

Ontario Long-Term Care Quality Improvement Community of Practice

Base Camp: Building a foundation in Palliative Care QI for your home



Host: Holly Finn, PMP

Presenters: Dr. Amit Arya, Rachel Ozer, Tara Cohen

Date: January 29th 2025

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.

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.



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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

Introductions

Host:

Holly Finn, PMP

Senior Manager, Program Delivery

Presenters:

Amit Arya, MD CCFP(PC), FCFP

Palliative Care Physician, Ontario

Medical Lead, North York Congregate Access and Support Team

Palliative Care Physician, Freeman Centre for the advancement of Palliative Care

Medical Director, Specialist Palliative Care in Long-Term Care Outreach Program, Kensington Health

Lecturer, Department of Family & Community Medicine, University of Toronto

Assistant Clinical Professor, Division of Palliative Care, Faculty of Health Sciences,
McMaster University

Rachel Ozer, PhD, MHA

Senior Knowledge Broker

Ontario Centre for Learning, Research and Innovation in Long Term Care at Bruyère Health

Tara Cohen, MSW

Program Manager

Champlain Hospice Palliative Care Program

Disclosure

Relationship with Financial Sponsors:

Pallium Canada

- Not-for-profit
- Funded by Health Canada

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

Disclosure

Host/ Presenters/ Panelists:

- Holly Finn: Senior Manager, Program Delivery at Pallium Canada.
- Dr. Amit Arya: I receive stipends for leadership roles at NYGH and Kensington Health. I also receive stipends for providing content expertise to develop educational materials for Pallium Canada and Ontario CLRI
- Rachel Ozer: Nothing to disclose
- Tara Cohen: Nothing to disclose

Mitigating Potential Biases:

The scientific planning committee had complete independent control over the development of program content.

Welcome and Reminders

- Please introduce yourself in the chat! Let us know your role is in the Long-Term Care setting.
- Your microphones are currently muted. There will be time throughout this session for questions and discussion, including breakout rooms
- You are welcome to use the chat function to ask questions, if you have any comments or are having technical difficulties
- This session is NOT being recorded.
- Take comfort in knowing this is a safe space to share your thoughts and stories.
- Remember not to disclose any Personal Health Information (PHI) during the session

Overall Learning Objectives of this COP

Upon participating in this COP, members should be able to:

- Describe how quality improvement methodologies can support successful integration of a palliative care approach in long-term care homes
- Describe relevant metrics, change ideas and lessons learned from quality improvement initiatives implemented by peers
- Recall case discussions that demonstrate strategies to address challenges to a palliative approach to care
- Recall how to access resources to support QI work

Overview of Sessions

Session #	Date/ Time
Base Camp: Building a Foundation in Palliative Care Quality Improvement for your Home	January 29, 2025 from 12 to 1pm ET
Advancing Meaningful Conversations: Advance Care Planning and Goals of Care	April 22, 2025 from 12 to 1pm ET
From Recognition to Relief: Enhancing Pain Management in Dementia through Quality Improvement	June 4, 2025 from 12 to 1pm ET
PPS and other Palliative Assessment tools	October 1, 2025 from 12 to 1pm ET
Diversity, equity and inclusion considerations	November 26, 2025 from 12 to 1pm ET

Agenda for today's session

- Introduction to palliative care
- Ontario context
- QIP program
- Breakout discussion - Engaging residents and care partners in discussion of palliative care
- Future session topics and additional resources

Introduction to Palliative Care

Palliative Care

- Aims to improve/maintain QOL while living with serious illness
- Not limited to end-of-life (EOL)
 - Can be done alongside treatments to control disease (disease-modifying treatments)
- Relevant for cancer and non-cancer illnesses
- Holistic care: physical, psychological, social & spiritual domains
- Best provided by interprofessional and interdisciplinary teams
- Applicable for all age groups, at any stage of a serious illness
- Can also be referred to as “Supportive Care”

A Palliative Approach to Care

- ✓ **ANYTIME**, at any age and stage of a serious illness. Initiation should not be determined by prognosis; it can begin as early as the time of diagnosis and be provided alongside treatment.
- ✓ **ANYONE** within the circle of care. Family physicians, primary care NPs, oncologist, internists, nurses, PSWs, chaplains, volunteers, etc...
- ✓ **ANYWHERE** – home, clinics, hospital, LTC homes, RH, hospice
- ✓ Is people-centered care

Myths

- Palliative care equals end-of-life care
- Palliative care equals no transfer to hospital, no further treatments to extend life
- Palliative care is not active care
- Palliative care hastens death
- Talking about palliative care takes away hope

Integrating cultural humility into palliative care

- Cultural humility is a practice of lifelong learning that acknowledges we cannot know everything about others' cultures, values, or lived experiences.
- Rejects a 'one-size-fits-all' approach to prioritize resident-centered care shaped by cultural, spiritual, and personal values.
- Requires proactive collaboration with patients, families, and communities to identify and address systemic barriers
- Demands continuous self-reflection by providers to recognize power imbalances and avoid unconscious biases.

Why is Palliative Care Important in LTC?



In 2021-22, 19% of residents who died in long-term care homes were reported to have received palliative care in their last year of life.*



In 2021–2022, 34% of residents identified as having less than 6 months to live were recorded as having received palliative care. *



Persons with dementia are among the least likely to receive palliative care in the last year of life (39%)*

*Source: Canadian Institute for Health Information. Access to Palliative Care in Canada, 2023. Ottawa, ON: CIHI; 2023.

Ontario Context/QIP

Ontario Context

Pandemic Impact:	Need for Change:
<ul style="list-style-type: none"> Some homes were overwhelmed with high infection rates and severe staff shortages. 	<ul style="list-style-type: none"> Legislative "Fixing Long Term Care Act" mandates palliative approach for all residents <ul style="list-style-type: none"> Holistic assessment Palliative care options <ul style="list-style-type: none"> quality of life symptom management psychosocial support end of life care, if appropriate Consent is received for all actions Quality Program <ul style="list-style-type: none"> Annual QIP Interprofessional Quality Committee Annual experience surveys
<ul style="list-style-type: none"> Residents and carepartners experienced heightened anxiety and isolation. 	
Perception of Palliative Care:	
<ul style="list-style-type: none"> Often misunderstood or seen as synonymous with end-of-life care. 	

2024/25 QIPs

Long-Term Care Sector



+ Information to guide QIP development

+ Frequently asked questions, checklists, and other resources

+ QIP tools and resources

Change Idea Themes

- ✓ Staff education (e.g. PoET, CLRI, LEAP Training, RNAO)
- ✓ Improved communication (newsletters, changes to care conferences, brochures, staff huddles, case reviews)
- ✓ Earlier identification
- ✓ Improved documentation of plans of care/resident wishes
- ✓ Clinical interventions (infusion pumps, NLOT services, comfort carts)

QIP 2025/26

Narrative question for 2025/26 for **all sectors** on palliative models of care

- This section allows organizations to describe how they are ensuring the delivery of (or how they plan to deliver) high-quality palliative care

2025/26 Priority Issues

- Access and Flow (avoidable ED visits)
- Equity
- Safety
- Experience (do residents feel they have a voice and are listened to)

Palliative Requirements for QIP 2025/26

- Describe how your organization has delivered (or plans to deliver) high-quality palliative care. Please provide up to 3 specific examples of activities within your organization that demonstrate a commitment to meeting this objective.
- Consider themes such as organizational readiness; health human resource competency; resident, and care partner education and engagement; and the organization's focus on processes to support care when identifying key activities that your organization may be engaged in.
- Describe how the activities achieve the standard of care exemplified by quality statements in the Quality Standard for Palliative Care or Ontario Palliative Care Network model of care recommendations.

Why Quality Improvement



Quality Improvement Guide



Clarify the problem you are actually trying to solve

Help ensure there is a good match between the changes you make and the problem

Supports a clear project plan

Understand how you will know if anything changes and;

If that change is improvement

Case presentation: Mrs. Alvarez

- A 78-year-old lady with COPD and chronic pain, able to walk with a walker
- Moved into LTC 4 months ago, has had 3 hospital transfers for breathlessness
- Noted to be breathless with minimal exertion, dyspnea is associated with anxiety
- Daughter hesitant to discuss palliative care, states that “her mother is not ready yet”

How would you manage this situation?

Breakout Rooms

Breakout rooms

- Group 1: Why is it important to talk with residents and care partners about palliative approach to care? If we were to try making a change, what barriers could we come up against? What factors might help us be successful?
- Group 2: How would we measure improvement in this area? What outcomes do we want to see in the short term and longer term?
- Group 3: What are some parts of the care process that might be important to consider as possibly needing improvements to ensure a palliative approach to care could be offered to Mrs. Alvarez?

Report back discussion



Potential Topics Future Sessions

1. **Measurement** and assessment of palliative care needs and interventions
2. **Language and culture** is an unmet need in delivering palliative care
3. Challenges with assessment and management of symptoms for **residents with advanced dementia** who are non-verbal
4. Need to put into place/ bolster **baseline practices** that support good care for everyone
 - ACP & GOC conversations

What do you want to talk about at future sessions?

Please indicate in the chat if you like these numbered topics and suggest additional topics!

Examples of Resources to Support PC in LTC

Ontario CLRI

Collaborative Project
to Sustain PC
Approaches in LTC

Palliative Care
Education

Palliative Quality
Improvement
Training

Registered Nurses' Association of Ontario

Palliative Approach to
Care &
End-of-life
Best Practice Guidelines
Implementation in LTC

Pallium

LEAP Education
(Core, Home Care, LTC,
Paramedic, PSW,
Carers)

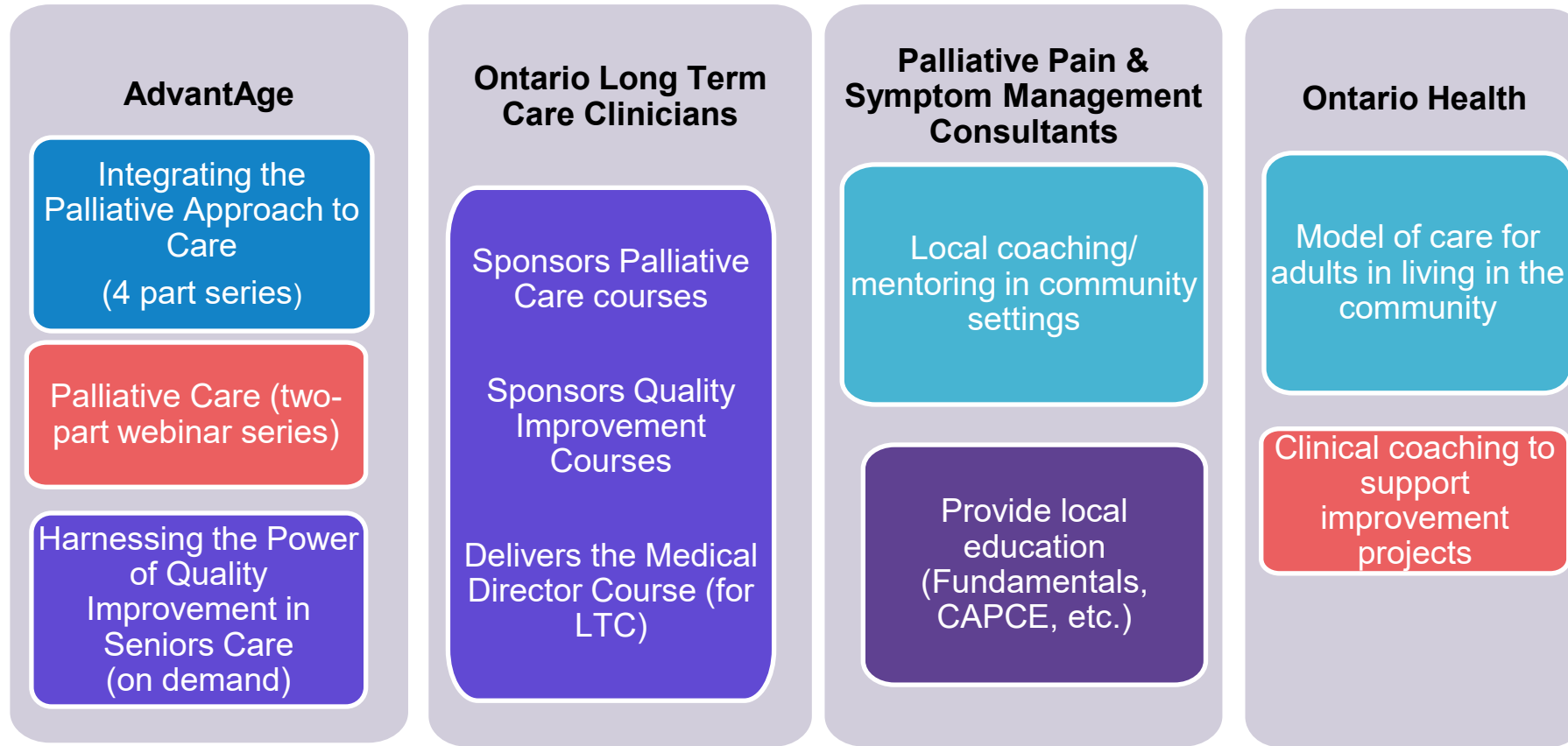
LTC Quality Improvement
Community of Practice.
QUIC Toolkit

Hospice Palliative Care Ontario

PACE for Personal
Support Workers Course
Collection

Clinician Competency
Training on Health Care
Consent, Advance Care
Planning, and Goals of
Care conversations

Examples of Resources to Support PC in LTC



Session Wrap Up

- Please fill out the feedback survey following the session! Link has been added into the chat.
- Join us for our Second Session that will be held on **April 22nd, 2025 from 12 to 1pm ET**
- A copy of these slides will be emailed to registrants within the next week.
- Thank you for your participation!

Thank You



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