

Welcome!

We will begin momentarily

# Strengthening a Palliative Approach in Long-Term Care (SPA-LTC)

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**Presenter:** Abby Wickson-Griffiths, RN, PhD (she/her)  
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Aging Studies Program co-coordinator  
SPA-LTC Saskatchewan co-lead

**Date:** 17 April 2025



BY  
Pallium Canada



# Territorial Honouring

*We live, work, and play on the historical homeland  
of the Métis Nation, Treaty 4, and Treaty 6 territories.*

*We are thankful for the resources provided to us by these lands and  
recognize that this land is a unique place of connection, resistance, and resurgence.*

Adopted in part from: Faculty of Nursing, University of Regina  
<https://www.uregina.ca/nursing/land-acknowledgment.html>

# 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](http://www.echopalliative.com)**



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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.

# Welcome and Reminders

- 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 Q&A function to ask questions
- Use the chat function if you have any comments or 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

# Introductions

## Host and Moderator

**Roslyn Compton**, PhD RN GNC (C)

Director of Education

Canadian Gerontological Nurses Association

## Presenters

**Abby Wickson-Griffiths**, RN, PhD (she/her)

Associate Professor, Faculty of Nursing- University of Regina

Aging Studies Program co-coordinator

SPA-LTC Saskatchewan co-lead

# Learning Objectives

By the end of the session, participants will be able to:

contextualize the  
place of a palliative  
approach in long-term  
care

describe key elements  
or practices for  
strengthening a  
palliative approach

imagine possibilities  
or strategies for  
strengthening a  
palliative approach in  
their workplace

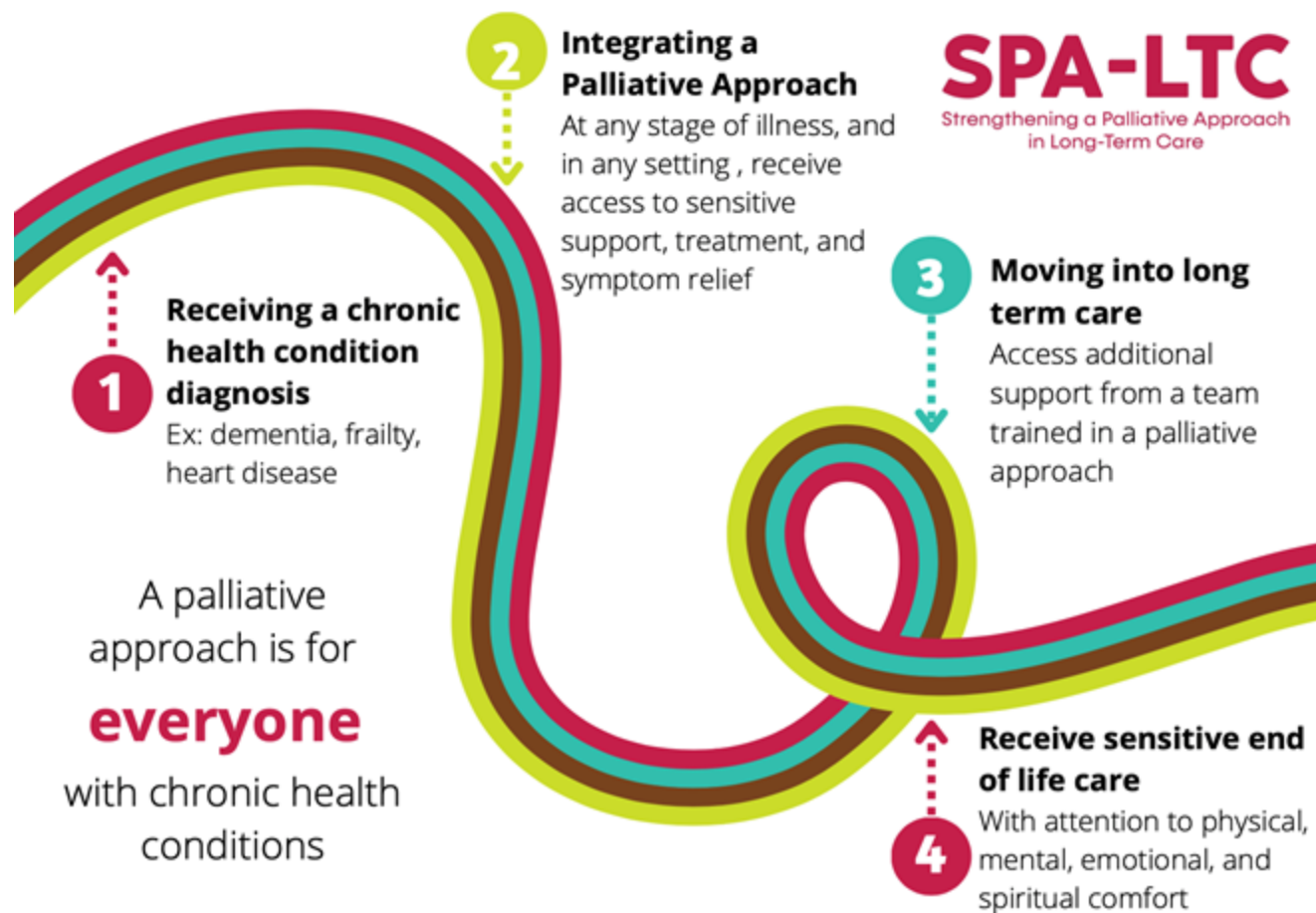
# SPA-LTC

Strengthening a Palliative Approach  
in Long-Term Care

[www.spaltec.ca](http://www.spaltec.ca)



# What is a palliative approach?



# How we've been translating a palliative approach in long-term care

- **2009** – formation of the Palliative Alliance: [www.palliativealliance.ca](http://www.palliativealliance.ca)
- **2015** – began to pilot-test some of the best practices from the Palliative Alliance toolkit in a series of 3 Canadian projects
- **2019** - generated a practice model and additional resources
- **2021** – obtained Health Canada funding to share our work [www.spaltc.ca](http://www.spaltc.ca) across Canada
- **2022** – began a national randomized controlled trial to collect the highest standard of evidence for the practice model

# Strengthening a Palliative Approach in Long-Term Care

- An evidence-based, formalized palliative care program for long-term care.
- Stands for “Strengthening a Palliative Approach in Long-Term care”.
- Derived from local, national and international strong practices.



# Strengthening a Palliative Approach in Long-Term Care

- Response to current needs
- Aligned with accreditation standards for long-term care
- Aligned with Canada's Palliative Care Framework
- Promotes equitable access to elements of the respected palliative care tradition by extending it to new healthcare contexts



# Strengthening a Palliative Approach in Long-Term Care- Impacts & Outcomes

- Preparing families for change
- Family satisfaction with communication
- Supporting resident and family goals and wishes
- Creating value / preventing waste

## References:

Kaasalainen, S., Sussman, T., Thompson, G., ... & SPA-LTC team. (2020). A pilot evaluation of the Strengthening a Palliative Approach in Long-Term Care (SPA-LTC) program. *BMC palliative care*, 19, 1-12.

Kaasalainen, S., & the SPA-LTC team (2019). Evaluating the Strengthening a Palliative Approach in Long-Term Care (SPA-LTC) Program in Canada. *Journal of the American Medical Directors Association*, 20, Issue 3, B17

Kaasalainen, S., Wickson-Griffiths, A., Hunter, P., ... & SPA-LTC team. (2023). Evaluation of the Strengthening a Palliative Approach in Long Term Care (SPA-LTC) programme: a protocol of a cluster randomised control trial. *BMJ open*, 13(10), e073585.



# Getting Started with SPA-LTC

[www.spaltec.ca](http://www.spaltec.ca)

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SPA-LTC  
Strengthening a Palliative Approach  
in Long-Term Care

Home About SPA-LTC Research Resources Podcasts E-Learning SPA-LTC Toolkit

**Strengthening a Palliative Approach in Long-Term Care**

A palliative approach in long-term care (LTC) empowers families and staff to provide personalized and compassionate care for LTC residents living with chronic and life-limiting illnesses. This approach provides individuals with a spectrum of care from chronic disease management to appropriate end-of-life planning and care. We believe palliative

- SPA-LTC Health Care Worker (HCW) and Palliative Education Program (PEP)
- Communication During End-of-Life in Long-Term Care Simulation
- ACP in persons Living with Dementia
- Polish Your PSW/HSW/CCA/HCA Practice
- PPS Training
- Organizational Development and Facility


# Getting Started: Self Assessment

What's the problem you are trying to solve?

Where are you already doing a great job?

Where do you need to prioritize?

Support use of the PICK chart to prioritize your work ahead.



**SPA-LTC**  
Strengthening a Palliative Approach  
in Long-Term Care

## PICK Post Self-Assessment Strategic Planning Tool

**Purpose of the tool**  
To aid the team in strategic planning the implementation of a palliative program. The tool will identify the "low hanging fruit" as well as plan and budget for those areas that will be high value but require resource and planning to implement.

**How to use this tool**  
Complete the self-assessment (SA): [Self-Assessment\\_Oct\\_2012.pdf \(palliativealliance.ca\)](#).  
With the team transfer the template below to a write-and-wipe board or large piece of paper. Use sticky notes to plot the SA program descriptors into the boxes. If something will have high return or value and is easy to implement that would go in the "just do it" box. If something has little return and would take a lot of resources that would go in the "just bin it" box.

RETURN / VALUE	High	<b>JUST DO IT</b>	<b>POSSIBLE</b>
	Low	<b>CHALLENGING - is the return worth it?</b>	<b>JUST BIN IT</b>
		Easy	Hard
		RESOURCES	

# Examples of Outcomes

- **Resident experience** – improved quality of care, honouring goals of care and wishes
- **Staff experience** – skill growth, efficacy, sense of organizational support, sense of purpose
- **Reduced avoidable transfers** out of long-term care as result of a crisis
- Organizational **compliance** with regulation and accreditation
- Organization **reputation and identity**



# Palliative Champion Team

- Multi-disciplinary team passionate about delivering a palliative approach and willing to act as leaders in the home to help guide implementation
- Builds organizational capacity
- Key strategy to successfully adopting and sustaining practice change
- Modules available to support implementation of palliative champion team



# Enhance Educational Opportunities

Introductory organizational development and facility Palliative Champion Team modules

**8 self-study modules** for any staff member exploring a palliative approach; designed by experts in the field

Palliative Performance Scale (V2) training module

Communication during end-of-life in long-term care simulation

Advance care planning for persons living with dementia

Polish your PSW and HSW practice

# Comfort Care Rounds

Team collaboration to address residents' quality of life, comfort, and symptom management needs

Team opportunity for addressing grief and bereavement; reflective debriefing

Includes all relevant team members (often varies by resident)

## Comfort Care Rounds: 8 Learning Scenarios for Long-Term Care Staff



### Reflective Debriefing Supporting people and practice in Long-Term Care

Reflective debriefing is an opportunity for staff to come together to support one other and enhance their learning by revisiting a critical situation or event, such as a death of a resident.

#### Five steps to reflective debriefing:

##### Describe the resident or the event.

- Everyone introduces themselves (name, role, preferred pronoun).
- Everyone is invited to think about their memory about the resident; what was the resident like (e.g., funny, serious, angry, thoughtful); what did they enjoy (e.g., activities and food); what did they not like; did they share their values, wishes, anxieties, fears, and other thoughts; and who visited them?
- What rituals and practices were carried out to honour/remember the resident who died?
- How did staff inform the other residents about the deceased? Are there any special practices to support those who were close to the deceased?

##### Describe the event: what happened, when did it happen, who was working, what did everyone do?

- What happened leading to the death or the event?
- Describe what happened for individuals on the various shifts that led up to the death or event.

##### How do staff feel things went?

- What went well? What did not go so well? How do people feel about this?
- Everyone should be commended on sharing both negative and positive thoughts and owning them.
- Discuss in detail the decisions made in-the-moment by staff, residents, and care partners.
- What were the original hopes, goals of care and plans for this situation?

##### What could have been done differently to change the outcome?

- Think about what else may have been possible.
- Any knowledge from previous experiences, trainings, and readings applicable in this situation?

##### What do we need to change as a result of this reflective debriefing session?

- List key learning points and plan of action to enhance everyone's learning e.g., further training.
- Celebrate good practice that the team engages in.

For more information, check out the Comfort Care Round learning scenario #4 on reflective debriefing at [https://spahc.ca/wp-content/uploads/2022/01/ComfortCareRounds\\_EN.pdf](https://spahc.ca/wp-content/uploads/2022/01/ComfortCareRounds_EN.pdf)

**Who should attend?**

- Staff who are willing to participate, those who are forced, generally do not benefit from these sessions.
- All staff are welcome, especially those who have developed a relationship with the resident/s who have died (e.g., direct care and any other ancillary staff and volunteers).
- LTC administrators do not need to participate but should be provided general feedback on the session.

#### Confidentiality and inclusivity are key!

- What is discussed at the session should remain confidential and not mentioned elsewhere.
- Respect one another and build on discussion.
- Encourage everyone to share if they wish.
- Be mindful of the amount and type of details you are sharing and their potential impact on others.



# Functional Status Assessment

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/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 Coma +/- Confusion
0%	Death	-	-	-	-

Less symptom burden

More symptom Burden

EOL

# Palliative Care Conferences

- A meeting held between residents (if possible), family, and staff to discuss changes in health status and revisit goals of care
- Can be triggered by PPS score, change in function/status, or request
- Does not need to be in anticipation of functional changes leading to the end of life. Can be to address a shift in the health condition
- Helps the resident, family, and team to feel on the same page and well supported by each other



# Communication Aids

To address gaps in knowledge, our team developed “illness trajectory pamphlets” to support discussion about these issues.

Pamphlets are available for:

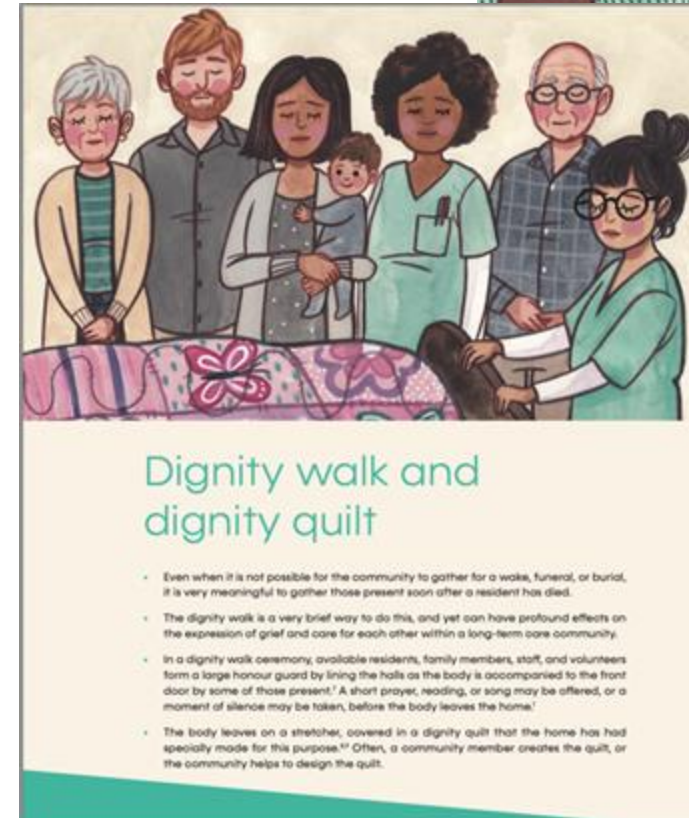
- Advanced dementia
- Frailty
- Advanced lung disease
- Advanced kidney disease
- Advanced heart disease

There are many other useful resources, including videos and guides



# Bereavement care

- 1 in 5 family caregivers in long-term care have complicated grief
- The SPA-LTC model encourages LTC homes to adopt one or more high-feasibility practices to strengthen the community's support for each other at and after the end of life



# Contact Leads: [www.spaltc.ca](http://www.spaltc.ca)

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# Questions to Consider

- What opportunities exist to strengthen a palliative approach in your own workplace or setting?
- What opportunities exist to engage staff and family caregivers to build capacity around strengthening a palliative approach?

Q & A



# References

Visit: [www.spaltc.ca](http://www.spaltc.ca)

- Canadian Institute for Health Information. (2023). Access to palliative care in Canada, 2023. Ottawa, ON. <https://www.cihi.ca/sites/default/files/document/access-to-palliative-care-in-canada-2023-report-en.pdf>
- Kaasalainen, S. (2019). Evaluating the Strengthening a Palliative Approach in Long-Term Care (SPA-LTC) Program in Canada. *Journal of the American Medical Directors Association*, 20, Issue 3, B17. Kaasalainen, S., Sussman, T., Thompson, G., Hunter, P.V., Venturato, L., Wickson-Griffiths, A., Ploeg, J., Parker, D., Sinclair, S., Dal Bello-Hass, V., Earl, M., You, J.L., & SPA-LTC team. (2020). A pilot evaluation of the Strengthening a Palliative Approach in Long-Term Care (SPA-LTC) program. *BMC Palliative Care*, 19, 1-12. <https://doi.org/10.1186/s12904-020-00599-w>
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- Victoria Hospice. Palliative Performance Scale Version 2 (PPSV2). [https://victoriahospice.org/wp-content/uploads/2019/07/ppsv2\\_english\\_-\\_sample\\_-\\_dec\\_17.pdf](https://victoriahospice.org/wp-content/uploads/2019/07/ppsv2_english_-_sample_-_dec_17.pdf)

# Session Wrap Up

- Please fill out our feedback survey, a link has been added into the chat.
- A recording of this session will be emailed to registrants within the next week.
- Thank you for your participation!
- Save the date for part 2 which is set to take place on April 24, 2025 at 11:00 am SK

# Thank You



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