Personal Support Worker Series

LEAP Personal Support Worker – Question and Answer Session

Project ECHO
Palliative Care - Canada
BY
Pallium Canada

Host: Jeffrey Moat
Presenters: Diane Roscoe and Tracey Human
Date: July 22, 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.

Health Canada Santé Canada

Introductions

Host

Jeffrey Moat, CM
CEO, Pallium Canada

Presenters

Diane Roscoe, RN, BScN, CVAA(c), CHPCN(c)

Educator and IPAC Lead at Carefor Health and Community Services - Ontario
25 plus years experience as a home care nurse in palliative care
Guest lecturer and lab instructor at several PSW educational institutions and schools

Tracey Human, RN, CHPCN(c), PPSMC

Director, Palliative Care, Pain & Symptom Management (PPSMC), Toronto Service
35 years of practice in palliative care specialty
Clinical Educator; Consultant; Member, Ontario Palliative Care Network Clinical Advisory Council; Content contributor palliative Practice Guidelines; Research partner

Conflict of Interest

Pallium Canada

- Non-profit
- Partially funded through a contribution by Health Canada
- Generates funds to support operations and R&D from course registration fees and sales of the Pallium Pocketbook

Presenters

- Diane Roscoe – paid LEAP Facilitator and Pallium course work development
- Tracey Human – paid LEAP Facilitator and Pallium PSW course development

Welcome and Reminders

- A note about terminology: Personal Support Workers, Health Care Aides etc.
- Please introduce yourself in the chat!
- Your microphones are muted. There will be time during this session for questions and discussion.
- You are also welcome to use the chat function to ask questions, add comments or let us know if you are having technical difficulties
- 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

Series at a Glance

Session 1

The Role of Personal Support Workers in Palliative Care

Session 2

LEAP Personal Support Worker Question and Answer Session

Session 3:

Personal Support Workers and Challenging Conversations

LEAP Personal Support Worker Q & A

Session Objectives

- Answer your questions!
- Put knowledge into Action - apply LEAP Personal Support Worker to practice

Areas covered in LEAP Personal Support Worker

- Taking Ownership
- Advance Care Planning (ACP)
- Goals of Care (GOC)
- Screening & Observations for Pain & Symptoms
- Understanding Pain & Symptom Management
- Hydration & Nutrition
- Identification & Approaches for Total Pain Care (Suffering, Spiritual Care, Fear/ Hopes/Wishes/ Values)
- Last Hours & Days
- Communication

Do you have any questions from what you have learned completing the LEAP Personal Support Worker modules?

Personal Support Worker Role in Action

Palliative Care Case-Based Discussions

3 Step Framework

Identification of Needs & Changes (Early & on-going)

- Physical (functional; pain & symptoms; cognitive); psycho-social, emotional; spiritual; practical; end-of-life care/death management; Loss, Grief

Screen using evidence informed Tools

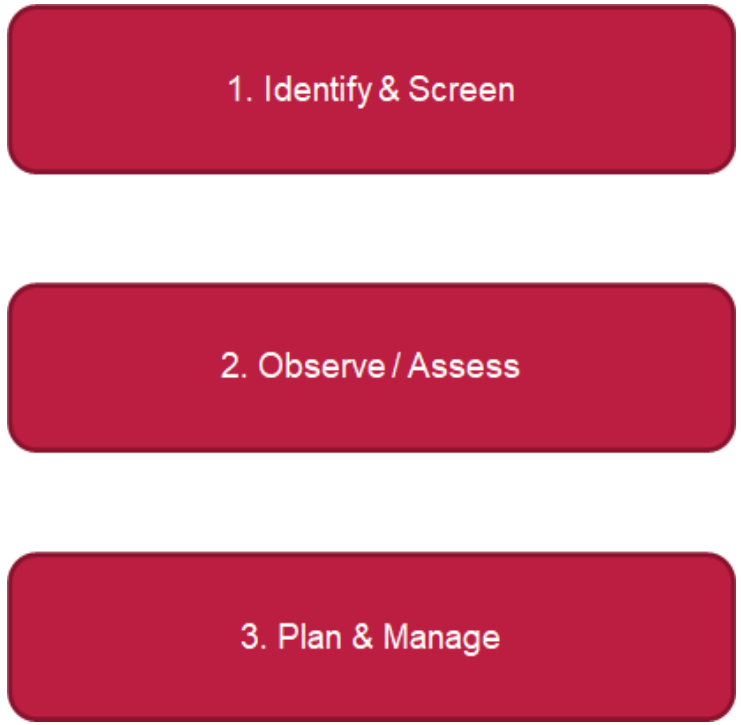
- PPS; ESAS; Stop & Watch; Non-verbal/Cognitively impaired pain/distress screening Tools (e.g. PAINAD)

Conduct Observations On-going

- To meet needs
- What is working or not working (effectiveness)

Plan & Manage

- Plan and collaborate ongoing care to address identified needs. This includes prompt management of symptoms and coordination across the care team
- Includes reporting to the team, advocacy to facilitate the planning and management of care



Reminder of our tools

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 *with* 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/housework 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 Con +/- Confusion
0%	Death	-	-	-	-

Stable

Transitional

End of Life

Edmonton Symptom Assessment System:
(revised version) (ESAS-R)

Please circle the number that best describes how you feel NOW:

No Pain	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Pain
No Tiredness *(Tiredness = lack of energy)*	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Tiredness
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No Nausea	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Nausea
No Lack of Appetite	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Lack of Appetite
No Shortness of Breath	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Shortness of Breath
No Depression *(Depression = feeling sad)*	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Depression
No Anxiety *(Anxiety = feeling nervous)*	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Anxiety
Best Wellbeing *(Wellbeing = how you feel overall)*	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Wellbeing
No _____ Other Problem *(for example constipation)*	0	1	2	3	4	5	6	7	8	9	10	Worst Possible _____

S	Seems different than usual
T	Talks or communicates less
O	Overall needs more help
P	Pain – new or worsening; Participated less in activities
a	Ate less
n	No bowel movement in 3 days; or diarrhea
d	Drank less
W	Weight change
A	Agitated or nervous more than usual
T	Tired, weak, confused, or drowsy
C	Change in skin color or condition
H	Help with walking, transferring, toileting more than usual

☐ Check here if no change noted

eINTERACT, Change in Condition Evaluation
PointClickCare

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Palliative Care Approach
Advance Care Planning (ACP)
Goals of Care (GOC)

Taking Ownership: Case Study- nikwemes

nikwemes (prefers to be called Nic), is a 77-year-old Cree gentleman, living in a retirement community. Nic never married, has no children and was raised in a remote rural community but moved to the city to be closer to the healthcare specialists involved in his care.

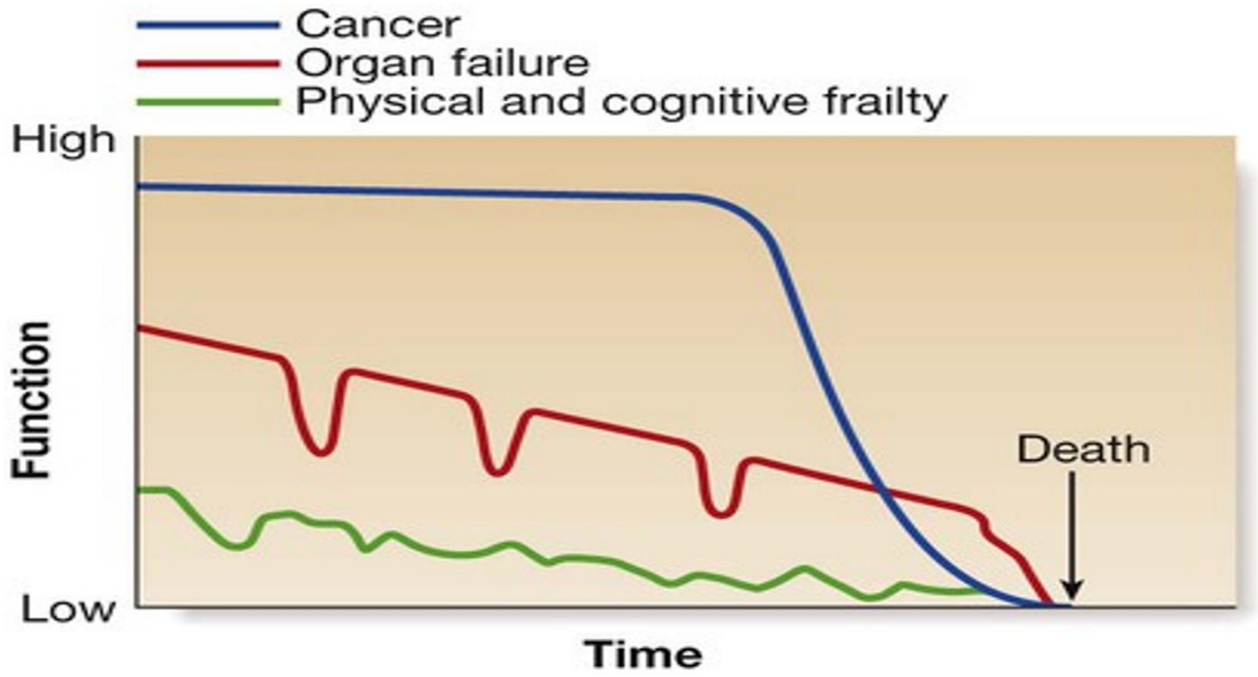
Nic's medical history includes osteoarthritis, heart disease, Type 1 Diabetes, kidney disease, heart disease with episodes of angina.

Nic is independent with all his ADL's, IADLs, manages his medications and healthcare appointments.

With what we know about Nic right now would he benefit from a palliative care approach?

What illness journey trajectory is applicable to Nic?

Patterns of Dying (Illness Trajectories)



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0%	Death	-	-	-	-

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End of Life

ACP/ GOC/ HCC: Case Study- nikwemes

nikwemes (prefers to be called Nic), is a 77-year-old Cree gentleman, living in a retirement community. Nic never married, has no children and was raised in a remote rural community but moved to the city to be closer to the healthcare specialists involved in his care.

Nic's medical history includes osteoarthritis, heart disease, Type 1 Diabetes, kidney disease, heart disease with episodes of angina.

Nic is independent with all his ADL's, IADLs, manages his medications and healthcare appointments.

Nic has 2 brothers; 1 sister; 1 sister-in-law and brother-in-law; several nieces and nephews and extended family back home.

What is the PSW role in ACP?
GOC?
HCC?

Advance Care Planning in Canada

Advance Care Planning CANADA

Online interactive workbooks have information about Advance Care Planning.

Designed to guide you through the 5 Steps of Advance Care Planning.

Can make a plan online and can download and share a copy with others.

Advance Care Planning Workbooks are in fillable PDF and Printable PDF formats.

https://ww.advancecareplanning.ca/

Easy to Use:

- web site has a map of Canada
- click on province or territory - brings you to specifications for each area

Hydration and Nutrition

Nic: Case Study Continued

Nic was diagnosed with pancreatic cancer after an episode of severe abdominal pain that required transfer to Emergency.

Nic is not a candidate for surgery. He declined chemotherapy and has accepted radiation therapy to assist his pain and symptom management.

He is back living in and receiving care in his retirement community.

Nic: Case Study Continued

Over the past few months, Nic has seemed depressed and withdrawn. His appetite has decreased, he has episodes of nausea and he is losing weight, “I feel full so quickly and nothing tastes good anymore.”

Hydration and Nutrition: Case Study- nikwemes

A few weeks later, Nic's condition as recently changed. He is in bed all the time and needs complete assistance with personal care, he is mostly asleep but arouses with some stimuli but falls back asleep quickly. He takes sips of water at best. When he is awake he can answer simple questions.

The niece Mary, brings you a bowl of porridge to feed to Nic telling you that she does not want her Nic to "starve to death".

Practice Pearl

The focus and purpose of Hydration and Nutrition depends on what stage of illness the individual is at and the goals of care associated with the illness stage

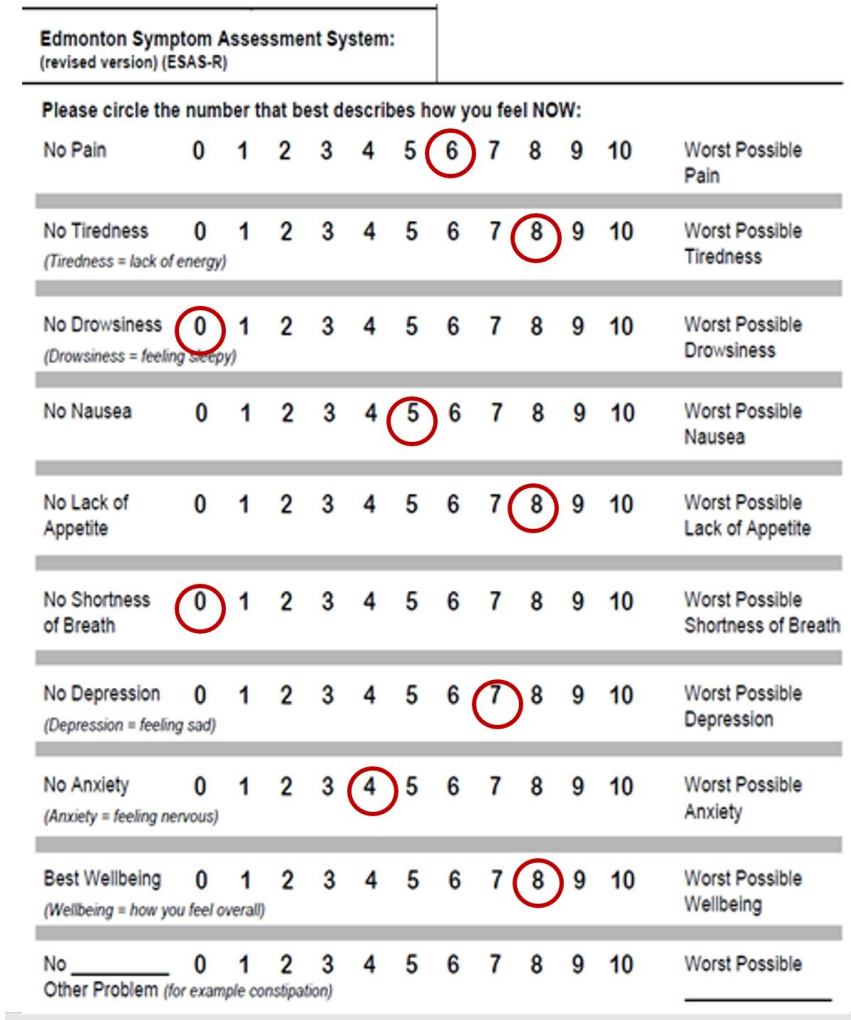
Pain and Symptom Care

Pain & Symptoms - Nic Case Study

Nic's pancreatic cancer has progressed. He is now much weaker, easily fatigued.

He needs 1:1 assistance to stand, is able to walk only a short distance to the bathroom and back and prefers to spend no more than 2 hours up in the chair before he needs to lay down and rest again. He needs much more assistance with all his ADLs

At shift report and when you screen using ESAS, Nic is rating his pain and symptoms as follows:



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No Tiredness *(Tiredness = lack of energy)*	0	1	2	3	4	5	6	7	**8**	9	10	Worst Possible Tiredness
No Drowsiness *(Drowsiness = feeling sleepy)*	**0**	1	2	3	4	5	6	7	8	9	10	Worst Possible Drowsiness
No Nausea	0	1	2	3	4	**5**	6	7	8	9	10	Worst Possible Nausea
No Lack of Appetite	0	1	2	3	4	5	6	7	**8**	9	10	Worst Possible Lack of Appetite
No Shortness of Breath	**0**	1	2	3	4	5	6	7	8	9	10	Worst Possible Shortness of Breath
No Depression *(Depression = feeling sad)*	0	1	2	3	4	5	6	**7**	8	9	10	Worst Possible Depression
No Anxiety *(Anxiety = feeling nervous)*	0	1	2	3	**4**	5	6	7	8	9	10	Worst Possible Anxiety
Best Wellbeing *(Wellbeing = how you feel overall)*	0	1	2	3	4	5	6	7	**8**	9	10	Worst Possible Wellbeing
No _____ Other Problem *(for example constipation)*	0	1	2	3	4	5	6	7	8	9	10	Worst Possible _____

Pain & Symptoms - Nic Case Study

Nic is now totally bed bound requiring total care. He is very thin now. He is only interested in taking sips of fluids.

Last week you noticed any exertion made him short of breath but at rest he recovered. .

Today he is having difficulty rating his pain and symptoms by 0 - 10 with a weak voice he tells you “it is not good”. You have noticed during care he stiffens up and is guarding, he is grimacing with turns; cannot tolerate his bed flat always needing the head of the bed raised or he will begin to moan, his breathing is becoming more labored; he is starting to develop edema in his legs and is having episodes of confusion and reverting at times back into speaking Cree. He is comforted when he hears your voice and you are with him

Edmonton Symptom Assessment System:
(revised version) (ESAS-R)

Please circle the number that best describes how you feel NOW:

No Pain	0	1	2	3	4	5	6	7	**(8)**	9	10	Worst Possible Pain
No Tiredness *(Tiredness = lack of energy)*	0	1	2	3	4	5	6	7	8	9	**(10)**	Worst Possible Tiredness
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No _____ Other Problem *(for example constipation)*	0	1	2	3	4	5	6	7	8	9	10	Worst Possible _____

Pain Assessment IN Advanced Dementia- PAINAD (Warden, Hurley, Volicer, 2003)

ITEMS	0	1	2	SCORE
Breathing Independent of vocalization	Normal	Occasional labored breathing. Short period of hyperventilation	Noisy labored breathing. Long period of hyperventilation. Cheyne-stokes respirations.	2
Negative vocalization	None	Occasional moan or groan. Low- level of speech with a negative or disapproving quality	Repeated troubled calling out. Loud moaning or groaning. Crying	1
Facial expression	Smiling or inexpressive	Sad, frightened, frown	Facial grimacing	2
Body language	Relaxed	Tense. Distressed pacing. Fidgeting	Rigid. Fists clenched. Knees pulled up. Pulling or pushing away. Striking out	2
Consolability	No need to console	Distracted or reassured by voice or touch	Unable to console, distract or reassure	1
			TOTAL*	**8**

*** Total scores range from 0 to 10 (based on a scale of 0 to 2 for five items), with a higher score indicating more severe pain (0="no pain" to 10="severe pain").**

Practice Pearl

Unidentified and unaddressed pain & symptoms equals unnecessary suffering.

Be meticulous and proactive, daily using your skilled attention to ID, Screen & Observe for signs of distress, pain or symptoms.

Non-verbal & cognitively impaired individuals need more focused ID & Screening of behaviours and body language using appropriate Tools !

What 1 pearl from today's session
will you will apply
to the care you deliver tomorrow?

Quality Palliative Care is not possible without PSWs

THANK YOU FOR ALL YOU DO!!

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.
- Registration is now open for 3rd session of the series:
  - Personal Support workers and Challenging conversations
  - We will gather again, with a focus on communication, with individuals themselves, our leaders, co-workers and members of the interprofessional team
  - August 19th, 2021, from 12-1pm (ET)
  - **Register now: www.echopalliative.com**

Thank You

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