

# DEVELOPING A CANADIAN FRAMEWORK FOR LONG-TERM CARE: A PALLIATIVE CARE MODEL

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▶ **Dr. Janice M. Legere, MD, CCFP (PC)**

▶ Relationships with financial sponsors:

- ▶ Grants/Research Support: None
- ▶ Speakers Bureau/Honoraria: None
- ▶ Consulting Fees: None
- ▶ Patents: None
- ▶ Other: None

▶ No Bias to mitigate

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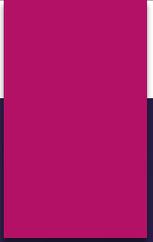
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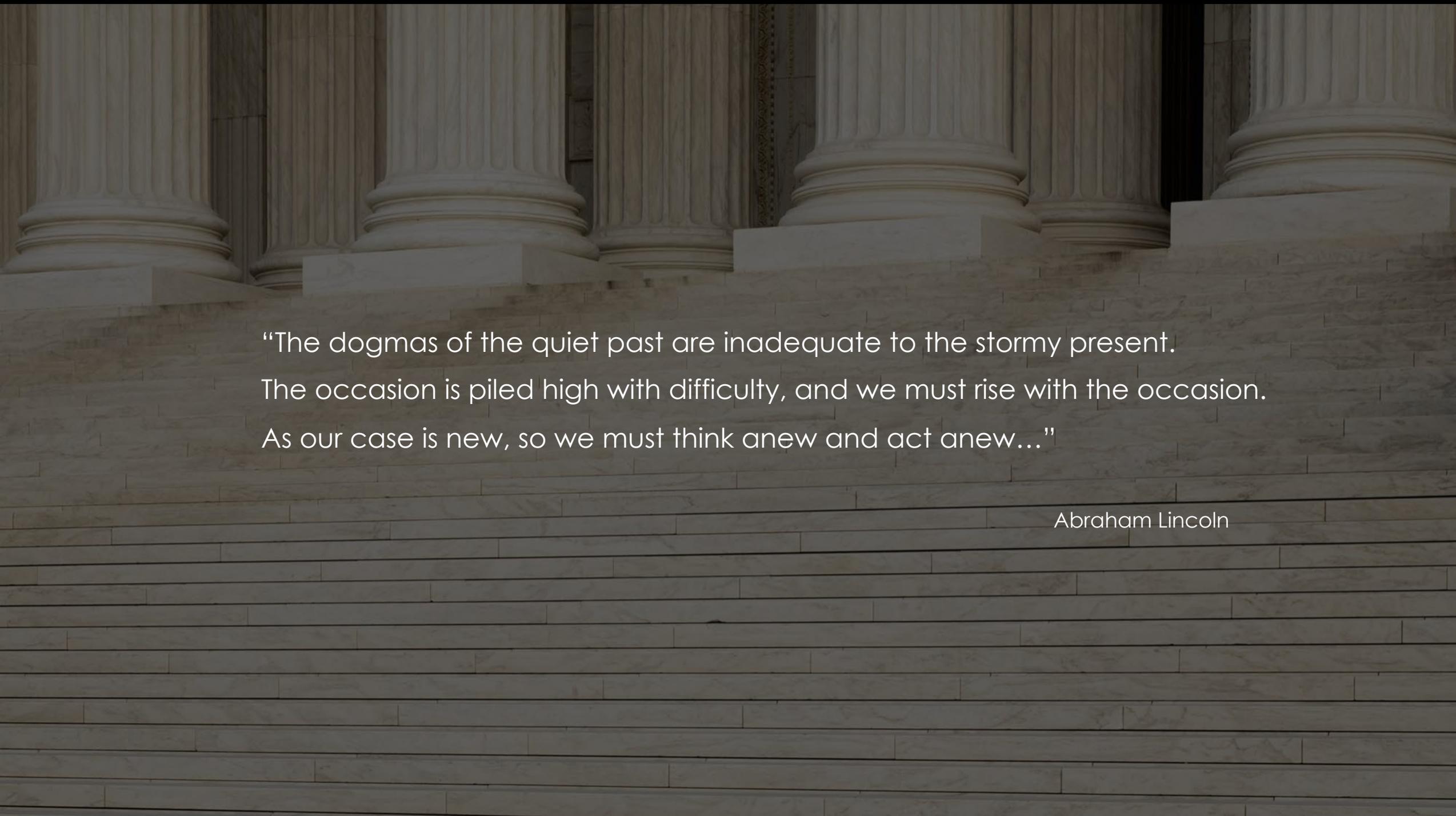
# LEARNING OBJECTIVES

- ▶ Describe a new Palliative Care Model in Long-Term Care.
- ▶ Introduce the development of a multi-disciplinary Canadian Framework for Long-Term Care.
- ▶ Elicit ideas and suggestions from participants for the development and promotion of both the above to support the Long-Term Care clinician's provision of optimal resident care.



# Long-Term Care: A Palliative Care Model

DR. JANICE M. LEGERE, MD, CCFP (PC)



“The dogmas of the quiet past are inadequate to the stormy present.  
The occasion is piled high with difficulty, and we must rise with the occasion.  
As our case is new, so we must think anew and act anew...”

Abraham Lincoln

# LONG-TERM CARE SYSTEMS (WHO 2015)

- ▶ Long-term care ensures that older people with a significant loss of capacity can still experience *Healthy Ageing*, by:
  - ▶ Optimizing the person's trajectory of intrinsic capacity;
  - ▶ Compensating for a loss of capacity through environmental support and care (while maintaining functional ability at a level that ensures well-being)

# PERSON-CENTERED LONG-TERM CARE

- ▶ **W**orldwide **E**lements **T**o **H**armonize **R**esearch **I**n long-term care **l**iving **E**nvironments  
(**WE-THRIVE**) CONSORTIUM (initiated in 2016)
  - ▶ 59 Researchers in medicine, nursing, behavioral and social sciences
  - ▶ Representing 21 low-, middle-, and high-income countries (U.K., Americas, Europe, Asia)
  - ▶ 4 domains (organizational context, workforce and staffing, person-centered care, and care outcomes)
  - ▶ 21 concepts with 1 goal
    - ▶ The goal: To develop (or shift to) LTC systems that support resilience and thriving among LTC residents, families, and staff

# WE-THRIVE CONCEPTS

## PERSON-CENTERED CARE

1. Relationship
2. Knowing the Person
3. What Matters Most to the Person
4. Meaningful Engagement
5. Positive Environment

## CARE OUTCOMES

1. Symptom Management
2. Functional Level
3. Well-Being
4. Personhood
5. Harm-free Care

# WE-THRIVE CONCEPTS

## ORGANIZATIONAL CONTEXT

1. Social Resources and Support
2. Regulation
3. Funding
4. Leadership Hierarchy and Role
5. Leadership and Management Interface
6. Desirable Work Environment

## WORKFORCE AND STAFFING

1. Staff Skills, Attitudes, and Knowledge
2. Staff Collaboration and Teamwork
3. Training and Self-efficacy of Staff
4. Staff Retention and Turnover
5. Leadership and Supervision Effectiveness

“Palliative Care is an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness...”

WHO, 2002

# WHAT IS PALLIATIVE CARE?

# WHAT IS THE PALLIATIVE CARE APPROACH?

## Time of Diagnosis/ Early Stages of Disease

- Sensitive communication about prognosis and illness trajectory
  - Lifestyle changes or limiting of certain activities
- Advance Care Planning and setting Goals of Care
- Psychosocial and Spiritual Support to Individuals/Families
- Pain and Symptom Management

## Later Stages of Illness

- Reviewing Goals of Care
  - Adjusting care strategies to reflect changes
- Ongoing Psychosocial Support to Individuals/Families
- Pain and Symptom Management

## Recall of Prognosis Discussion with a Physician

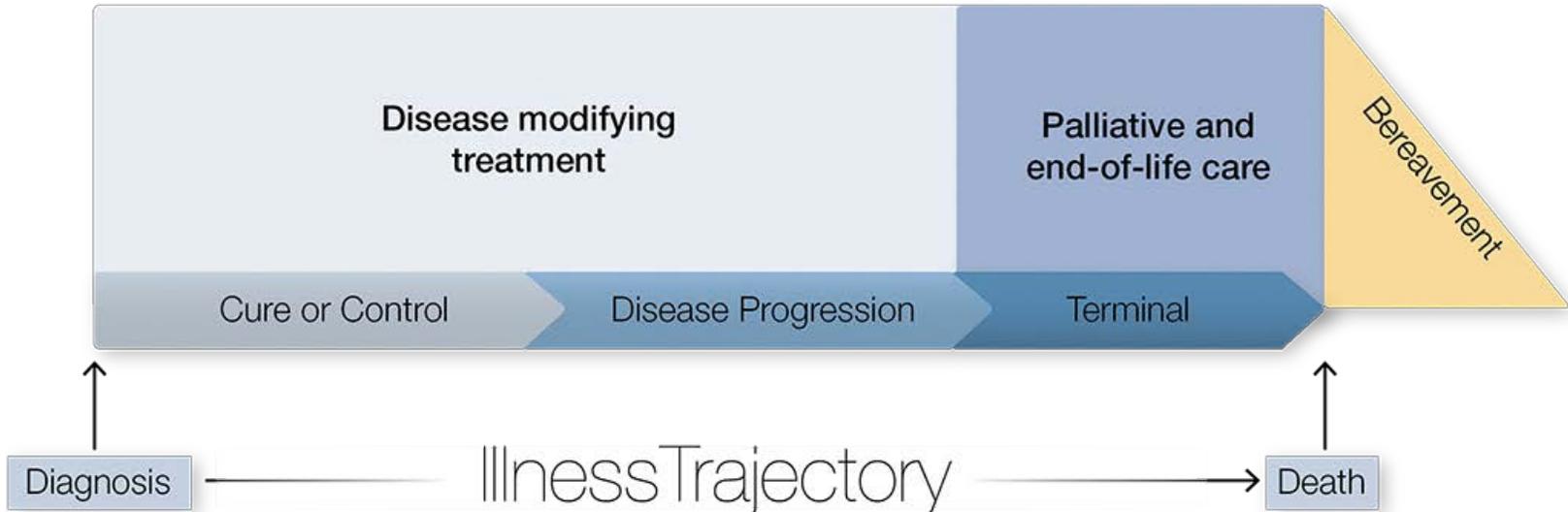
Patients (n=440) : 18%  
Family members (n=160): 30%

Patients	Had discussion %	Did not have discussion %
Cancer patients (n=151)	26%	<b>73%</b>
CHF (n=99)	14%	<b>86%</b>
COPD (n=115)	9%	<b>91%</b>
Cirrhosis (n=47)	21%	<b>79%</b>

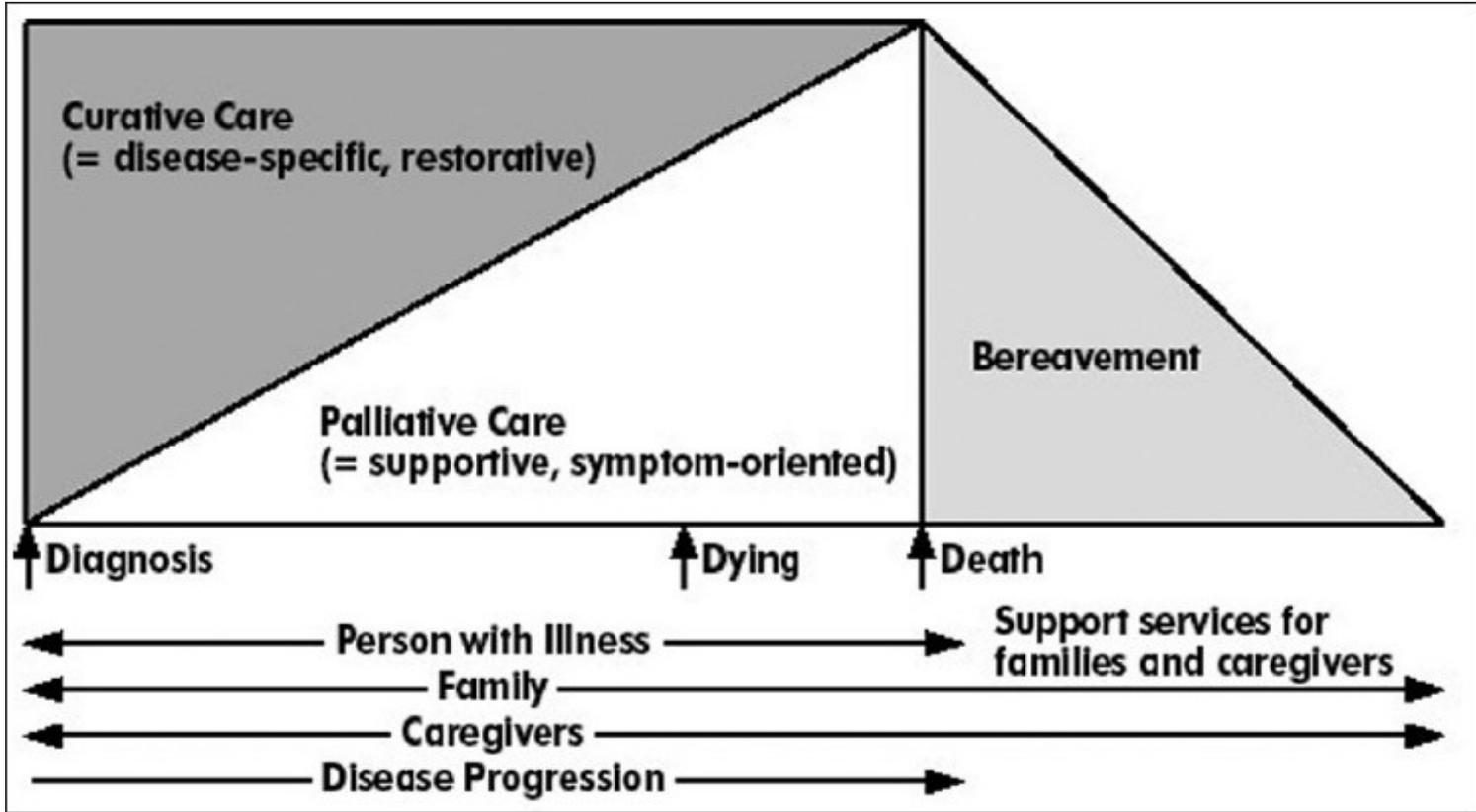
Heyland, DK, Allan DE, Rocker G, et al. *Discussing Prognosis with Patients and their Families near the End of Life: Impact on Satisfaction with End-of-Life Care.* *Open Medicine* 2009; 3(2):e101-110.



“Old”  
Model of  
Palliative  
Care



# WHO Model of Palliative Care



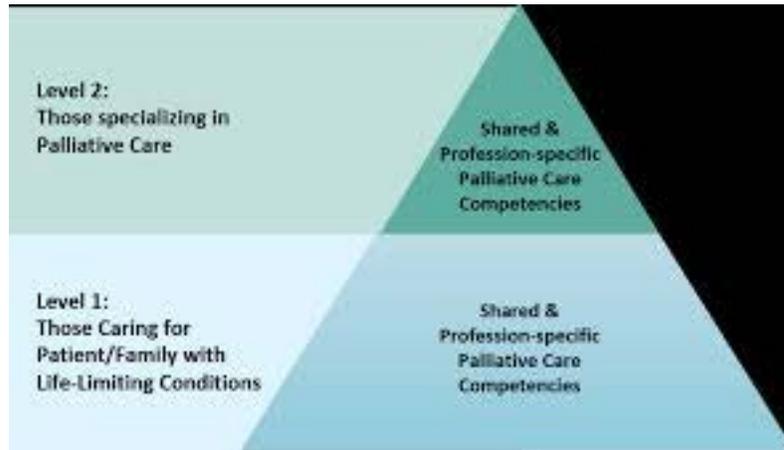
Adapted from American Medical Association Institute for Medical Ethics (1999). *Education For Physicians on End-of-Life Care (EPEC) Project*.

BOW TIE  
Model of  
21st Century  
Palliative  
Care



# ONTARIO PALLIATIVE CARE NETWORK (OPCN)

## The Ontario Palliative Care Competency Framework



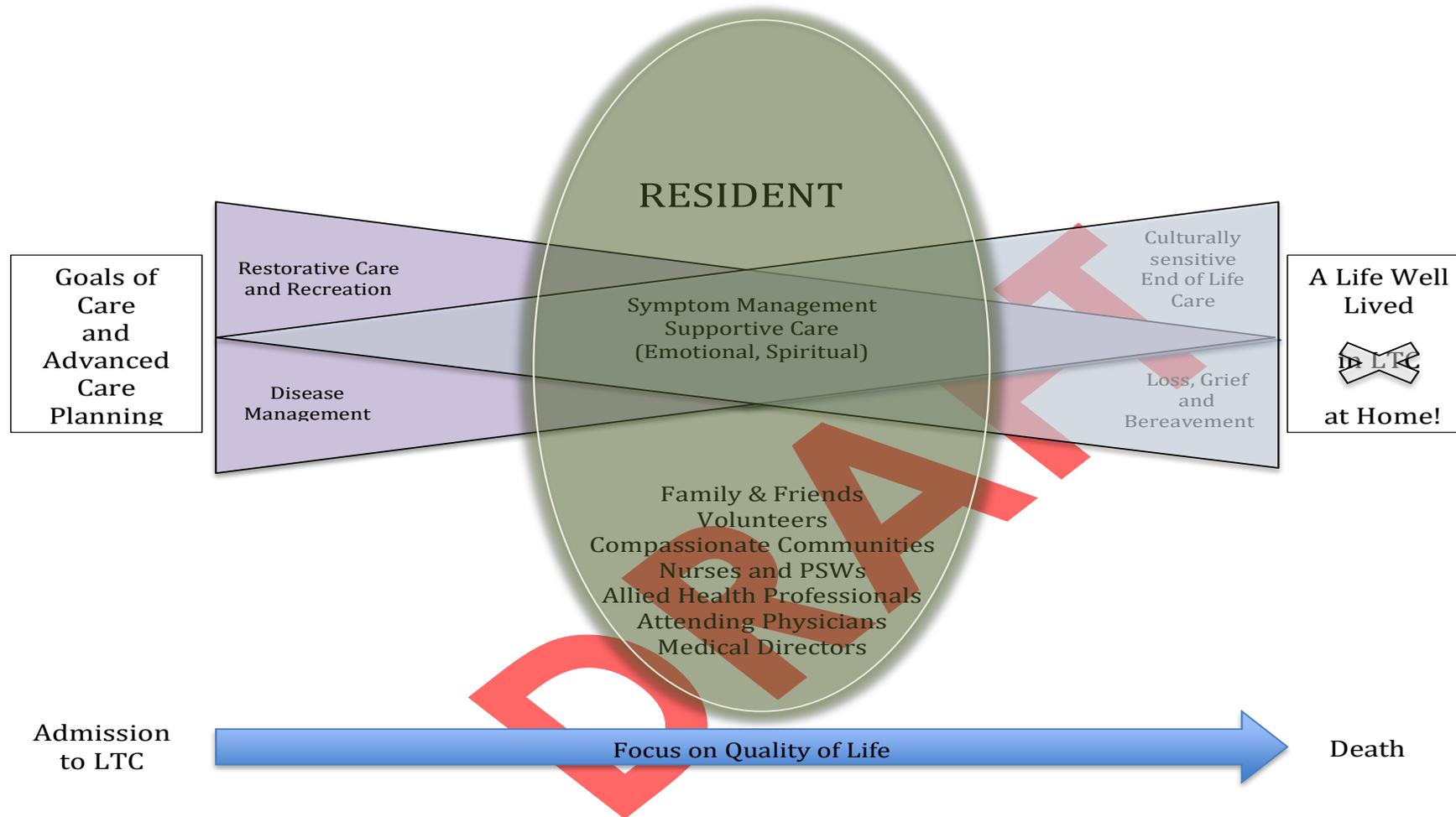
- Two levels of care – All Caregivers and All Specialists
- All levels of care:
  - Hospital
  - Collaborative Care Clinic (eg. COPD)
  - Ambulatory Clinic (eg. Cancer)
  - Long-term Care
  - Hospice
  - Home

# HEALTH QUALITY ONTARIO (HQQO) Palliative Care At The End Of Life

## Quality Statements:

- Identification and Assessment of Needs
- Timely Access to Palliative Care Support
- Advance Care Planning – Substitute Decision-Maker
- Goals of Care Discussions and Consent
- Individualized, Person-Centered Care Plan
- Management of Pain and Other Symptoms
- Psychosocial Aspects of Care
- Education for Patients, Substitute Decision-Makers, Families and Caregivers
- Caregiver Support
- Transitions in Care
- Setting of Care and Place of Death
- Interdisciplinary Team-Based Care
- Education for Health Care Providers and Volunteers

Health Quality Ontario. *Palliative Care at the End-of-Life (2018)*.



Adapted from Hawley, P. *The Bow Tie Model of 21<sup>st</sup> Century Palliative Care*. Journal Pain Symptom Management, 2014:e2-e5.





# Developing a Canadian Framework for Long-Term Care

DR. JOBIN M. VARUGHESE, MD, CCFP (COE), CMD

# FUN FACTS ABOUT LONG-TERM CARE

## ▶ STATISTICS CANADA

### ▶ 2016:

- ▶ 16.9% of Canadians are 65 and older (first time ever exceeding children 16.6%)
- ▶ 30% of Canadians over 85 are living in Long-Term Care (78% of residents are Female)
  - ▶ 90% have a progressive cognitive impairment
  - ▶ 64% have diagnosis of Dementia at admission

### ▶ 2024:

- ▶ number of seniors expected to increase to 20%

### ▶ 2036:

- ▶ number of seniors expected to increase to 25%

... Therefore, an increase in LTC beds required

## ▶ CIHI

### ▶ 2018-19:

- ▶ 1,319 LTC Facilities in Canada
  - ▶ Ontario: 626 facilities
    - ▶ 58% private, 24% non-profit, 16% municipal
    - ▶ 78,667 LTC beds (in 2019)
    - ▶ 34,834 people on waitlist (median time 161 days)

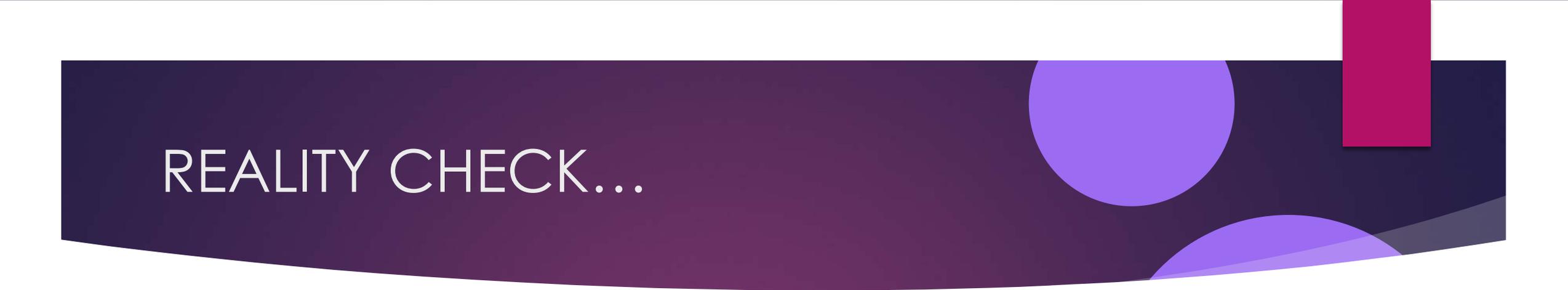
## ▶ CMA

- ▶ Cost of LTC bed: \$200/day
- ▶ Cost of ALC bed in hospital: \$1800/day
- ▶ **Savings if seniors in ALC are in LTC: 2.3 billion/year**

# WHY A NATIONAL FRAMEWORK?

## ▶ *Canada Health Act*

- ▶ objective is to "facilitate reasonable access to health services without financial or other barriers"
- ▶ could be amended to expand funding for the Extended Health Care Services that include LTC
  - ▶ To provide Federal Infrastructure investments
    - ▶ for example, the National Housing Strategy could:
      - ▶ Develop facilities with more privacy and personal space for residents
      - ▶ Build designated units for residents with behavioral issues
  - ▶ To support agencies and Centres of Excellence that help develop, implement, and foster innovation in LTC
    - ▶ Examples: Public Health Agency, Canadian Frailty Network, National Institute on Ageing, Canadian Foundation for Healthcare Improvement (CFHI)
  - ▶ To provide minimum standards and improve Information Technology in LTC facilities
    - ▶ Use the Continuing Care Reporting System (CCRS) database used by the national CIHI database



# REALITY CHECK...

Each Province and Territory is responsible to ensure standardized healthcare to its' citizens

... **but only WITHIN THEIR OWN JURISDICTION**

# WHERE TO START?

- ▶ Canadian Association for Long Term Care (CALTC)
  - ▶ *Crisis Point: Addressing the Needs of Seniors of Living in Long Term Care: Federal Pre-Budget Submission (January 2020)*
  - ▶ *Recreation Therapy to Promote Mobility Among Older Adults in Long Term Care (June 2018)*
- ▶ Ontario Long Term Care Clinicians (OLTCC)
  - ▶ *The Medical Director Manual: A Companion for the OLTCC Medical Director Course (2020)*
- ▶ The Honourable Eileen E. Gillese, Commissioner
  - ▶ *Public Inquiry into the Safety and Security of Residents in the LTC Homes System*
- ▶ Ontario Long Term Care Association (OLTCA)
  - ▶ *This is LTC 2019 (Toronto, 2019)*
- ▶ Ontario Palliative Care Network
  - ▶ *Action Plan: 2017-2020: Action Areas, Actions and Timelines (2017)*

# PROPOSAL FOR A CANADIAN FRAMEWORK FOR LONG-TERM CARE

- ▶ Multi-disciplinary approach to LTC
  - ▶ Leadership from Medical Directors
  - ▶ Medical expertise from Attending Physicians (example, Choosing Wisely, Advanced Care Planning)
  - ▶ Specialized Nursing care
    - ▶ Including the teaching and leadership of nurse practitioners
  - ▶ Personal Support Workers providing minimum hours of direct care
  - ▶ Allied Health Practitioners
    - ▶ Physiotherapists, Occupational Therapists, Recreation Therapists and Registered Dietitians
    - ▶ Social Workers and Spiritual Care providers
  - ▶ Family Health Councils, Volunteer Associations, Compassionate Communities

**ALL DELIVERED WITH SPECIALIZED TRAINING IN COMPASSIONATE AND PALLIATIVE CARE**

# INTERNATIONAL FRAMEWORKS FOR LTC

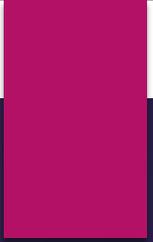
- ▶ European Association for Palliative Care White Paper
  - ▶ evaluated quality of end-of-life care and quality of dying in a cross-sectional study of deceased residents of LTCFs in 6 countries (Belgium, Canada, Switzerland)
  - ▶ undertook a cluster-randomized control trial evaluating the impact of the Palliative Approach to Care Education (PACE) Steps to Success intervention in 7 countries
  - ▶ 20 recommendations for the implementation of interventions to improve palliative and end-of-life care for LTC residents, regardless of diagnosis
    - ▶ 18 international experts in Palliative Care and Gerontology for a 1-day workshop in Bern, Switzerland
      - ▶ from 15 (of 20 invited) countries including 14 European countries, Australia, Canada, New Zealand and USA
    - ▶ 21 (of 28 invited) completed a follow-up on-line survey
    - ▶ Linked to the PACE study

# Why Palliative Care Approach?

- ▶ Long Term Care is most often the last home for seniors
- ▶ Consistent with Long Term Care goals for Quality of care
  - ▶ Physical, emotional, social, psychological, and spiritual needs
- ▶ Average time from admission to death in LTC is less than 2 years
  - ▶ Palliative Care is an essential component of care

# WITH A LITTLE HELP FROM OUR FRIENDS

- ▶ AdvantAge Ontario
- ▶ Canadian Association for Long Term Care (CALTC)
  - ▶ Representing 9 provincial associations including Ontario Long Term Care Association (OLTCA)
- ▶ Canadian Geriatrics Society (and the Ontario Provincial Geriatrics Leadership Office)
- ▶ Canadian Medical Association (CMA)
- ▶ Hospice Palliative Care Ontario (HPCO)
- ▶ Long Term Care Medical Directors Association of Canada
- ▶ Ontario Medical Association (OMA Care of the Elderly and Palliative Care sections)
- ▶ Ontario Palliative Care Network (OPCN) Ontario Long Term Care Clinicians (OLTCC)
- ▶ ... and the Ontario Long Term Care Clinicians (OLTCC)!



THANK YOU FOR  
LISTENING!

NOW IS THE TIME TO ANSWER QUESTIONS AND HEAR YOUR THOUGHTS...