) Transitional 60% - 40%
- 3) End of Life 30% - 10%

Palliative Performance Scale (PPSv2)
version 2

| PPS Level | Ambulation | Activity & Evidence of Disease | Self-Care | Intake | Conscious Level |
|-----------|-------------------|--|----------------------------------|-------------------|------------------------------|
| 100% | Full | Normal activity & work No evidence of disease | Full | Normal | Full |
| 90% | Full | Normal activity & work Some evidence of disease | Full | Normal | Full |
| 80% | Full | Normal activity <i>with</i> Effort Some evidence of disease | Full | Normal or reduced | Full |
| 70% | Reduced | Unable Normal Job/Work Significant disease | Full | Normal or reduced | Full |
| 60% | Reduced | Unable hobby/house work Significant disease | Occasional assistance necessary | Normal or reduced | Full or Confusion |
| 50% | Mainly Sit/Lie | Unable to do any work Extensive disease | Considerable assistance required | Normal or reduced | Full or Confusion |
| 40% | Mainly in Bed | Unable to do most activity Extensive disease | Mainly assistance | Normal or reduced | Full or Drowsy +/- Confusion |
| 30% | Totally Bed Bound | Unable to do any activity Extensive disease | Total Care | Normal or reduced | Full or Drowsy +/- Confusion |
| 20% | Totally Bed Bound | Unable to do any activity Extensive disease | Total Care | Minimal to sips | Full or Drowsy +/- Confusion |
| 10% | Totally Bed Bound | Unable to do any activity Extensive disease | Total Care | Mouth care only | Drowsy or Coma +/- Confusion |
| 0% | Death | - | - | - | - |

STABLE

TRANSITIONING

END OF LIFE

Palliative Performance Scale (PPSv2)

version 2

| | PPS Level | Ambulation | Activity & Evidence of Disease | Self-Care | Intake | Conscious Level |
|---------------|-----------|-------------------|--|----------------------------------|-------------------|------------------------------|
| STABLE | 100% | Full | Normal activity & work No evidence of disease | Full | Normal | Full |
| | 90% | Full | Normal activity & work Some evidence of disease | Full | Normal | Full |
| | 80% | Full | Normal activity <i>with</i> Effort Some evidence of disease | Full | Normal or reduced | Full |
| | 70% | Reduced | Unable Normal Job/Work Significant disease | Full | Normal or reduced | Full |
| TRANSITIONING | 60% | Reduced | Unable hobby/house work Significant disease | Occasional assistance necessary | Normal or reduced | Full or Confusion |
| | 50% | Mainly Sit/Lie | Unable to do any work Extensive disease | Considerable assistance required | Normal or reduced | Full or Confusion |
| | 40% | Mainly in Bed | Unable to do most activity Extensive disease | Mainly assistance | Normal or reduced | Full or Drowsy +/- Confusion |
| END OF LIFE | 30% | Totally Bed Bound | Unable to do any activity Extensive disease | Total Care | Normal or reduced | Full or Drowsy +/- Confusion |
| | 20% | Totally Bed Bound | Unable to do any activity Extensive disease | Total Care | Minimal to sips | Full or Drowsy +/- Confusion |
| | 10% | Totally Bed Bound | Unable to do any activity Extensive disease | Total Care | Mouth care only | Drowsy or Coma +/- Confusion |
| | 0% | Death | - | - | - | - |

Benefits of Using PPS

Communication tool for interdisciplinary care team; can cue essential conversations with families.

A framework for measuring progressive decline over the course of the illness.

Provides a “best guess” projection of length of survival.

Workload measurement tool.

Guides the appropriate selection of the palliative collaborative care plan, cues for bringing in different members of the Interdisciplinary team

Case Studies

Tools Practicum: Practice It



Case 1 Bob:

Bob is 84 years old; Has Dx of heart failure, COPD, Type 2 diabetes. He spends the majority of the day sitting in his recliner chair or lying down due to fatigue and requires considerable assistance to walk even short distances; is fully alert and conscious; has fair intake

Is PPS appropriate to use in this case?

What would the PPS score be?

What does the score mean?

What members of the interdisciplinary team would Bob require for optimal care and outcomes?

Case 2: Agnes

Diagnosed with advanced dementia, colon cancer, diabetes, CHF, osteoarthritis.

This lady has been in LTC for many years. Although she does not recognize her family much of the time, she does enjoy company. She loves music. Agnes wear a brief as she is incontinent of urine and stool. Each afternoon her daughter helps to get her up and brings her down the hall to the dining room for lunch in a wheelchair. She usually sleeps in the afternoon. Agnes is taken to the dining room at dinner but can only remain up for 1 hour. Staff provide all personal care

Is PPS appropriate to use in this case?

What would the PPS score be?

What does the score mean?

What members of the interdisciplinary team would Agnes require for optimal care and outcomes?

Case 2: Agnes Continued

Agnes is now unable to tolerate sitting up in w/c. She spends all day and night in bed. Some days staff report blood clots in her brief. She is eating small amounts of soft food but must be fed.

Agnes is now taking sips of fluids only. Sometimes her breathing is irregular and even stops for a few seconds

Agnes is not taking anything by mouth, she is sleeping most of the time. Her feet and legs have become mottled.

What would the PPS score be?

What does the score mean?

Case 3: Jennifer

Jennifer is 29 years old. She had a diving accident at 19 years of age and was paralyzed from the waist down. She represented Canada in the Paralympics and plays on the Canadian Wheelchair Basketball League (CWBL) Women's National Championship Team.

Is PPS appropriate to use in this case?

What would the PPS score be?

What does the score mean?

Case 3: Jennifer Continued

Jennifer is now 46 years old. She was diagnosed with ovarian cancer last year. She underwent surgery to debulk the cancer tumor and chemotherapy but over the past year her cancer has spread throughout her abdomen. She has weekly paracentesis to relief the pressure in her abdomen from the fluid building up (ascites). She has lost a lot of weight, her muscles have wasted and with her fatigue she no longer has the strength to transfer herself into her wheelchair and is total assist for transfers. She can only tolerate being up in a lounge chair for 2 hours before she exhausts and needs to return to bed. Her appetite is minimal, a couple of bites and a few sips of her favorite food or beverage is all she tolerates. She is incontinent of urine, but insists of using the commode over the toilet for BMs because dignity is important to her. She is starting to have some drowsiness.

Is PPS appropriate to use in this case?

What would the PPS score be?

What does the score mean?

What members of the interdisciplinary team would Jennifer require for optimal care and outcomes?

Case-Based Discussion

Let's Hear from you!

Anyone have any questions; practice discussion or a case to share?

Practice Pearls



Wrap Up



Wrap Up

- Please fill out the feedback survey after the session
- A recording of this session will be emailed to you within the next week
- Make sure you have the next session marked in your calendar!
 - Tools Practicum Part 2
 - January 25th, 2022 from 5-6pm ET

Connect Between Sessions!

- The Canadian Palliative Care Exchange is a place for all health care providers to share their knowledge and best practices with each other and to discuss their experiences in palliative care with colleagues from across Canada.
- Register at cpceexchange.ca and join the group “Personal Support Workers”



Welcome

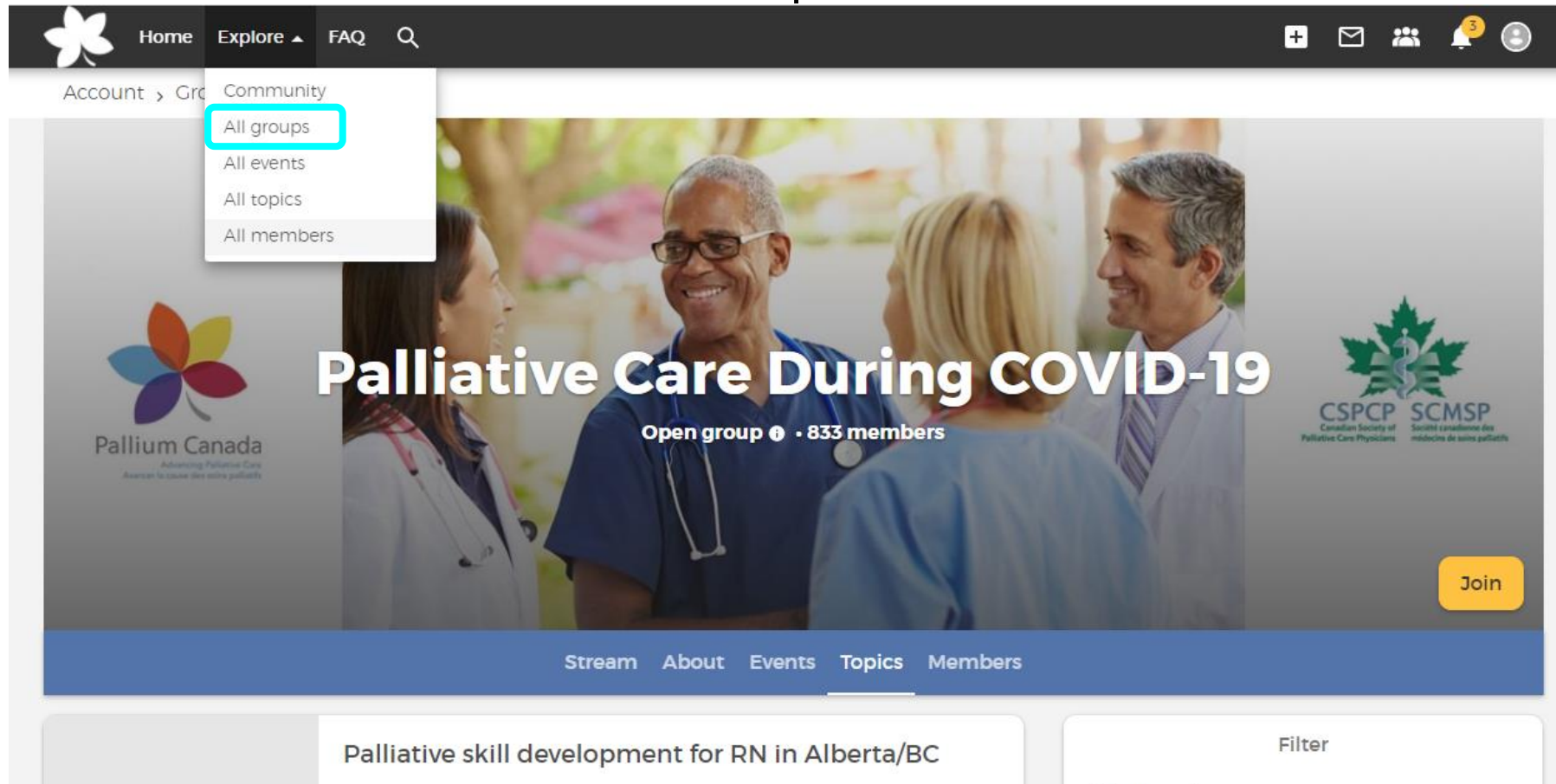
Welcome to the Canadian Palliative Care Exchange (CPC Exchange). This exchange is a place for all health care providers to share their knowledge and best practices and to discuss their experiences in palliative care with colleagues from across Canada.

Thank you for joining us to continue these important conversations.

Please login above to create an account or to participate in the exchange.

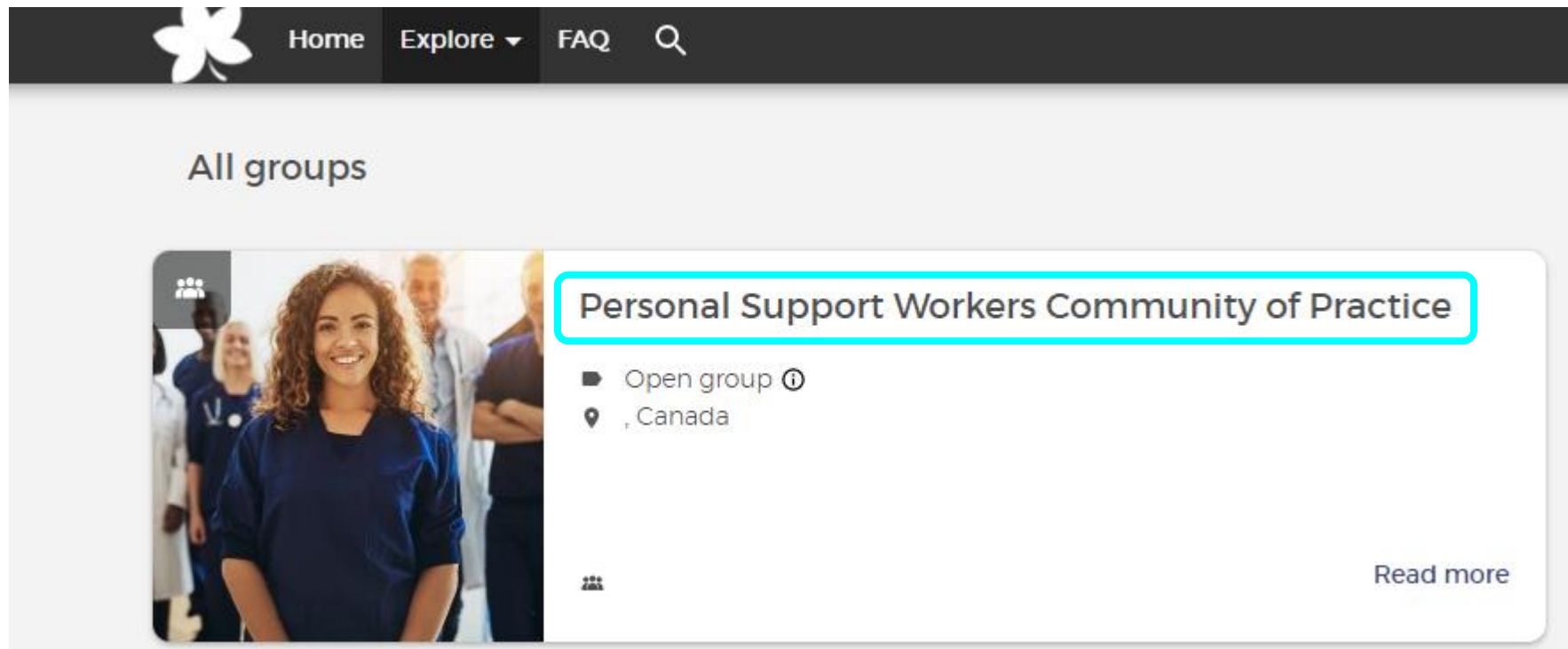
Connect Between Sessions!

- Click on the select tab and select “All Groups”



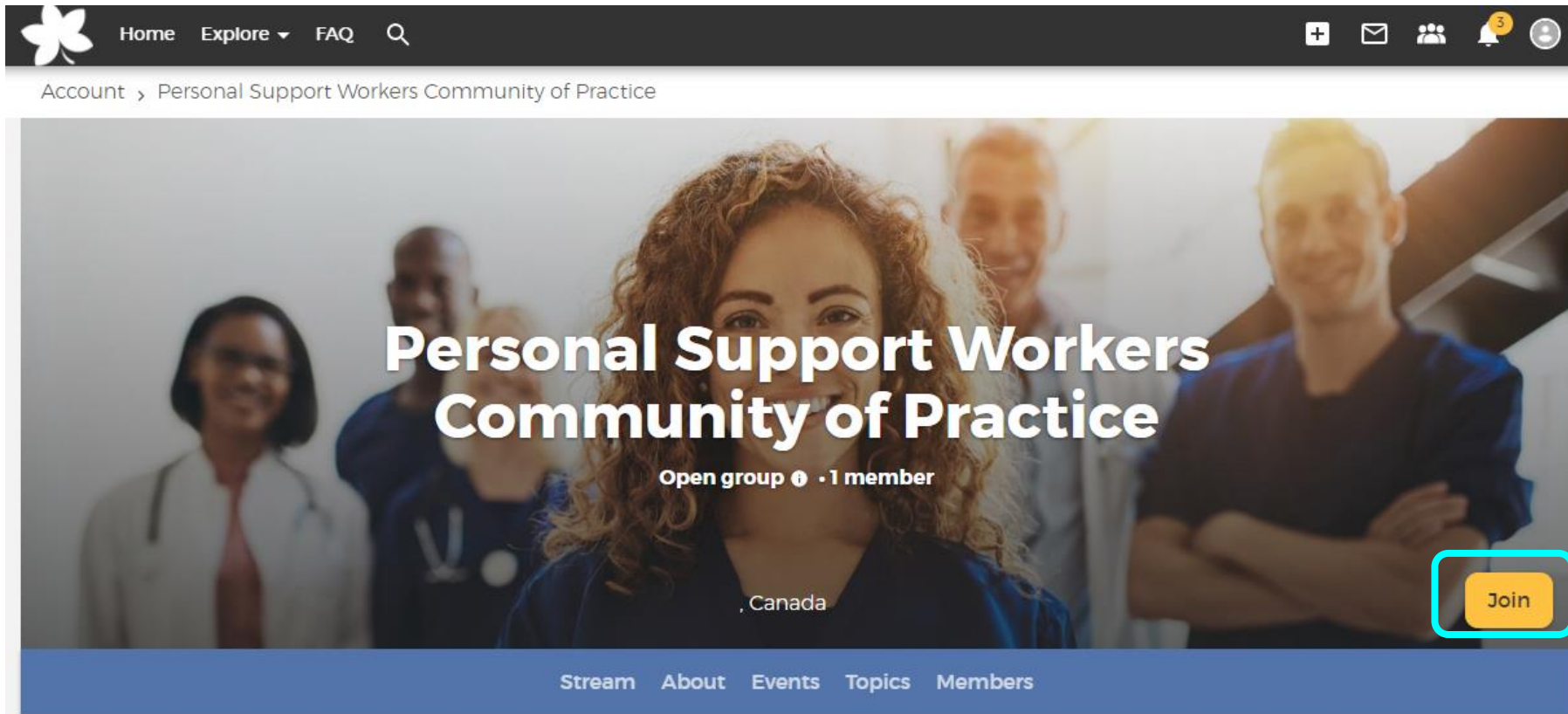
Connect Between Sessions!

- Select the group “Personal Support Workers Community of Practice”



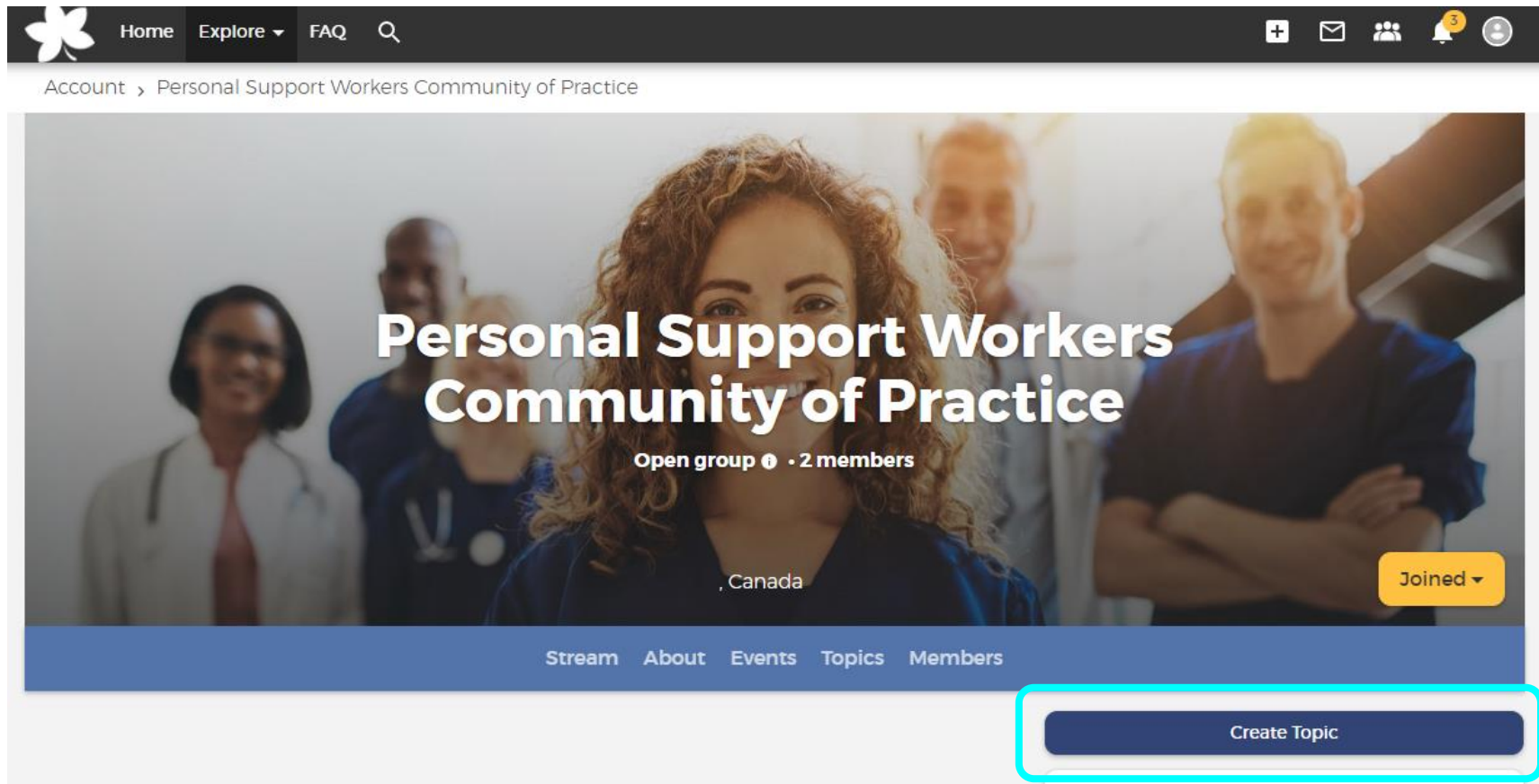
Connect Between Sessions!

- Select “join”



Connect Between Sessions!

- Once you've joined you will be able to create a topic, which others can add to



Long-Term Care- Community of Practice Series

- This community of practice is for health care professionals, administrators and system leaders working in long-term care.
- Participants will have the opportunity to build on foundational palliative care knowledge and practice skills through a 13-part series that will include knowledge exchange opportunities and interactive, case-based discussions.
- Next session takes place this Thursday (Jan. 13th)
 - Presented
- Register at www.echopalliative.com

LEAP Personal Support Worker



- LEAP Personal Support Worker is an online, self-learning course that provides personal support workers and care aides with the essential competencies to provide a palliative care approach
- Register at: <https://www.pallium.ca/course/leap-personal-support-worker/?enroll=enroll>

"I feel this course was great, and straight forward. It was easy to navigate, and had very good information, and knowledge"

"A great course, lots of information just for the PSW role. Information very informative and easily learned."

"This course is really amazing, well made and really helped me understand palliative care"

"I feel this course was absolutely fantastic! I enjoyed it very much."



"Wonderful journey, thank you"

Thank You

See you on January 25th!



BY
 Pallium Canada

Stay Connected

www.echopalliative.com