Creating and Sustaining a Culture Around Palliative Care in Long-term Care

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The Palliative Care Steering Committee

The first step is the establishment of a Palliative Care Steering Committee which will oversee all aspects of the Palliative Care Program Curriculum and the Palliative Care Culture. It will include some combination of:

- Nursing Staff
- Medical Directors
- Administration
- Social Services
- Pastoral Care
The Palliative Care Steering Committee oversees all aspects of the Palliative Care Program and the Implementation of a Palliative Care Culture by:

• Providing education to staff, residents, and families
• Guiding Unit Teams
• Developing policies and procedures
• Assuring assessments are completed and appropriate interventions are put in place
• Overseeing evaluation of the program to assure quality and effectiveness
• Creating an environment of compassionate healing in every department
Steering Committee

Facilitate monthly meetings with Unit Nurse Managers and Social Workers

- Discuss concerns
- Entertain possible solutions
- Highlight successes of the program
- Encourage discussion about the essence and value of palliative care in all aspects of a resident’s day
Each floor/unit has its own interdisciplinary Palliative Care Unit Team. In addition to nursing (including nursing assistants), social services, and pastoral care, it includes recreation, therapists, psychologists, support services, residents and their families.

The Unit Teams are chosen by the Palliative Care Steering Committee and individuals participate in on-going education.
The Palliative Care Unit Team has a coordinator and meets weekly to:

- Assure every resident is assessed for the five domains of pain
- Develop interventions for pain
- Educate families and residents as to what they can expect in the disease process
- Coordinate with hospice care for dying residents
- Report back to Steering Committee Chairperson
Creating the Culture

- **Education** – Comprehensive and ongoing training for staff on palliative care
- **Assessment** – We have developed streamlined tools for the evaluation of all types of resident pain
- **Teamwork** – Different levels of staff working together for the best solutions for each resident
- **Re-evaluation** – Flexibility and willingness to make changes as residents’ needs change
Education

• Training is the most important aspect of implementing a culture of palliative care.

• **All** staff be trained in the principals of palliative care and the importance of identifying the five domains of pain and how their department contributes to the palliative care culture.
Education Includes:

- What is palliative care?
- Identifying and managing different types of pain
- Understanding the mission
- Implementing the culture
- Being an advocate for the residents
- Providing interdisciplinary approach to resident care
Education Includes

- Identifying and managing difficult conversations
- Respecting each resident’s culture and faith traditions
- Ongoing education
- All residents, staff and families are encouraged to suggest educational topics
Pain Assessment

Every resident must be assessed for all five domains of pain upon admission (and at change of condition as appropriate).

- The Palliative Care Program Implementation Guide provides suggested assessment forms for four of the domains of pain: emotional, psychiatric, spiritual and familial.

- There are multiple physical pain assessment tools available and already in use.
Each resident has a Palliative Care Plan (PCP). It is developed by the unit team using the Palliative Care Unit Team Worksheet. The plan becomes part of the care plan after evaluating the interventions.
Palliative Care Culture – The Team

- Gains an understanding of the importance of palliative care – residents, staff and family
- Continue to use palliative care terms whenever possible
- Keeps the conversation going about ways to bring **Peace** to every resident’s life
- Makes it their mission to discover what individual residents care about
The Palliative Care Meeting

Palliative Care Culture Includes the Mission

- Begins with prayer
- Discusses the reason for the meeting (admission, annual or significant change)
- May rotate leader between Nursing and Social Service
- Reads resident’s profile and discusses areas that make this person unique
- Discusses what brings meaning to the resident’s life concerns
- Complete worksheet
- Update Care Plan and Assignment Sheet as indicated
Palliative Care Culture – Overview

Palliative Care Moments

• Use Palliative care language – person-centered messaging
• Affirm the actions with comfortable interventions that bring PEACE
• Discuss resident concerns and evidence of resolutions
• Identify types of pain in resident conversations
• Discuss with resident transitioning to “End of Life Palliative Care”
Each Unit led by the Charge Nurse/Coordinator

- Establishes comforting and healing environment
- Educates and mentors
- Ensures compliance with assessments and evaluate interventions
- Places person on 24-hour report until comfortable
- Reinforces principles with family and through staff education
**Evaluation:** Evaluate Palliative Care Program effectiveness

- Get feedback and troubleshoot with staff
- Track key measures
- Use focus groups and surveys to evaluate the program
- The residents’ input is essential
- The family and caregivers’ observations are critical
The Culture

“[Palliative care], is an expression of the properly human attitude of taking care of one another, especially of those who suffer. It bears witness that the human person is always precious, even if marked by age and sickness.”

— Pope Francis
Sustaining the Program and Culture

Continual Improvement

• Use feedback from evaluation tools to maintain and improve the quality of care

• Maintain a constant cycle of evaluation and improvement

• Provide compassion always
Sustaining the Program and Culture

Support for Long-term Care Palliative Care by providing:

• Reimbursement for those specializing in Geriatric Palliative Care

• Reimbursement for a position that allows a person to be responsible for Overseeing Palliative Care in Long-term Care Full Time
Implementing Palliative Care: Implementation Guide
produced by the Avila Institute of Gerontology, in collaboration with
the Carmelite Sisters for the Aged and Infirm and the End-of-Life Nursing Education Consortium, Information on establishing a Palliative Care Program:

• An overview of the five domains of pain
• Assessment tools to evaluate pain
• Processes for operating the program
• Guidance on sustaining a quality program