

Welcome!

We will begin momentarily

Strengthening a Palliative Approach in Long-Term Care: Resources to Support Practice

Host: Roslyn Compton

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

Date: 24 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



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Canada

Santé
Canada

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

Presenter

Abigail 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:

Access spaltc.ca to
locate electronic, print
and audio/visual
resources

Navigate SPA-LTC
provincial toolkits

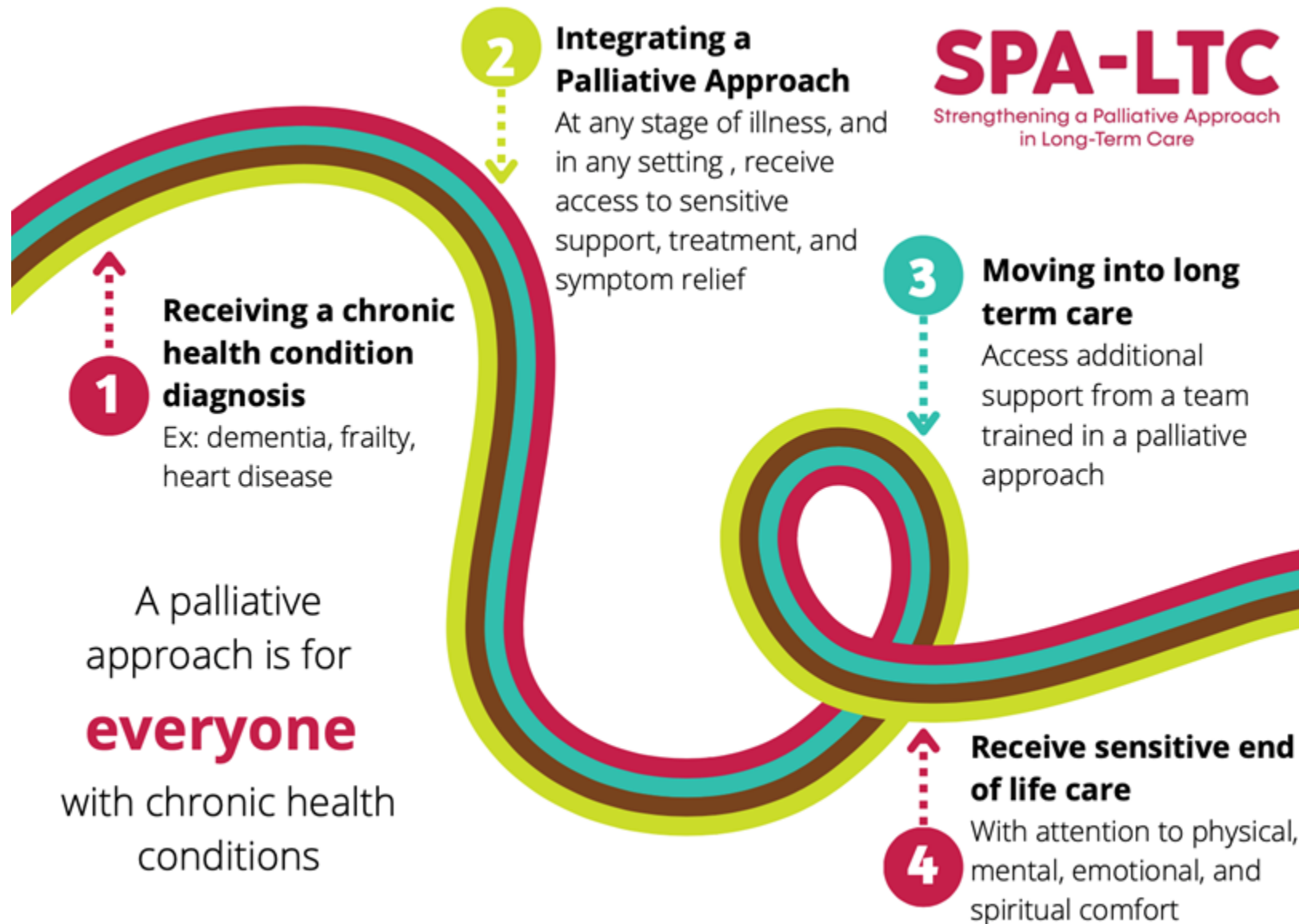
If appropriate, direct
residents and family
caregivers to
resources

SPA-LTC

Strengthening a Palliative Approach
in Long-Term Care

www.spaltec.ca

What is a palliative approach?



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.




Setting the Context: Resource Example




Welcome!

← ↻ 🔒 https://spaltc.ca 🔍 🔊 ☆ ⚙️ | ☆ ≡ ... 🇬🇧

Login Contact Us Portal English 🔍

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

Home About SPA-LTC ▾ Research ▾ Resources ▾ Care Partners Podcasts E-Learning ▾ SPA-LTC Toolkit

 **CHALLENGING THE STATUS QUO: EMBRACING
INNOVATIVE DEMENTIA CARE
ENVIRONMENTS IN CANADA**
WEBINAR

Bienvenue!

[Accueil](#)[Notre équipe](#)[Research](#)[Ressources](#)[Podcasts](#)[E-Learning](#)[SPA-LTC Outils](#)

RENFORCER L'APPROCHE PALLIATIVE DES SOINS DE LONGUE DURÉE


Une approche palliative des soins de longue durée (SLD) permet aux familles et au personnel de fournir des soins



**CHALLENGING THE STATUS QUO: EMBRACING
INNOVATIVE DEMENTIA CARE
ENVIRONMENTS IN CANADA**

WEBINAR

<https://spaltc.ca/toolkit/>



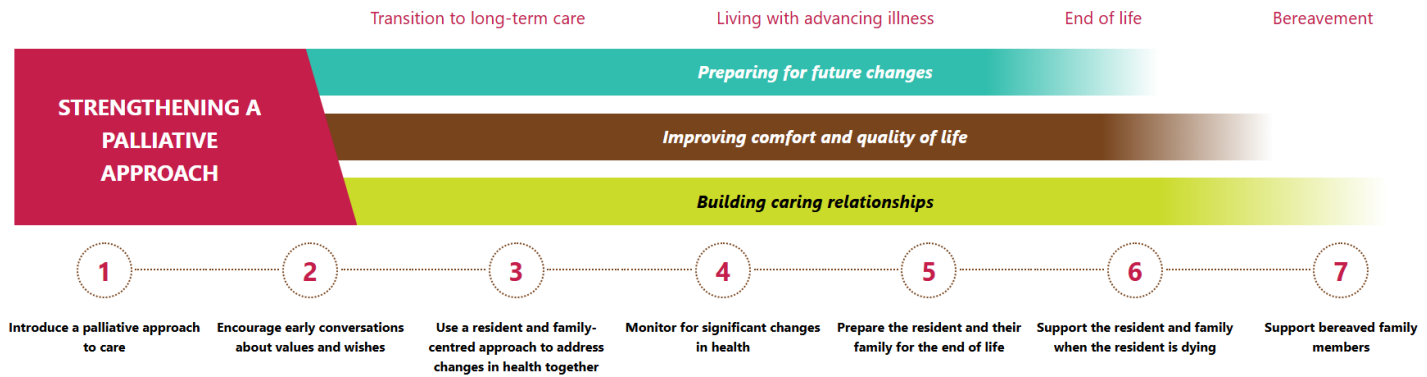
I speak:

English

I am from:

Ontario

?



Select an **action** from the list of actions above to explore resources related to that topic. Select an **organizational capacity** from the area below to begin exploring resources that focus more on organizational needs.

Develop a team to champion a palliative approach


Complete a self-assessment

Educate and coach the whole team

Optimize use of external consultants

Continuously strengthen a palliative approach

Building Organizational Capacity



I speak:

English ▼

I am from:

Ontario ▼

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Transition to long-term care

Living with advancing illness

End of life

Bereavement

STRENGTHENING A PALLIATIVE APPROACH

Preparing for future changes

Improving comfort and quality of life

Building caring relationships

1

Introduce a palliative approach
to care

Select an **action**

Transition to Long Term Care

For resources related to this facet, choose:

- Action 1: Introduce a palliative approach to care
- Action 2: Encourage early conversations about values and wishes
- Action 3: Use a resident and family-centred approach to address changes in health together

×

7

Support bereaved family
members

Resources that focus

I speak:

English



I am from:

Ontario



Transition to long-term care

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Bereavement

STRENGTHENING A PALLIATIVE APPROACH

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1

Introduce a palliative approach to care

Select an action

Living with Advancing Illness

For resources related to this facet, choose:

- Action 2: Encourage early conversations about values and wishes
- Action 3: Use a resident and family-centred approach to address changes in health together
- Action 4: Monitor for significant changes in health



7

Support bereaved family members

Resources that focus

I speak:

English



I am from:

Ontario



Transition to long-term care

Living with advancing illness

End of life

Bereavement

**STRENGTHENING A
PALLIATIVE
APPROACH**

Preparing for future changes

Improving comfort and quality of life

Building caring relationships

1

Introduce a palliative approach to care

End of Life



For resources related to this facet, choose:

- Action 4: Monitor for significant changes in health
- Action 5: Prepare the resident and their family for the end of life
- Action 6: Support the resident and family when the resident is dying

7

Support bereaved family members

Select an action

Resources that focus

I speak:

English



I am from:

Ontario



Transition to long-term care

Living with advancing illness

End of life

Bereavement

STRENGTHENING A PALLIATIVE APPROACH

Preparing for future changes

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Building caring relationships

1

Introduce a palliative
to care

Select an **action**

Bereavement

For resources related to this facet, choose:

- Action 5: Prepare the resident and their family for the end of life
- Action 6: Support the resident and family when the resident is dying
- Action 7: Support bereaved family members



7

Support bereaved family
members

Resources that focus

I speak:

English ▼

I am from:

Saskatchewan ▼

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Transition to long-term care

Living with advancing illness

End of life

Bereavement

STRENGTHENING A PALLIATIVE APPROACH

Preparing for future changes

Improving comfort and quality of life

Building caring relationships

1

Introduce a palliative approach to care

2

Encourage early conversations about values and wishes

3

Use a resident and family-centred approach to address changes in health together

4

Monitor for significant changes in health

5

Prepare the resident and their family for the end of life

6

Support the resident and family when the resident is dying

7

Support bereaved family members

Showing 16 of 16 results

[Myths about the Palliative Approach- pamphlet \(EN\)](#)

[SPA-LTC Alliance Information](#)

[“Now I don’t have to guess”: Using Pamphlets to encourage residents and families/friends to engage in advance care planning in long-term care](#)

[A Palliative Approach in Long-Term Care \(video\)](#)

[The Value of a Palliative Approach to Care \(video\)](#)

[What is SPA-LTC? \(video\)](#)

[Illness Trajectory Guides-Digital](#)

[Illness Trajectory Pamphlets-Trifold](#)

Example: Illness Trajectory Pamphlet

DIGITAL VERSION

The Palliative Approach for Advanced Frailty in Long Term Care

A RESOURCE FOR RESIDENTS, FAMILY AND FRIENDS

What is a Palliative Approach?

This pamphlet was made to help persons with **Advanced Frailty** and their families know what to expect at the end of life so they can plan ahead. Talking about preferences early on is an important first step to a **Palliative Approach to Care**.

A PALLIATIVE APPROACH:

- Is for residents in long term care (LTC) with conditions that have no cure
- Shifts focus from prolonging life to maintaining quality of life
- Is an active approach that can start at any stage of chronic illness
- Is part of usual care
- Does not require a referral

A PALLIATIVE APPROACH INCLUDES:

- Treatment of curable conditions
- Pain and symptom management
- Social and spiritual support

For more information, please visit:
www.virtualhospice.ca/advancescareplanning.ca

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Strengthening a Palliative Approach in Long-Term Care

What is Frailty?

Frailty is a chronic **progressive life-limiting illness**. This means that symptoms worsen over time and may affect how long one lives.

FRAILTY IS:

- An age-related decline in health
- Linked to cognitive problems and having multiple chronic conditions (e.g. dementia, heart disease, cancer)

FRAIL RESIDENTS:

- Are at higher risk for falls, hospital admission, disability and death
- Have problems with multiple body systems

A PALLIATIVE APPROACH INCLUDES:

- Treatment of curable conditions
- Pain and symptom management
- Social and spiritual support

For more information, please visit:
www.virtualhospice.ca/advancescareplanning.ca

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

How Does Frailty Progress?

It is difficult to predict how long frail persons will live, so it is good to hope for the best and plan for the worst.

Living with Frailty

The progression of frailty cannot be reversed and there is no cure. Being well-informed will help you to make care decisions if you are able.

FRAIL RESIDENTS MAY SHOW A DECLINE IN

- Muscle mass and strength (we)
- Energy (fatigue)
- Walking speed or mobility
- Activity levels (lies in bed or sit for most of the day)
- Ability to do daily activities (e.g. eating, toileting, bathing,
- Appetite (weight loss)
- Cognitive function

THE END STAGE OF FRAILTY IS CALLED "FAILURE TO THRIVE". IT MAY BE DUE TO ONE OR MORE DISEASES.

Tips for Family & Friends

BEFORE A CARE DECISION IS MADE:

- Consider your relative or friend's end of life values and preferences
- Stay informed and ask questions
- Encourage your relative or friend to be as independent and participate in as many decisions as he or she is able

WITH A HEALTH CARE PROVIDER, EXPLORE AND DISCUSS OPTIONS:

- To prevent or reduce injury from falling
- To prevent or reduce confusion (e.g. discontinue unnecessary medications)
- To manage symptoms from multiple chronic conditions
- For diet (e.g. supplements to deal with swallowing problems or weight loss)
- For dealing with fatigue (e.g. promote physical activity)

WHAT SHOULD I ASK ABOUT?

- What are my or my relative or friend's biggest fears about my/his/her health?
- How can I help maintain my or my relative or friend's quality of life?
- What should I expect when I am or my relative or friend is dying?

Online Resources

1. Canadian Frailty Network
<https://www.cfn-nse.ca>
2. See SPA-LTC website for more resources
www.spaltc.ca/resource-library/

Contact Us

Strengthening a Palliative Approach in Long-Term Care (SPA-LTC)
McMaster University, School of Nursing
www.spaltc.ca
spaltc@mcmaster.ca

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

SK V2 July 2021



A Palliative Approach in Long Term Care



SPA LTC
27 subscribers

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3



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1,171 views 27 Jul 2022

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English



I am from:

Saskatchewan



?

Transition to long-term care

Living with advancing illness

End of life

Bereavement

STRENGTHENING A PALLIATIVE APPROACH

Preparing for future changes

Improving comfort and quality of life

Building caring relationships

1

2

3

4

5

6

7

Introduce a palliative approach
to care

Encourage early conversations
about values and wishes

Use a resident and family-
centred approach to address
changes in health together

Monitor for significant changes
in health

Prepare the resident and their
family for the end of life

Support the resident and family
when the resident is dying

Support bereaved family
members

Showing 4 of 4 results

[Palliative Care Conference Resident
and Family Questionnaire-
Saskatchewan](#)

[Palliative Care Conference Summary
Form-Saskatchewan](#)

[Palliative Care Conference Staff
Planning Checklist-Saskatchewan](#)

[SPA-LTC Food and Fluids Trifold
Pamphlet-EN](#)

Example: Resident & Family Questionnaire

Pre-conference questionnaire

Key features:

- Conference logistics
- Key concerns or topics for discussion
- Measurement for concern/worry
- FAQs
 - Palliative care
 - Palliative care conference
 - Common topics
 - Who should attend
 - Treatment plan considerations and consent

RESIDENT & FAMILY QUESTIONNAIRE

A Palliative Care Conference has been scheduled for you or your relative on _____

This Conference will be facilitated by _____ Name of facilitator

Please complete this questionnaire and return it to the facilitator

Today's date is: _____ My name is: _____

Please select one of the following:

☐ I am a resident living in this long-term care home

☐ I am the substitute decision maker (SDM) for a resident living in this long-term care home

☐ I am a family member/friend of a resident living in this long-term care home

1. What are the main reasons/concerns for you at the moment?

2. What questions would you like answered at the care conference?

3. How worried are you about these concerns? Please circle 'N' if not at all and '7' if as worried as I could possibly be.

Not at all: 1 2 3 4 5 6 7 Neutral

FREQUENTLY ASKED QUESTIONS FOR RESIDENTS & FAMILIES

What is palliative care?

- Support of people who are living with a life-limiting illness (chronic health condition)
- Aim is to maximize quality of the person's life, manage symptoms and meet complex needs
- Does not mean an end to treatment but can mean re-evaluating your/family member's goals of care

Am I dying/our is my family member dying very soon?

- People receiving Palliative Care often live for months and some
- The "terminal phase" of an illness may mean people are expected to die
- The healthcare team will tell you/your family know if this palliative care because your/family member is in the terminal phase of illness

What is a Palliative Care Conference?

- Meeting held between a resident and their healthcare team to discuss their future SDM, and
- Provides a safe environment to discuss needs and questions at end-of-life care, all to promote quality of life
- To have goals of care conversations while prioritizing your/our beliefs, and wishes about treatments and quality of life
- To prepare and obtain informed consent for a plan of treatment

Will my SDM be asked if we agree with the new treatment plan?

- YES, informed consent from you/your SDM is required BEFORE a treatment plan begins
- Know the risks, benefits, side effects, alternatives to the care/treatment proposed, choices if you/your SDM do not agree to the plan. It is your right to have any questions answered

May my SDM make changes to the treatment plan in the future?

- You/your SDM have the right to make changes at any time even after consent
- With health changes, the treatment plan may change which will require your/your SDM consent

Common Topics

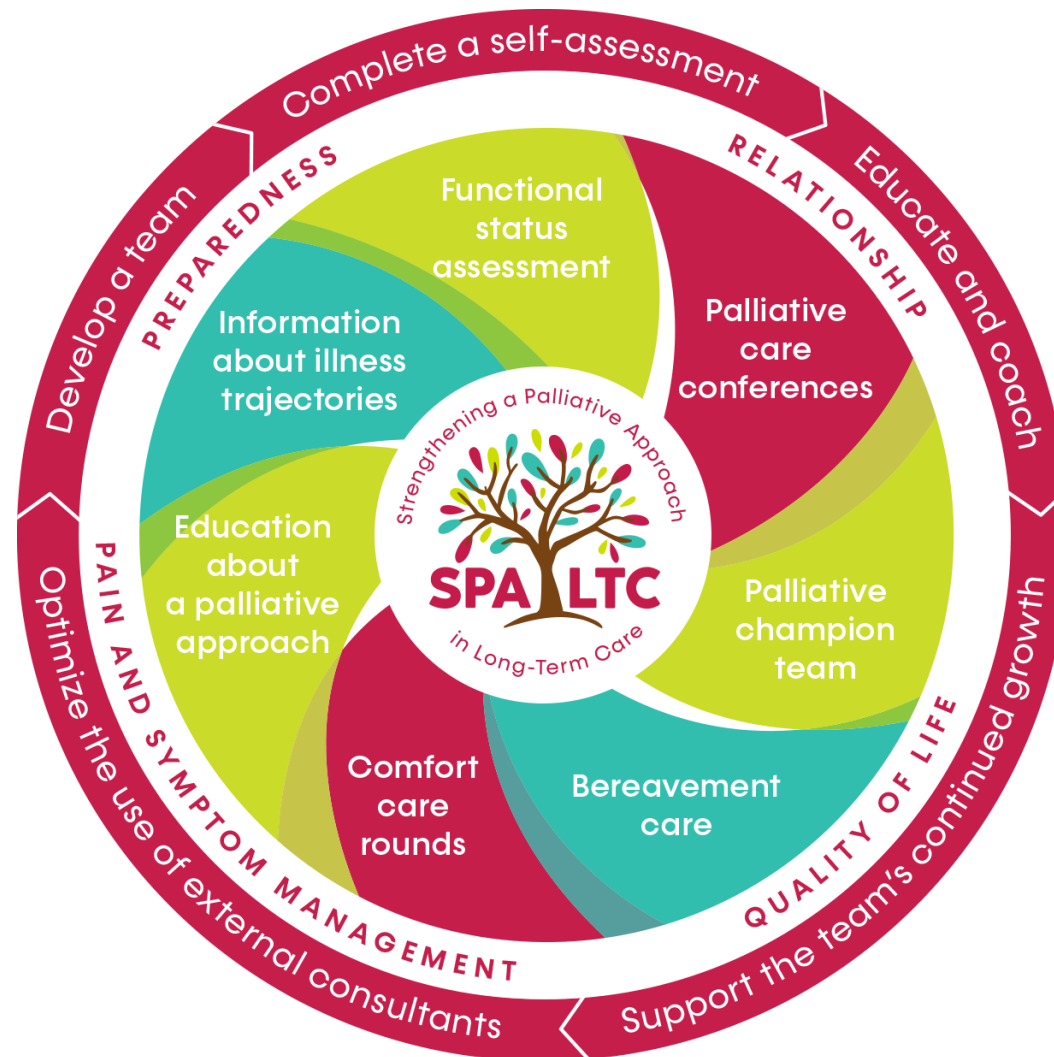
- Current health (e.g., eating, mobility, recreation, pain, breathing)
- What to expect as health condition(s) progresses
- Goals of care concerning current or anticipated changes in health care and treatment (e.g., symptom control, preferred atmosphere, important spiritual or cultural practices)

Who from your family should attend?

- You/our resident must be present if you are mentally capable to do so
- If you are not mentally capable of health care decisions, then you
- Any concerned family member or friend can attend if you/your SD

Version 1.0 May 2022

SPA-LTC Model



**Develop a team
to champion a
palliative
approach**

**Complete a self-
assessment**

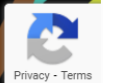
**Educate and
coach the whole
team**

**Optimize use of
external
consultants**

**Continuously
strengthen a
palliative
approach**

Building Organizational Capacity

Select a facet of organizational capacity building to see helpful resources on that topic.



Showing 2 of 2 results

[PICK Post Self-Assessment Strategic Planning Tool](#)

[QPC-LTC Self-Assessment- EN](#)

Develop a team
to champion a
palliative
approach

[Complete a self-
assessment](#)

Educate and
coach the whole
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Optimize use of
external
consultants

Continuously
strengthen a
palliative
approach

Building Organizational Capacity



Showing 5 of 5 results

[Comfort Care Rounds Agenda Template](#)

[Reflective Debriefing- Supporting people and practice in Long-Term Care-EN](#)

[Case Scenarios for Personal Support Workers-Facilitators Guide-EN](#)

[Illness Trajectory Complementary Conversation Guides Booklet- Canada EN](#)

[Comfort Care Rounds](#)

Develop a team to champion a palliative approach

Complete a self-assessment

[Educate and coach the whole team](#)

Optimize use of external consultants

Continuously strengthen a palliative approach

Building Organizational Capacity

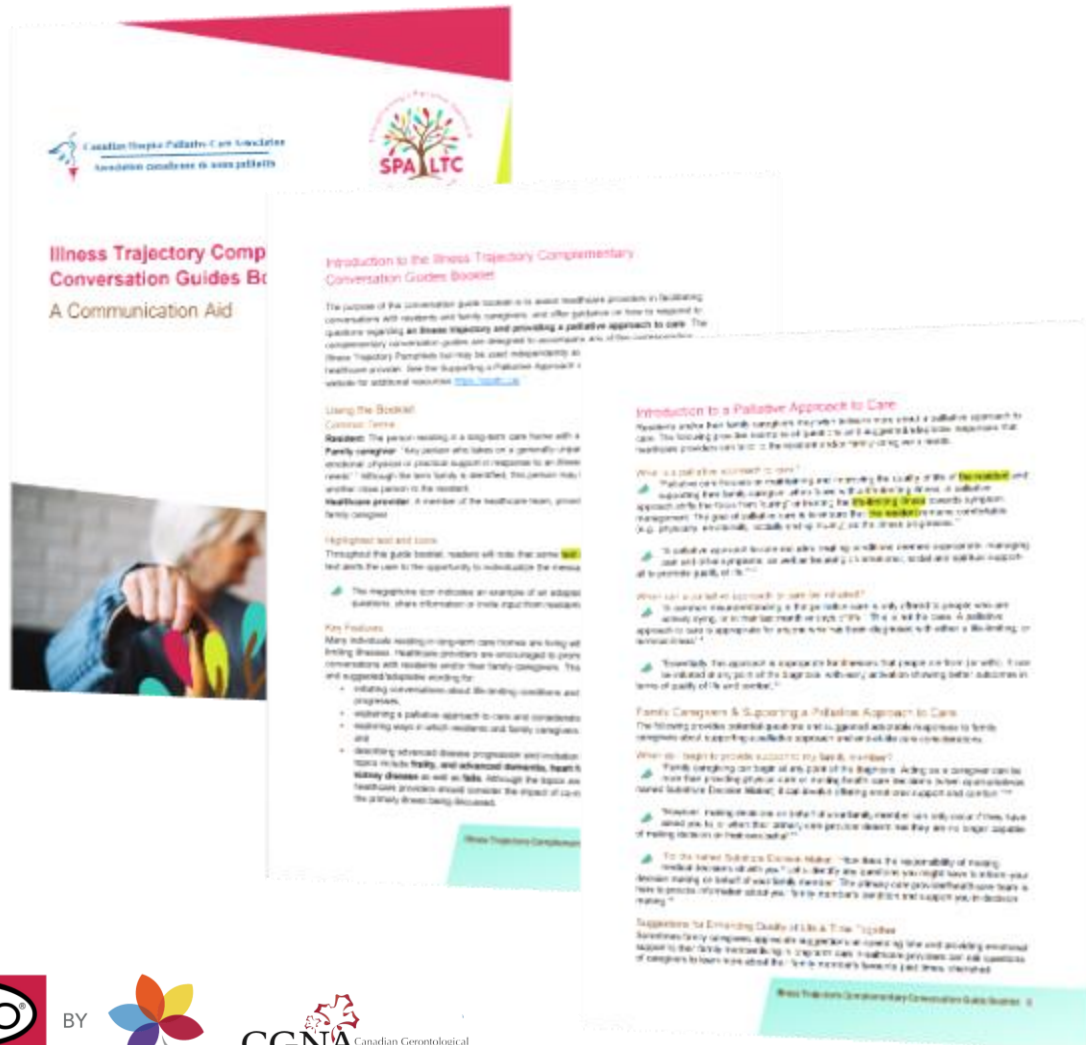


Example: Staff coaching opportunity

Complementary conversation guides

Key features:

- Review communication principles
- Strategies for building rapport with families and residents
- Highlights of signs and symptoms of advanced illness
- Review of fall risks and outcomes





**CHALLENGING THE STATUS QUO: EMBRACING
INNOVATIVE DEMENTIA CARE
ENVIRONMENTS IN CANADA**

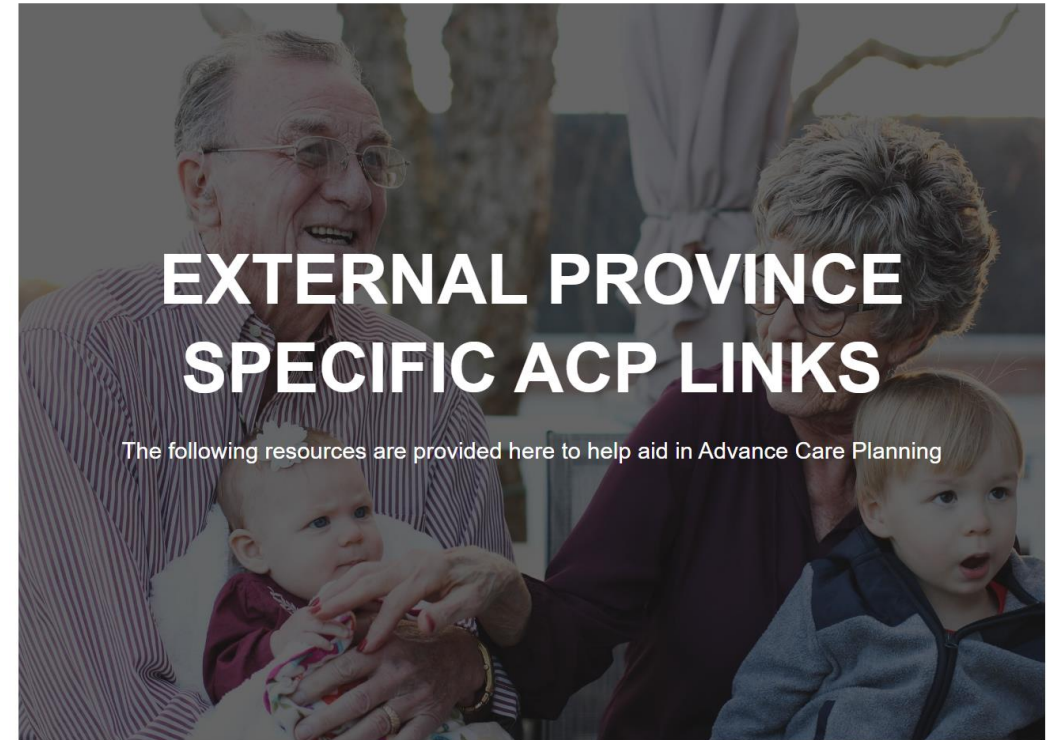
WEBINAR

Resource Library

- Search bar
- Filter
 - Topic
 - Role
 - Resource type
 - Province
 - Language

The screenshot displays the SPA-LTC Resource Library website. At the top, there is a navigation bar with links for Home, About SPA-LTC, Research, Resources, Care Partners, and a Login link. The SPA-LTC logo, featuring a stylized tree and the text 'SPA-LTC Strengthening a Palliative Approach in Long-Term Care', is in the top left. The main heading is 'RESOURCE LIBRARY'. Below this, a search bar is labeled 'Search by topic'. To the left of the search results are filter sections: 'Filter by Topic' (with options like Advance care planning, Bereavement, Better communication, Learning about dying, Learning about illness, and Symptom management), 'Filter by Toolkit' (with Palliative Care), 'Filter by Role' (with Family/Caregiver, Healthcare Provider, and Researcher), and 'Filter by Resource Type' (with Clinical form/process, Informational Print Resource, Informational video, and Research report). The search results show 'Showing 1-20 of 200 results'. Two resource cards are visible: 'Educational Resources – Palliative Care for Interdisciplinary Team' and 'Heart Failure Illness Trajectory Pamphlet-QC-EN'. Each card includes a thumbnail image, a title, a description, resource type, role, topics, and province.

Province-specific links



▼ [Alberta](#)

▼ British Columbia

▼ Manitoba

▼ New Brunswick

▼ Newfoundland and Labrador

▼ Northwest Territories

▼ Nova Scotia

▼ Nunavut

▼ Ontario

▼ Prince Edward Island

▼ Quebec

▼ Saskatchewan

CARE PARTNERS

Welcome to the SPA-LTC Care Partner Community! A space to learn, share and feel connected with each other. Join us as you move through your care partner journey.

[Care Partners](#)[Care Partners Experiences](#)[Resources](#)[Feedback](#)

What is a Care Partner?

A Care Partner is someone who chooses to be present with another, in any setting, through their care journey.

Who Can be a Care Partner?



Resources for Care Partners

This guide is intended for caregivers of a person whose health has been severely affected by Alzheimer's disease or by another type of degenerative disease of the brain.

ComfortCareBooklet_EN

Download

After reviewing the Comfort Care Booklet, you may have questions to discuss at your upcoming Family Care Conference.

QuestionPromptList_EN

Download

Many Canadians misunderstand how the palliative approach works. These are 5 common myths about the palliative approach, debunked.

SPA-LTC Myths-FINAL2

Download

Food & Fluids at End of life

This pamphlet was made to help persons experiencing food and fluid intake changes,

What to Expect at the End of Life

This video explains the changes that people may go through, and the

Lung Disease Illness Trajectory

This pamphlet was made to help persons with Advanced Lung Disease (ALD) and



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Home

Videos



For you



SPA-LTC Voices Series: Tyler on cultivating a palliative approach as a community

17 views · 1 year ago



SPA-LTC Conversation Guides Overview

31 views · 1 year ago



SPA-LTC Voices Series: Kayley on improving access to a palliative approach to care

104 views · 1 year ago

Videos



BY



PODCASTS

STRENGTHENING A PALLIATIVE APPROACH IN LONG-TERM CARE

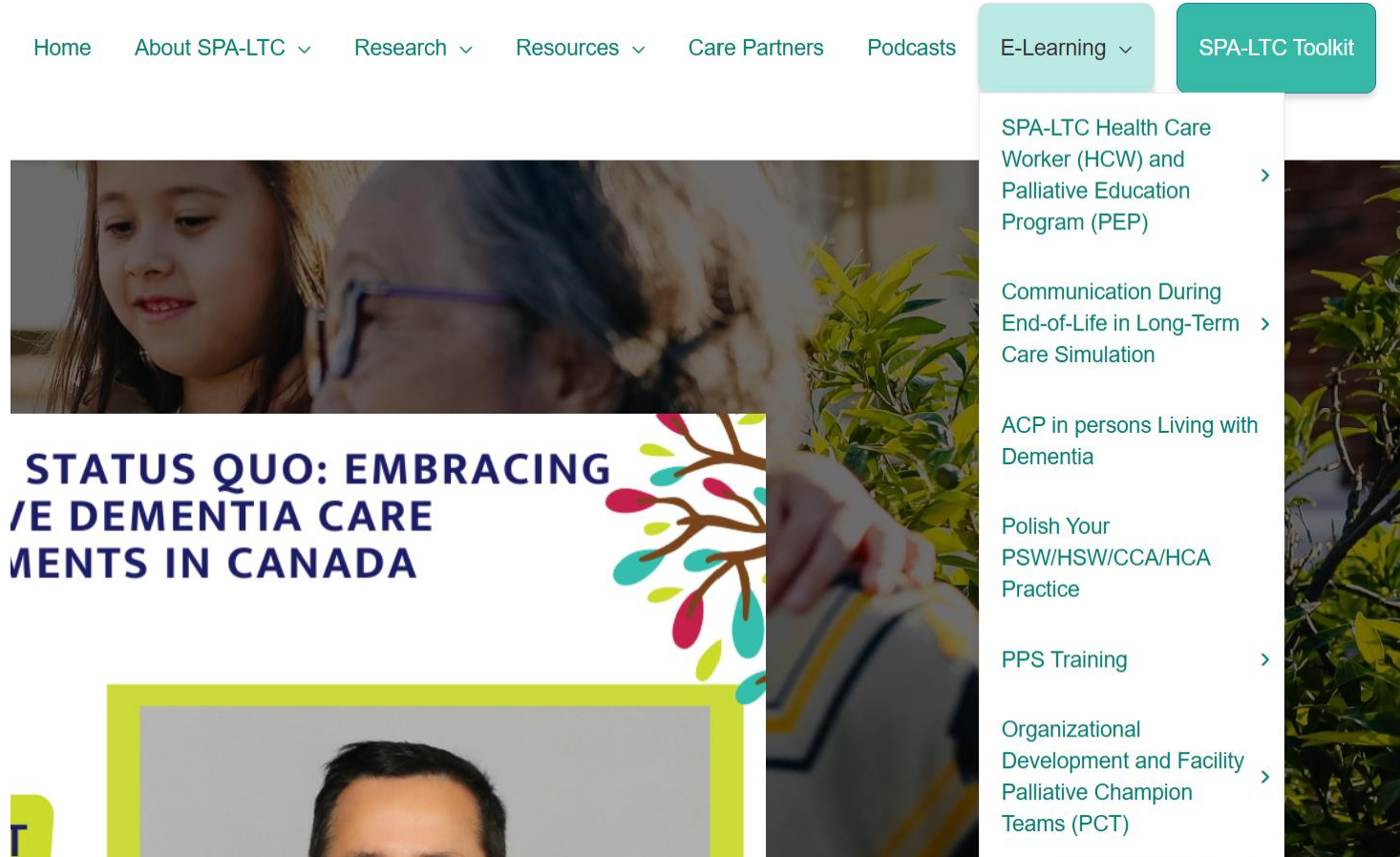
We are excited to offer a new season of our podcast series, starting May 2024! If you have suggestions for upcoming podcasts, please reach out to us at spaltc@mcmaster.ca



Podcast channel: buzzsprout.com

- [Apple Podcasts](#)
- [Spotify](#)
- [Google Podcasts](#)
- [Amazon Music](#)
- [Stitcher](#)

Education Modules



The screenshot displays the SPA-LTC website's navigation bar and a dropdown menu for the 'E-Learning' section. The navigation bar includes links for Home, About SPA-LTC, Research, Resources, Care Partners, Podcasts, E-Learning, and SPA-LTC Toolkit. The E-Learning dropdown menu lists several modules, each with a right-pointing chevron indicating further options. Below the navigation bar, a banner features a photograph of a young girl and an elderly woman, with the text 'STATUS QUO: EMBRACING /E DEMENTIA CARE MENTS IN CANADA' and a colorful tree graphic. Below the banner is a video player showing a man's face.

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

- 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 Palliative Champion Teams (PCT) >

STATUS QUO: EMBRACING /E DEMENTIA CARE MENTS IN CANADA

Questions to Consider

- What opportunities exist to engage staff and family caregivers to strengthen a palliative approach?
 - Introduce a palliative approach
 - Encourage early conversations about values and wishes
 - Use a resident and family-centered approach to address changes in health together
 - Monitor for significant changes in health
 - Prepare the resident and their family for the end of life
 - Support the resident and family when the resident is dying
 - Support bereaved family members

Questions to Consider

- What opportunities exist to engage staff to strengthen a palliative approach?
 - Develop a team to champion a palliative approach
 - Complete a self-assessment (organizational)
 - Educate and coach the whole team
 - Continuously strengthen a palliative approach

Q & A



References

- Please visit www.spaltc.ca

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 the next session which is set to take place on June 05, 2025 at 11:00 am SK

Thank You



BY
 Pallium Canada



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www.echopalliative.com