SHIFT YOUR THINKING: Knowledge translation for a palliative approach in nursing practice

CHPCA Conference  September 2017
What we hope you learn

• Understand the benefits of working with practitioners throughout the research and knowledge translation process

• Learn about establishing principles and processes to guide the KT plan

• Gain insight into generating and distributing KT materials
iPANEL: Who We Are?
Knowledge-As-Action

• Evidence becomes knowledge when it is enacted ("actionable").

• Research-derived knowledge and practice-embedded knowledge come together in KT; both are invaluable and must be merged "in the gap" between knowing and doing.

Demonstration projects

...in nurses’ words

A growing expertise in people skills, chronic illnesses, palliation and an understanding of how families “let go” of their loved one are integral to the palliative approach. It therefore makes sense that a palliative approach can only be cultivated by deliberately creating conditions for ongoing clinical learning for both individuals and teams. How can this clinical learning take place?

When exploring a palliative approach to care within the residential care program at Mount St Joseph (MSJ), we focused on interdisciplinary clinical decision makers who can have the often lonely job of making sense of clinical situations in order to provide support, understandable interpretation and daily leadership to care aides and families.

iPANEL RESEARCH TEAM

LEAD-INVESTIGATORS
Kelli L. Stajduhar
University of Victoria
Carolyn M. Tayler
Fraser Health Authority

CO-INVESTIGATORS
Richard (Rick) Sawatzky
Sheryl Reimer-Kirkham
Trinity Western University
Background:
Several members of the British Columbia nursing community have requested involvement in iPANEL. As we acknowledge that many people are already doing excellent work in promoting a palliative approach we offer an affiliate role by which more in-depth involvement in iPANEL may be established.

Who can become an iPANEL Affiliate?
Affiliate roles are open to nurses and others who are university students, clinicians, managers, decision makers, and policy makers in British Columbia, who have a keen interest in the activities of iPANEL and who want to engage in the iPANEL community to further advance the integration of a palliative approach into the care of people with advancing chronic life-limiting conditions.

- Informed by & informing research
  - Focused discussions
  - ‘Outside the box’ sessions
  - Webinars
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<td>A Mixed Methods Knowledge Synthesis of a Palliative Approach</td>
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<td>A Mixed-Methods Survey about a Palliative Approach in BC Nursing Care Settings</td>
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‘Close to’ a palliative approach: nurses’ and care aides’ descriptions of caring for people with advancing chronic life-limiting conditions


Embedding a palliative approach in nursing care delivery: An integrated knowledge synthesis


Continue Reading
KT Goal

- Translate key iPANEL findings into action
  - How care practitioners and health systems can embed a palliative approach into current care delivery systems, part of the core service.
Identify target audiences & KT products

- Policy makers
  - discussion papers / presentations

- Health Authority decision makers
  - Reports/Infographics/presentations

- Clinicians
  - Video / Infographics
• ‘Dying to care: How can we provide sustainable quality care to persons living with advanced life limiting illness in British Columbia’ presented to the BC Ministry of Health June 27, 2014.

• Dr Stajduhar, academic lead investigator, and Pat Coward, chair of the iPANEL advisory board, presented the Dying to Care report to the Select Standing Committee on Health in the BC legislature, April 15, 2015.
Knowledge Translation Working Group

Della Roberts, Clinical Nurse Specialist, Palliative and End of Life, Island Health (Working Group Lead)

Kelli Stajduhar, Professor, University of Victoria
(Academic Co-lead)

Carolyn Tayler, Director, End of Life Care, Fraser Health (retired)
(Practice Co-lead)

Elisabeth Antifeau, Regional Clinical Nurse Specialist, Palliative Care, Interior Health

Susan Brown, Clinical Nurse Specialist, Fraser Health

Gina Gaspard, Clinical Nurse Specialist, First Nations Health Authority

Barbara McLeod, Clinical Nurse Specialist, Fraser Health

Cara Pearson, Research and Communications Coordinator, University of Victoria

Pat Porterfield, Regional Lead, Palliative Care, Vancouver Coastal Health (retired); Adjunct Professor, University of British Columbia

Jane Webley, Regional Leader, End of Life Care, Vancouver Coastal Health

Nicole Wikjord, Clinical Nurse Specialist, Fraser Health
Principles

• KT documents based only on iPANEL findings.
  • Core evidence / key messages reference document

• Use the wording and language in the iPANEL findings documents – craft into practice-relevant messages

• Products to be practice relevant

• Products are useable/understood for all audiences with simple clear language.
KT Work Group process

- Determine practice relevant KT products
  - Video, Infographics
- Developed initial draft documents
- Full day ‘working meeting’
- Stakeholder usability: KT Work group to clinicians in practice and iPANEL co-investigators
- Refined
- iPANEL Approval (Co-Principle Investigators)
Challenges
SHIFT YOUR THINKING...

TO A PALLIATIVE APPROACH

A palliative approach is different than specialized palliative care. It takes principles of palliative care and:

ADOPTS principles EARLY in the course of a person’s life-limiting condition

ADAPTS strategies to meet patient and family needs

EMBEDS practices into usual care in settings not specialized in palliative care

Shift your view on when people with life limiting illness could benefit from palliative principles:

Home & community care: When they are referred to home & community

Long term care: When they move into care

Key features of a palliative approach

**WHAT**
- Involves life-limiting illnesses such as heart, lung, and kidney disease, dementias, frailty, and cancer
- Integrates chronic disease management and palliative care principles
- Includes conversations about serious illness, personal preferences and goals of care
- Understands where the person is in the course of their chronic illness

**WHERE**
- Offered across settings including acute, home and long term care

**WHO**
- Every health care provider is responsible in each care setting

**WHEN**
- Consults with specialist palliative care providers, as needed
ADOPT A PALLIATIVE APPROACH

A palliative approach takes principles of palliative care and
ADOPTS them EARLY in the course of a person’s life-limiting condition
ADAPTS strategies to meet patient and family needs
EMBEDS practices into usual care in settings that do not specialize in palliative care

HOW?

Ask yourself: "Does this person have a life-limiting condition?"
"Would this person benefit from a palliative approach?"

Develop an understanding of the illness course and where the person is along their journey.

Open conversations with people and their families to gauge understanding of their illness, what is most important to them, and their preference for care.

Prioritize care - focus on what is important to people and their families.

Tell people and their families about the illness and what can be expected in the future to inform their goals of care.
ADAPT A PALLIATIVE APPROACH

A palliative approach takes principles of palliative care and
- **ADAPTS** strategies to meet patient and family needs
- **ADOPTS** them **EARLY** in the course of a person’s life-limiting condition
- **EMBEDS** practices into usual care in settings that do not specialize in palliative care

**HOW?**

- **A**cknowledge the anticipated course of the illness in the plan of care, not just in the treatment
- **D**etermine and treat symptom distress alongside disease treatment
- **A**djust the care plan to reflect the person’s goals of care
- **P**repare the person and family for anticipated changes and the possibility of dying
- **T**ailor palliative knowledge and skill to the chronic condition
WHY?

- Aligns treatment decisions better with goals and wishes
- Improves quality of life when preferences are known and respected
- Reduces inappropriate or futile treatments
- Encourages healthcare teams to “get on the same page” as the person and family
- Supports communication and shared care planning among teams caring for the person
- Gives team members permission to have conversations with the person and family about serious illness
EMBED A PALLIATIVE APPROACH

A palliative approach takes principles of palliative care and
EMBEDS practices into usual care in settings that do not specialize in palliative care
ADOPTS them EARLY in the course of a person’s life-limiting condition
ADAPTS strategies to meet patient and family needs

HOW CAN LEADERS EMBED A PALLIATIVE APPROACH?

Enable support for early integration in and across settings
Mandate processes for patient and family perspectives to be sought and communicated
Build confidence and competence by interactional education, mentorship and peer support
Ensure access to resources, mentors and specialist palliative care teams
Dedicate time for providers to be involved in creating practical tools and processes for their setting

Where?
In all settings, across the continuum of care

When?
Early in the course of a chronic life-limiting

Who?
Everyone working with people with life-limiting
Distribution

RESEARCH FOR NURSES BY NURSES
Questions? Comments?