


Our Palliative Care Story

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WH's Palliative Care Journey

2006 Vision identified in WH Strategic Plan

2007 Initial strategies include planning in LTC

2007 Literature search to identify LTC application


2009 PSI (personal severity index) applied in LTC



Providing Palliative Care in LTC Setting

- MDS staff score residents per PSI research tools
- *Use of PSI score to initiate discussions during care conferences
- *Discussion by physician with resident/families, ongoing with staff
- *Advanced planning with detail completed and plan initiated, family included and informed (POLST)
- Outcomes measured: residents identified and included in program, conversations completed, overall satisfaction with care, care plan completed, adequate symptom management, hospice referrals

➤ * Critical success factors



Critical Success Factors?

- An understanding of criteria for PSI scoring
- Communication and education (initially) for physicians, (ongoing) for staff, residents and their families
- Support and reinforcement of choices within plan of care and within POLST

Also, understand clearly why you are, or are not, able to implement this process



Success Factor #1

Understand the PSI research:

http://interrai.wcreateclients.com/user_files/images/File/CMS%20%20-%20%20Recommended%20Revisions%20to%20Covariates%20Appendix%2013%2002FFB2003.pdf

- ✓ Help the resident and family understand the prognosis, the likely success of intervention options so that informed choices can be made
- ✓ Discussions and support may be needed to differentiate between facts, wants, needs, values, stereotypes and emotions (potential barriers to success)
- ✓ Staff need to be informed to facilitate support



Success Factor #2

Communication, communication, communication


- ✓ Education and evidence of success is important for staff and physicians to facilitate their understanding
- ✓ Physician discussion about prognosis with resident /family initially (potential barrier)
- ✓ Communication with a supportive environment for questions, concerns and emotional reactions is key
- ✓ Start early (conferences), support throughout, revisit detail as needed



Success Factor #3


Support and reinforcement of choices

- ✓ This is the resident's plan, not ours or the family's
- ✓ The plan may change as time goes on
- ✓ Both nursing and social work need to be involved in ongoing support of the advanced care plan (POLST) to ensure optimal clinical and psychosocial peace of mind.




Key Recommendations

A committed and well rounded team (multidisciplinary)
A physician champion (at least one)
Ability to meet identified needs early (agility)
The resident and/or other customer needs to be at the center of everything we do
The plan is theirs, our responsibility is to support, inform and serve where possible



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