Early Integration of Palliative Care: What’s a Palliative Approach Got to Do with It?

Carolyn M Tayler RN BN MSA CON(C)
Director Strategic Initiatives, BC Centre for Palliative Care
Co-Principal Investigator iPANEL
Adjunct Assistant Professor University of Victoria

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Faculty/ Presenter Disclosure

Presenter Name: Carolyn Tayler

Relationships with commercial interests: None
Presentation Outline

Background
- Why do we need a palliative approach - early research questions
- Knowledge Synthesis results

About iPANEL - the evidence
- Provincial Nursing Survey Results
- iPANEL Resources

Summary Findings: About a palliative approach
- Why a palliative approach
- What is a palliative approach
- Where and When do we apply palliative approach
- How do we apply a palliative approach
Palliative Care has become:
  - equated with a service
  - associated with a time frame of last months of life
  - equated with specialized care

Yet ... most people will die:
  - without a defined time before an expected death
  - without specialized services or specialized nursing care
  - never identified as on the ‘palliative care road’.
As researchers, clinicians, and administrators, we work collaboratively to synthesize evidence and conduct research on integrating a palliative approach into the care of those facing advancing chronic life-limiting illness.
Knowledge Synthesis: Conceptual foundation of a palliative approach

Identifying a palliative approach in the literature

Concepts that reflect palliative care:
- hospice
- palliative
- end-of-life
- supportive care
- advance care planning
- patient/person centred care

Chronic life-limiting illnesses:
- chronic disease/illness
- diabetes
- kidney disease
- emphysema / COPD
- congestive heart failure
- many neurological disorders, including Alzheimer’s disease
Palliative Approach: Knowledge Synthesis

UPSTREAM ORIENTATION
- towards the needs of people who have life-limiting illnesses and their families

ADAPTATION
- of palliative care knowledge and expertise

INTEGRATION + CONTEXTUALIZATION
- within healthcare systems

ADOPT AN UPSTREAM ORIENTATION towards the needs of people who have life-limiting illnesses and their families

A Palliative Approach is not focused on or limited to care for the imminently dying

Two conditions required of care providers to achieve an upstream orientation:

1. Understanding different chronic life-limiting illness trajectories
2. Identifying where people are on those trajectories - ongoing process
Two questions guide this adaptation:

1. Which principles and practices from palliative care should be applied to people with chronic life-limiting illnesses more generally?

2. How do these principles and practices need to be adapted to ensure their fit with the needs of disease-specific patient populations?
INTEGRATE & CONTEXTUALIZE WITHIN HEALTHCARE SYSTEM

Models for Integration & Contextualization
- "Early" palliative care
- Integration into generalist practice
- Disease/condition-specific models for care delivery

Two requirements:
1. Greater capacity within the healthcare system to fully address the evolving end of life care needs of people with chronic life-limiting illnesses
2. Partnerships with a range of healthcare providers—generalists, PC specialists, chronic disease specialists, community partners, people with lived experience
Relating outcomes and indicators to palliative approach conceptual foundations
Dr Rick Sawatzky

CLINICAL INDICATORS
- Early identification
  - Illness progression

CLINICIAN OUTCOMES
- Competencies in a palliative approach
  - Practice support tools

SYSTEM INDICATORS
- Use of health services
  - Cost consequences

UPSTREAM ORIENTATION
- Towards the needs of people who have life-limiting illnesses and their families

ADAPTATION
- Of palliative care knowledge and expertise

QUALITY OF LIFE
- Of people who have life-limiting illnesses and their families

INTEGRATION CONTEXTUALIZATION
- Within healthcare systems

PERSON-CENTRED OUTCOMES
- Health and quality of life of patients and family caregivers
- Experiences with care of patients and family caregivers
Provincial Survey of nurses and healthcare workers
Mixed-methods provincial survey
Leaders: Dr. Richard Sawatzky and Della Roberts MSN

To obtain baseline descriptive information relevant to the integration of a palliative approach in a variety of nursing care settings that do not specialize in palliative care (114 randomly selected sites) 1468 participants, 25 RN’s and % HCW’s in qualitative interviews

Survey included:
• Registered nurses
• Licensed practical nurses
• Health care workers
Survey Questionnaire content

- **Confidence in applying a palliative approach**
  - Self-Perceived Palliative Care Nursing Competence Scale (SPCNC)

- **Integration of a palliative approach in nursing practice**
  - Identification of patients with life-limiting illness
  - Benefits of a palliative approach for patients with life-limiting illness
  - Application of a palliative approach

- **Knowledge and education**
  - Adequacy and Sources of Knowledge for a palliative approach

- **Work environment (Nursing Work Index)**
  - Autonomy, Control over practice, Relationships with co-workers

- **Demographics**

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1 Some questions were modified for Health Care Workers

Self-Perceived Palliative Care Nursing Competence Scale (SPCNC) by Jean-François Desbiens (Université Laval)

2 Adapted from the 2005 National Survey of the Work and Health of Nurses
Application and Uptake of a Palliative Approach Depends on:\(^1\)

- IDENTIFICATION of those with chronic life-limiting conditions
- UNDERSTANDING the BENEFITS of using a Palliative Approach
- CONFIDENCE in delivering a Palliative Approach

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Better recognition of chronic conditions as they progress towards death is needed.

**IDENTIFICATION of those with chronic life-limiting conditions**

- **Home & Community Care**
  - Lower than expected
  - 5 Has life-limiting condition
  - 5 Does not have life-limiting condition

- **Long Term Care**
  - Lower than expected
  - 7 Has life-limiting condition
  - 3 Does not have life-limiting condition

- **Acute Medical Units**
  - Lower than expected
  - 5 Has life-limiting condition
  - 5 Does not have life-limiting condition
Different uses of the term “palliative”, in all care settings, may miss many people who would benefit from a palliative approach.

UNDERSTANDING the BENEFITS of using a Palliative Approach:

- **Home & Community Care**
  People are often not viewed as palliative until they are registered for BC palliative benefits.

- **Long Term Care**
  People are often viewed as palliative when they are in their last days of life.

- **Acute Medical Units**
  Care is viewed as palliative when the goal changes from cure to comfort.
There is work to do in improving the self-competence and knowledge of nurses and health care workers around a palliative approach.

**CONFIDENCE in delivering a Palliative Approach**

<table>
<thead>
<tr>
<th>Competency</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Psychological needs</td>
<td>37%</td>
</tr>
<tr>
<td>Ethical and legal issues</td>
<td>27%</td>
</tr>
<tr>
<td>Social needs</td>
<td>17%</td>
</tr>
<tr>
<td>Grief &amp; loss</td>
<td>17%</td>
</tr>
<tr>
<td>Physical needs: pain</td>
<td></td>
</tr>
<tr>
<td>Physical needs: other symptoms</td>
<td></td>
</tr>
<tr>
<td>Personal and professional issues related to nursing care</td>
<td></td>
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<tr>
<td>Needs related to functional status</td>
<td></td>
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<tr>
<td>Inter-professional collaboration &amp; communication</td>
<td></td>
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<tr>
<td>Last hours of life</td>
<td></td>
</tr>
</tbody>
</table>

Within which competencies do they feel confident?

% of those who see their knowledge as < adequate
Survey Key findings

- Improved recognition of the life-limiting nature of chronic conditions is needed

- There is a need for consistent application of a palliative approach for people with chronic life-limiting conditions in all settings

- There is a need for improved confidence and knowledge regarding a palliative approach
iPANEL Knowledge Translation

GOAL:
- Translate key iPANEL findings into action
- Help care practitioners and health systems to embed a palliative approach into current care delivery systems, part of the core service.

GUIDED by our findings & beliefs “Knowledge-As-Action”¹:
- 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.

- Aligns treatment decisions better with goals and wishes
- Improves quality of life when preferences are known and respected
- Reduces inappropriate or futile treatments
- Supports discussions with family about serious illness
- Encourages health care 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 permissions to have conversations with the person and family about serious illness
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
- Orients care to the whole person and their family
- Prepared for illness progression, while recognizing uncertain prognosis

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

**WHEN?**
- Consults with specialist palliative care providers, as needed
HOW: Shift your care to a palliative approach

1. iPANEL Knowledge Translation Working Group. iPANEL. (2017, September 14). Shift your care to a palliative approach [video file]. Retrieved from https://www.youtube.com/watch?v=sABo3gZoAcM
A palliative approach is different than specialized palliative care. It takes the principles of palliative care and **ADOPTS, ADAPTS, EMBEDS**

**SHIFT YOUR THINKING**

- **ADOPT** principles **EARLY** (as soon as diagnosis) in the course of a person's life-limiting condition
- **ADAPT** strategies to meet patient and family needs, blend principles of palliative care with chronic disease management
- **EMBED** practices into usual care in settings not specialized in palliative care
A palliative approach takes principles of palliative care and **ADOPTS** them **EARLY** in the course of person’s life-limiting condition.

**HOW?**

- **A**sk yourself: “Does this person have a life-limiting condition?”
  “Would this person benefit from a palliative approach?”
- **D**evelop an understanding of the illness course and where the person is along their journey.
- **O**pen conversations with people and their families to gauge understanding of their illness, what is most important to them, and their preference for care.
- **P**rioritize care - focus on what is important to people and their families.
- **T**ell people and their families about the illness and what can be expected in the future to inform their goals of care.
A palliative approach takes principles of palliative care and ADAPTS strategies to meet patient and family needs.

**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.
A palliative approach takes principles of palliative care and practices into usual care in settings that do not specialize in palliative care.
Where to find these resources?

www.ipanel.ca
or email ipanel@uvic.ca

Palliative Approach Infographics - now available for download