

Long-Term Care Community of Practice Series

Meaningful Measurement to Support Health System Improvements in Long-Term Care



Date: October 13th, 2022

Host: Holly Finn, PMP

Guest Speakers:

Michael MacFadden, BA BScN MN-NP(PHC) CHPCN©

Shane Sinclair, PhD

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.

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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.



LEAP Long-Term Care

- Interprofessional course that focuses on the essential competencies to provide a palliative care approach.
- Case studies contextualized to the long-term care setting.
- Delivered online or in-person.
- Ideal for any health care professional (e.g., physician, nurse, pharmacist, social worker, etc.) working in long-term care and nursing homes.
- Accredited by CFPC for **27.5 Mainpro+ credits** (online) and **26.5 Mainpro+ credits** (in-person).



Learn more about the course and topics covered by visiting

www.pallium.ca/course/leap-long-term-care

Overview of Sessions

Session #	Session Title	Date/ Time
Session 1	Introductory Session	Dec. 9, 2021 from 12-1pm ET
Session 2	The Palliative Approach as Part of the Continuum of Care	Jan. 13, 2022 from 12-1pm ET
Session 3	The Palliative Approach as an Inter-Professional, Team-Based Approach	Feb. 10, 2022 from 12-1pm ET
Session 4	Individuals and their Families as Members of the Team	Mar. 10, 2022 from 12-1pm ET
Session 5	Advance Care Planning	Apr. 14, 2022 from 12:30-1:30pm ET
Session 6	Resources for Long-Term Care	May 12, 2022 from 12:30-1:30pm ET
Session 7	Spiritual and Religious Care as Part of the Holistic Approach	Jun. 9, 2022 from 12-1pm ET
Session 8	Supporting New Team Members	Jul. 14, 2022 from 12-1pm ET
Session 9	Honouring Personhood in Dementia Care	Aug. 11, 2022 from 12-1pm ET
Session 10	Diversity and Inclusion in the Long-Term Care Setting	Sep. 8, 2022 from 12-1pm ET
Session 11	Meaningful Measurement to Support Health System Improvements in LTC	Oct. 13, 2022 from 12-1pm ET
Session 12	Mental Health and Resilience During the COVID Pandemic: Part 1	Nov 10, 2022 from 12-1pm ET
Session 13	Mental Health and Resilience During the COVID Pandemic: Part 2	Dec 8, 2022 from 12-1pm ET

Welcome and Reminders

- Please introduce yourself in the chat!
- Your microphones are muted. There will be time during this session when you can unmute yourself for questions and discussion.
- You are welcome to use the chat function at any time to ask questions and add comments
- Remember not to disclose any Personal Health Information (PHI) during the session
- This session is being recorded and will be emailed to registrants within the next week
- This 1-credit-per-hour Group Learning program has been certified by the College of Family Physicians of Canada for up to **12 Mainpro+** credits.

Introductions

Host

Holly Finn, PMP

Senior Manager, Program Delivery, Pallium Canada

Guest Speakers

Michael MacFadden, BA BScN MN-NP(PHC) CHPCN©

Specialist, Patient and Client Experience, Saskatchewan Health Authority
Adjunct Professor, Graduate Studies and Research, University of Regina
Adjunct Instructor, Saskatchewan Polytech

Shane Sinclair, PhD

Associate Professor
Cancer Care Research Professor
Director, Compassion Research Lab
Faculty of Nursing, University of Calgary

Disclosure

This program has received financial support from:

- Health Canada in the form of a contribution program
- Generates funds to support operations and R&D from Pallium Pocketbook sales and course registration Fees

Host/ Presenter:

- Holly Finn: I have no conflicts of interest to declare.
- Michael MacFadden: I have no conflicts of interest to declare. I have bias in support of health equity, cultural responsiveness and people centred healthcare.
- Shane Sinclair: I have no conflicts of interest to declare.

Mitigating Potential Biases:

- The scientific planning committee had complete independent control over the development of course content

MEANINGFUL MEASUREMENT

Better together by attending to what matters





ARE YOU FEELING TIRED AND DISTRACTED - 4, 7, 8 BREATHING

Establishing our presence:

1. Inhale through your nose and count to four
2. Hold your breath and count to seven in your mind
3. Exhale slowly through your mouth and count to eight
4. Repeat 3-5 cycles inhaling through your nose for 4 counts; hold the breath for 7 counts; exhale through your mouth for 8 counts

WHAT WE'LL COVER IN THIS SESSION

describe
measures often
applied in LTC
and palliative
care

describe how
metrics can help
or hinder
opportunities
for a palliative
approach in LTC

explore how we
might use
measures to
promote quality
improvement in
LTC



MY STORY

What brought me here

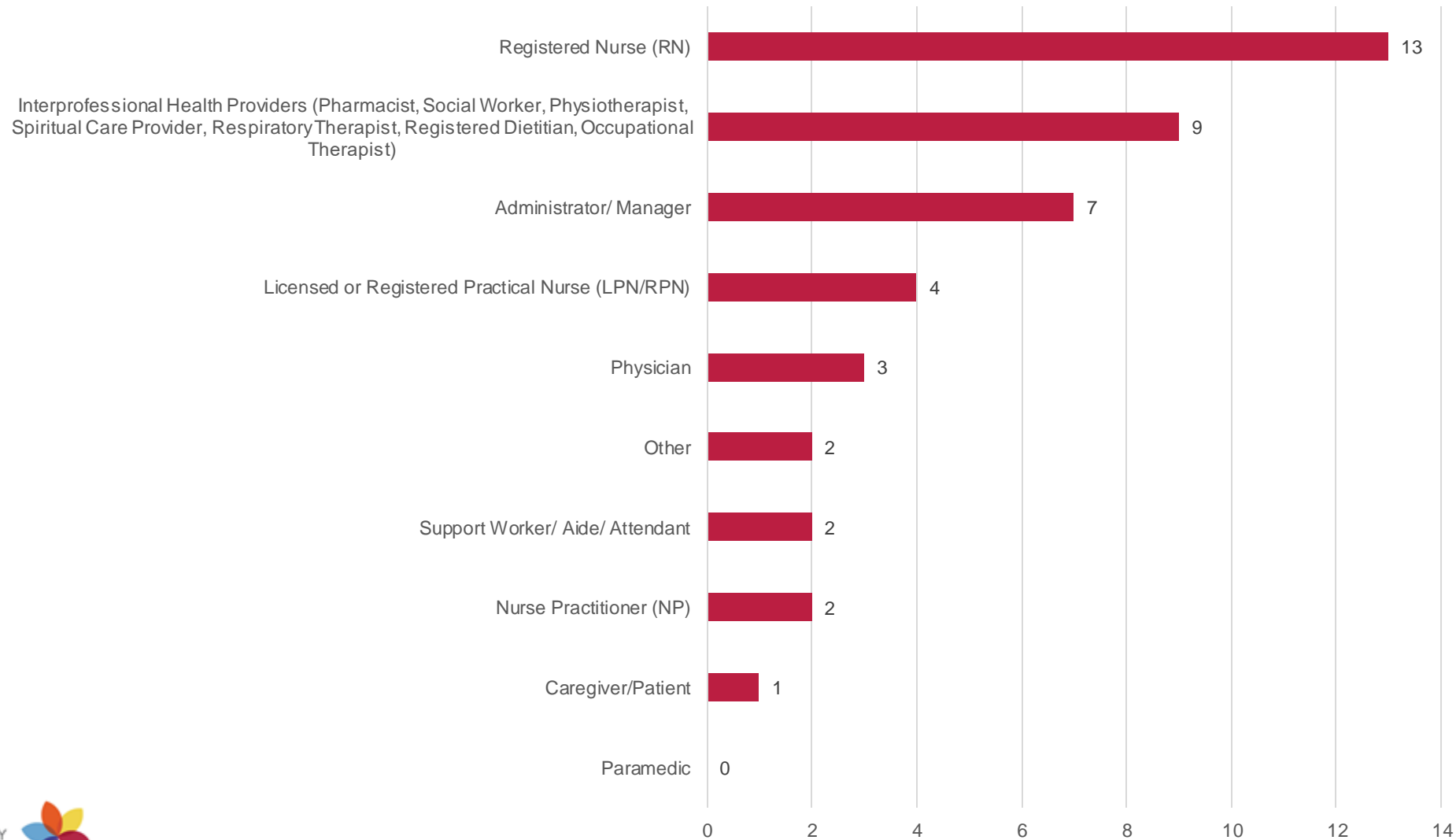
WHAT IS YOUR PROFESSION?



Let's learn a little about you from this Poll.

Results:

What is your profession?



WHY DID YOU CHOOSE A CAREER IN HEALTH?



Let's learn a little about you with this Whiteboard exercise.

comfort level of

assessments delayed during to workload

meaningful communication with family members

shortage of long term care beds- residents not receiving appropriate care due to same

Life legacy (not financial)

traditions around moving from long term care to- palliative-to Hospice

Changing the culture - Palliative Approach to Care vs End-of-Life state of mind

recognition of grief in residents, families, staff and volunteers

Shift in values, attitudes

Structural barriers- ---charting systems don't use terms 'palliative care' or 'goals of care' accurately which perpetuates

personnel wellness , workplace retention

Assessment completed, and documented to relay information to team

Changing The perception of palliative care. Not only for patients and families, but also for other colleagues

Dignity, comfort

In the news

Systemic causes of burnout

Eating healthy foods and getting adequate sleep and exercise promote positive mental health. However, [the Canadian Medical Protective Association's \(CMPA\) guide to healthier physicians](#) says system-level factors can make maintaining these behaviours unrealistic for many physicians — possibly contributing to burnout.

These factors include:

- Inefficient work processes (e.g., increased administrative tasks, physician-entered documentation)
- Excessive workloads, long hours and high patient volumes
- Less time spent on meaningful work
- Lack of control and autonomy
- Inadequate support for "second victim" effects
- Negative leadership behaviours and lack of social support
- Limited opportunities for collaboration
- Changes to work context and care delivery models due to new technology

HEALTH | News

'People are suffering': ICU nurse says staffing shortages at hospitals are getting worse



Impact of COVID-19 on Canada's health care systems

COVID-19 RESOURCES

Data collection and coding direction

Data and information

- Impact of COVID-19 on Canada's health care systems
- The big picture
- Hospital patient experience
- Hospital services
- Emergency departments
- Physician services
- Long-term care
- Unintended consequences
- Home care services
- Download the data

External data resources

February 24, 2022 — Since March 2020, Canada's health care systems have adapted and evolved at an unprecedented rate to respond to COVID-19. CIHI has now compiled health system data from the first 3 waves of the pandemic in Canada (March 2020 to June 2021), including new analyses on emergency departments, hospital services, physician services, long-term care, patient experience in hospitals and unintended consequences on harms caused by substance use, self-harm and accidental falls.

The big picture

[Get an overview of how COVID-19 has impacted Canada's health care systems.](#)

Hospital patient experience

[Explore the impact on patient experience in acute care hospitals.](#)

Hospital services

[See the impact on hospital stays, surgeries and ICU admissions.](#)

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The Daily

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Experiences of health care workers during the COVID-19 pandemic, September to November 2021

Released: 2022-06-03

Text | Related information | PDF (198 KB)

The COVID-19 pandemic has had a significant impact on the health care system, in particular on health care workers on the front lines of caring for Canadians. As the pandemic progressed and cases began to rise, health care workers faced a range of challenges, including extended work hours, decreased vacation time, changes in the methods of delivering care and more. New results from the Survey on Health Care Workers' Experiences During the Pandemic (SHCWEP) show that most health care workers (95.0%) reported that their job was impacted by the pandemic, and a large majority (86.5%) felt more stressed at work during the pandemic.

The SHCWEP was designed to provide insights into the impact of the pandemic on health care workers' mental health, their personal life and their work environment, as well as insights into those who intend to leave their job or change jobs in the coming years and the reasons why they are considering this change. Data from this survey were collected from September to November 2021, coinciding with the fourth wave of the pandemic.

Feeling more stressed at work is the most common impact felt by health care workers during the pandemic

WHAT IS KEEPING YOU UP AT NIGHT?



Let's learn a little about you with this Whiteboard exercise.

not going to bed with my husband because I am still documenting from today's workload

How disease in those with disabilities manifests (this sector is living longer)

My job keeps getting added duties, I don't feel like I am getting to complete everything

Am I going to be safe and get myself and family sick

How disease manifests in those with developmental disabilities (they are living longer

Work responsibilities. Expectations of Faculty and students. Personal frustrations/pressures

late night calls for support



How am I going to get my work done with all this swabbing

what i am being asked to do does not match my value nor do i believe it is adding value to

Added duties and pressures at work

moral distress

Preparing for this presentation:)

getting used to live since my marital separation

Lack of continuity of care. Not doing enough, or "Quiet Quitting"

Too many patients, not enough time



MEANINGFUL MEASUREMENT

What we measure



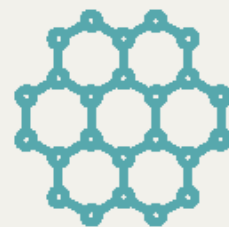
Process

The steps that lead to a specific outcome:
Pressure injuries as an outcome might involve Braden scales as process measures for assessing risks



Outcome

Clinical or financial outcomes from an intervention:
Incidence of pressure injuries



Structural

The attributes of the setting:
Staffing levels, the preparation of those providers to address and treat pressure injuries, time to assess and tools to mitigate/treat



Balancing measures

The impact on related areas:
Patients with a lower PPS or higher frailty impact the incidence of pressure injury, as can concurrent events

MEANINGFUL MEASUREMENT

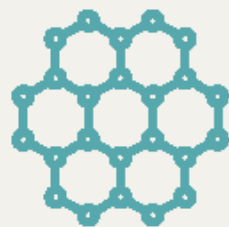
What are some of the examples of these measures in LTC, EOL and palliative services



Process



Outcome



Structural



**Balancing
measures**

Using the Whiteboard - let's capture these measures from the attendees.

MEANINGFUL MEASUREMENT

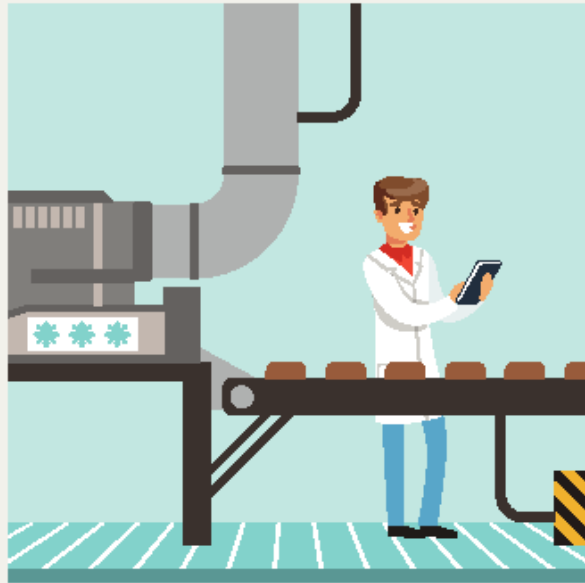
What are the obstacles to comprehensive data collection

- **Consistency**
- **Data security, storage, sharing and access**
- **Inclusion, Diversity, Equity and Accessibility (IDEA)**
- **Ownership, Control, Access and Possession (OCAP)**
- **Participation**
- **Safety**
- **Strategy process**
- **Training**



MEANINGFUL MEASUREMENT

Conceptual limitations



- Metrics are reductionist and even mechanistic
 - Strategy is linear
 - Transactional measures are contrary to relational, people-centred values
- ... *Do your metrics reflect your values?***

MEANINGFUL MEASUREMENT TO WHOM?



What gives us meaning, as care providers, is the same motive patients and families are seeking care

How do we evolve to shine a light on what matters yet is not visible?



CONSIDER ONE ENCOUNTER WITH HEALTHCARE

**As a patient or a provider - what is the common thread that
creates a positive or negative experience**

My Mom was a nurse and I valued her caring and supportive approach

To help others

provide patient centered support

volunteering alongside

Interest in health and people.

value interacting with people specifically older adults

stumbled into it somewhat serendipitously...but always had a sense/desire that I was meant to help and care for

helping people

can apply my skills while making world a little bit better

A desire to help families and the patient understand what they are/will experience towards the end of life (End of Life Doula)

Support a health journey

Improve patient experience

caring

passion for health

a desire to care for others

Helping Others

improve quality of life for individuals and families

helping my family led to helping others and finding joy in this

Helping people stay home as long as possible. Helping them understand their choices

my aunt was Dx with breast cancer in the 80s

I did not know what I wanted to after highschool and was accepted into a Pre-Health course. Now have been in nurse

My dad had Alzheimers for 7 years and as a family member I struggled to understand and navigate that journey so I went back to college at age 40 and change





MY STORY

What brought me here



What do Patients really want?

THE BERYL
INSTITUTE

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While technical skills are consistently ranked higher by clinicians than intrinsic qualities in studies on the key components of quality care, exactly the opposite is revealed from patient experience, followed by the processes they encounter and then the place in which they receive care (Beryl Institute, 2018) (Fleishman, 2002; Beryl Institute, 2018) (Society, 2005; Heyland, 2006; Sinclair, 2016; Beryl Institute, 2018)

Consumer Perspectives

Healthcare professionals have consumers really care about when they think about their

The full research report from kind global research, the study healthcare on the patient experience choices in healthcare.

According to the research:

- 91% of consumers consider decisions they will make
- 78% of consumers identify
- 69% of consumers believe
- Consumers affirm that processes they encounter
- Consumers offer that are the three most important



What matters most in end-of-life care: perceptions of seriously ill patients and their family members

Daren K. Heyland, Peter Dodek, Graeme Rocker, Dianne Groll, Amiram Gafni, Deb Pichora, Sam Shortt, Joan Tranmer, Neil Lazar, Jim Kutsogiannis, Miu Lam, for the Canadian Researchers, End-of-Life Network (CARENET)

An abridged version of this article is available in the Feb. 28, 2006, issue of *CMAJ*.

The Sinclair Compassion Questionnaire

Measuring what matters.

**More compassion, better care.
Stronger patient outcomes.**

A robust and rigorous measure to improve compassion and enhance quality care for happier and stronger patients and practitioners.

LEARN MORE



LICENSING RESOURCES CONTACT

T1 (Day 1)

Oct 4, 2022



The Sinclair Compassion Questionnaire (SCQ)

This questionnaire has been developed to ask you about your experience with the following aspects of compassionate care. Please carefully read each question and rate your level of agreement with it.

Instructions:
In thinking about your Healthcare Providers over the past 7 days, please rate the following:

1. My Healthcare Providers made me feel cared for.
 Strongly disagree Disagree Neutral Agree Strongly agree
2. My Healthcare Providers showed genuine concern for me.
 Strongly disagree Disagree Neutral Agree Strongly agree
3. My Healthcare Providers communicated with me in a sensitive manner.
 Strongly disagree Disagree Neutral Agree Strongly agree
4. I felt that my Healthcare Providers were attentive to me.
 Strongly disagree Disagree Neutral Agree Strongly agree

T2 (Day 8)

Oct 12, 2022



The Sinclair Compassion Questionnaire (SCQ)

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3. My Healthcare Providers communicated with me in a sensitive manner.
 Strongly disagree Disagree Neutral Agree Strongly agree
4. I felt that my Healthcare Providers were attentive to me.
 Strongly disagree Disagree Neutral Agree Strongly agree

Oct 4, 2022

Oct 12, 2022

10. My Healthcare Providers behaved in a caring way.

Strongly disagree Disagree Neutral Agree Strongly agree

11. My Healthcare Providers really understood my needs.

Strongly disagree Disagree Neutral Agree Strongly agree

12. I had a good relationship with my Healthcare Providers.

Strongly disagree Disagree Neutral Agree Strongly agree

13. My Healthcare Providers were able to see things from my perspective.

Strongly disagree Disagree Neutral Agree Strongly agree

14. My Healthcare Providers had a warm presence.

Strongly disagree Disagree Neutral Agree Strongly agree

10. My Healthcare Providers behaved in a caring way.

Strongly disagree Disagree Neutral Agree Strongly agree

11. My Healthcare Providers really understood my needs.

Strongly disagree Disagree Neutral Agree Strongly agree

12. I had a good relationship with my Healthcare Providers.

Strongly disagree Disagree Neutral Agree Strongly agree

13. My Healthcare Providers were able to see things from my perspective.

Strongly disagree Disagree Neutral Agree Strongly agree

14. My Healthcare Providers had a warm presence.

Strongly disagree Disagree Neutral Agree Strongly agree

Care Home A

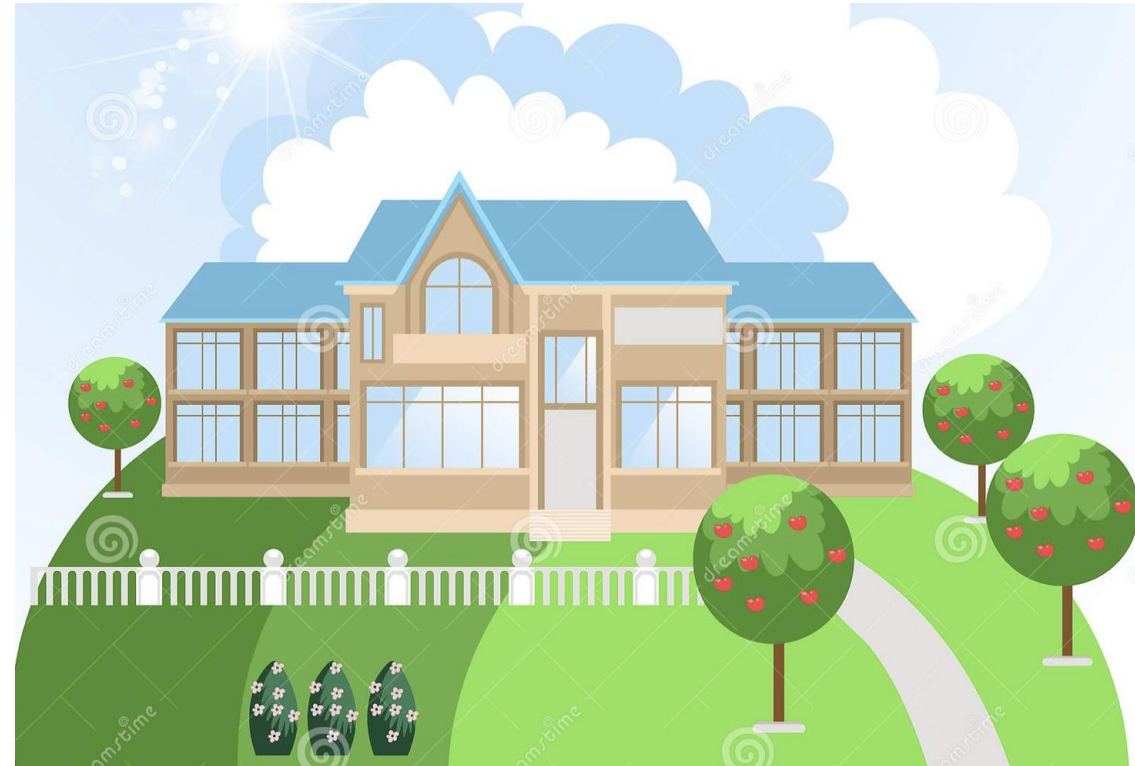
- Lower patient complaints
- Better Patient Outcomes
- Less patient safety incidences

finding the right **CARE HOME** for



Care Home B

- Lower Patient Satisfaction
- Higher Readmission Rates
- Greater Adverse Medical Events



Platinum

The ~~Golden~~ Rule:

Do unto others as ~~you~~ they
would want done to ~~you~~ them.

MEANINGFUL MEASUREMENT

- If measures are an indication of what we value, how are we demonstrating our value of people

- Measures are limiting - they don't describe the entirety of human experience

- Are our measures consistent with the organization, patient, family and/or provider values?

MEANINGFUL MEASUREMENT

- Everything is interrelated and interdependent

- Describing measures of patient reported experience and outcomes measures (PREMs and PROMs) is significant quality and safety

- Relationships with compassion are the desire and need for both providers and patients and families to improve experience and outcomes

Wrap Up

- Please fill out our feedback survey- a link has been added into the chat
- A recording of this session and a copy of these slides will be emailed to registrants within the next week
- Please join us for the next Long- Term Care Community of Practice Session:
 - **Mental Health and Resilience During COVID- Part 1**
 - November 10th, 2022 from 12-1pm ET

Thank You



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www.echopalliative.com