

The Palliative Care Program
MISSION STATEMENT

_____ believes in providing compassionate, comprehensive, multidisciplinary care to residents living with a life threatening illness and their families to relieve suffering and improve the quality of living and dying.

"YOU MATTER BECAUSE YOU ARE YOU. YOU MATTER
'TIL THE LAST MOMENT OF YOUR LIFE AND WE WILL
DO ALL WE CAN, NOT ONLY TO HELP YOU DIE
PEACEFULLY, BUT TO LIVE UNTIL YOU DIE.'

Dame Cicely Saunders

The Palliative Care Program of _____ has adopted the Canadian Palliative Care Association's definition of palliative care. (March 2002) *

"Hospice palliative care aims to relieve suffering and improve the quality of living and dying.

Hospice palliative care strives to help patients and families:

- Address physical, psychological, social, spiritual and practical issues and their associated expectations, needs, hopes and fears
- Prepare for and manage self-determined life closure and the dying process
- Cope with loss and grief during the illness and bereavement.

Hospice Palliative care aims to:

- Treat all active issues
- Prevent new issues from occurring
- Promote opportunities for meaningful and valuable experiences, personal and spiritual growth and self-actualization."

The _____ Palliative Program believes:

- that the assessment, coordination and ongoing monitoring of terminally ill clients will be more intensive and specialized than for other individuals.
- that palliative care is best provided by an interdisciplinary team of healthcare providers who are both knowledgeable and skilled in all aspects of the caring process related to their discipline of practice.
- that the resident and family are part of the interdisciplinary team.

The Philosophy of the Palliative Care Program

In the provision of palliative care services at _____, the staff recognize and support the following values:

1. The intrinsic value of each person is an autonomous and unique individual.
2. The value of life, the natural process of death, and the fact that both provide opportunities for personal growth and self-actualization.
3. The need to address patients' and families' suffering, expectations, needs, hopes and fears.
4. Care is only provided when the patient and/or family is prepared to accept it.
5. Care is guided by quality of life as defined by the individual.
6. Caregivers enter into a therapeutic relationship with patients and families based on dignity and integrity.
7. A unified response to suffering strengthens communities.

Goals of the Palliative Care Program

In meeting the needs of palliative clients and their families, the Palliative Care Program is striving to achieve the following goals:

- 1. Patient / Family Focused** - The patient and family are treated as a unit. All aspects of care are provided in a manner that is sensitive to the patient's and family's personal, cultural, and religious values, beliefs and practices, their developmental state and preparedness to deal with the dying process.
- 2. High Quality** - The palliative care program is guided by:
 - Ethical principles of autonomy, beneficence, nonmaleficence, justice, truth-telling and confidentiality
 - Standards of practice that are based on nationally-accepted principles and norms of practice, and standards of professional conduct for each discipline.
 - Policies and procedures that are based on the best available evidence or opinion-based preferred practice guidelines
 - Data collection/ documentation guidelines that are based on validated measurement tools.
- 3. Safe and Effective** - The palliative care program is provided in a manner that:
 - Is collaborative
 - Ensures confidentiality and privacy
 - Is without coercion, discrimination, harassment or prejudice
 - Ensures safety and security for all participants
 - Ensures continuity and accountability
 - Aims to minimize unnecessary duplication and repetition

4. Accessible – All patients and families have equal access to palliative care services:

- Wherever they live
- In a timely manner
- At home, or within a reasonable distance from their home

5. Adequately Resourced – All patients and families have sufficient support and resources to help them meet their goals through:

- _____
- Other Community Agencies such as CCAC, Hospice etc.

6. Collaborative – The _____ works in partnership with other community organizations to improve the hospice palliative care available.

7. Knowledge-Based – _____ have knowledge and training in palliative care that is updated on a regular basis. The _____ is committed to the education of the community, agencies and other institutions and healthcare providers regarding palliative care.

8. Advocacy-Based – _____ staff advocate for individual clients and for the provision of palliative care services on an ongoing basis.

9. Research-Based - _____ bases all activities on best available evidence and practice and seeks opportunities to participate in research projects.

Admission Criteria

An individual and their family living with a life threatening illness (due to any diagnosis, with any prognosis, regardless of age) may be admitted to the **Palliative Care Program** if:

- their physician is in agreement; **and**
- at any time they have unmet expectations and/or needs and are prepared to accept care.

* References:

“A Model to Guide Hospice Palliative Care: Based on National Principle and Norms of Practice” by the Canadian Hospice Palliative Care Association, March 2002

Palliative Care Committee

Terms of Reference

POLICY: _____ shall have in place an interdisciplinary Palliative Care Committee.

PURPOSE:

1. To establish a Palliative Care Program at _____.
2. To review and evaluate the effectiveness of the Palliative Care Program and make recommendations.
3. To foster communication, understanding and identification of needs among Palliative Care Team Members.
4. To identify needs and make recommendations for continuing education and resource materials for residents, staff and palliative care families.

MEMBERSHIP:

Director of Care
Physician Advisor
Registered Nurses - 2
Health Care Professionals
Nutritional Service Manager
Pharmacist
Member of Ministerial Association
Funeral Director
Wellington Hospice Volunteer

ADDITIONAL MEMBERS:

Pain and Symptom Management Coordinator (ex officio)

FREQUENCY OF MEETINGS:

Meetings to be held every 4 months 1/2 hour prior to regular monthly staff meeting and at the call of the chair.

MINUTES:

Minutes of each meeting will be recorded by member of the Palliative Care Team and copies of minutes will be circulated to the committee members and the Department Heads of _____.

CHAIRPERSON: Selected from and by the Committee for 2 years.

**"EVERY PERSON HAS THE RIGHT TO DIE WITH
DIGNITY IN A MANNER HE/SHE FEELS APPROPRIATE."**

Marcia Kucier from the Academy of Medical Surgical Nursing

Objectives of the Palliative Care Committee for

1. Review the current validated assessment and documentation tools for most appropriate for _____ by _____.
2. Establish the structure of the Palliative Care Program by _____.
3. Submit the Palliative Care Program to Administration and Physician Committee for approval by _____.
4. Develop an education plan to communicate the new program to all staff.

PALLIATIVE CARE PROGRAM

Role of the Nursing Department

1. To assess the resident and family to determine their physical, psychological, social, spiritual, and practical needs.
2. To provide necessary comfort measures according to currently recognized norms of practice as required by the Palliative Resident with pain symptom management as a priority.
3. To formulate and implement an individual care plan based on the physical, emotional, social, spiritual needs of the Palliative Resident, according to Clinical Practice Guidelines.
4. To provide on-going assessment of the Resident's needs and response to therapy making changes to the individual care plan as needed.
5. To meet the needs of the Palliative Resident in a knowledgeable and timely manner, utilizing all available resources.
6. To communicate and collaborate with Resident, family and the Physician about changing needs of the Resident.
7. To communicate with all other disciplines concerning services required to provide optimum care and comfort for the Palliative Resident.
8. To be available as a resource, support and comfort person in a caring empathetic way for the Resident, family and co-workers during the dying and grieving process.
9. To recommend other external health care providers who may be needed by the resident or family.

Role of the Nutrition Services Department

1. To enhance the quality of life of a Palliative Resident by maintaining adequate nutrient intake while considering the individual's needs and wishes.
2. To provide the diet, as ordered, for Palliative Residents.
3. To obtain and serve any food item (within reason), that will improve the nutritional intake of that Resident under the guidance of the medical Nursing Staff, the Nutrition Services Manager and/or the Consulting Dietitian.
4. To monitor the nutritional status of the Resident and make changes to the meal plan as the Resident's condition changes.
5. To provide support to other disciplines concerning care requirements for Palliative Residents.
6. To communicate with other disciplines concerning care requirements for Palliative Residents.

7. To respect the rights of the Palliative Resident and provide emotional support to the Resident, families, roommates, tablemates and co-workers as appropriate.
8. To provide, under special circumstances, meals to the families of Palliative Residents.

Role of the Dietitian:

1. When required, the Consulting Dietitian will complete a Nutritional Assessment for the Palliative Resident and provide a Nutritional Care Plan. The Dietitian will then monitor the Resident as needed.
2. To provide support and counseling to families when a Palliative Care Resident is at the stage of not eating or drinking.

“Living can't be put off.”

Role of the Life Enrichment Department

1. To provide companionship to the Palliative Resident, family and roommate.
2. To provide respite for the family of the Palliative Resident.
3. To provide support to the Palliative Resident, family, roommate and co-workers.
4. To provide special services for the Palliative Resident and family ie., letter writing, cards, errands, reading , sitting, holding hands etc.
5. To provide relaxing and comforting measures for the Palliative Resident ie., music or video stimuli.
6. To aid in the bereavement process by being a part of and assisting with the memorial service.
7. To inform family of the Memorial Service to be held at _____ and participate in the provision of that service.

”Those who bring sunshine to the lives of others, cannot keep it from themselves.”

Role of Housekeeping

1. To display discretion in their routines for cleaning Residents rooms.
2. To display respect and give emotional support to Resident, family and co-workers.

3. To communicate and consult with other Palliative Care Team Members regarding changes in a Resident's condition or special instructions which would be helpful for providing comfort and meeting the Resident's needs.
4. To store and distribute belongings to the appropriate family members.

Role of Laundry:

1. To provide adequate linens to make Residents as comfortable as possible, giving special attention to individual needs.
2. To display respect and give emotional support to Resident, family and co-workers.

"We make a living by what we get.
But we make a life by what we give."

Role of Administration

1. To offer support and assistance to Resident, family and staff during the dying and grieving process.
2. To assist the Resident and family with business matters and/or funeral arrangements as required.

" I expect to pass through life but once. If therefore, there be any kindness I can show or any good thing I can do to any fellow being, let me do it now, as I shall not pass this way again."

Role of the Volunteer

1. To provide support to the Palliative Resident, family and roommate.
2. To provide companionship to the Palliative Resident, family and roommate ie., listening, talking, holding hands, reading, being there etc.
3. To provide relief for the family of the Palliative Resident.

"The great acts of love are done by those who are habitually performing small acts of kindness."

Role of Hospice Volunteer

1. To provide companionship to dying patient. Examples: reading, playing radio/music, sitting quietly with, holding hand
2. To provide relief to a family when a patient requires someone with him constantly.
3. To provide support to the bereaved.
4. to provide physical comfort measures: (as a family member might offer)Examples: wiping face, helping patient brush teeth, remaining in room and assisting (lightly) as nursing staff positions patient, changes bed, etc, if requested by nurses.

offering patient drink (as outlined by nurse)
alerting the nurse of the patient's need for help.

The Hospice Volunteer will come to the Nurses' Station and will be given a report on the patient before she/he begins his session with the patient. The nurse will explain to the volunteer such issues as:

- i) Patient's General Condition
 - patient alertness
 - patient emotional state and needs - suggestions for communicating with patient
 - patient's physical condition ie., pain, breathing problems
- ii) Patient's Diet - ability to eat or drink and what they prefer and may have
- iii) Patient's Activity - patient's preferred position (can I roll up the bed?)
- iv) Routine Care – that staff will be providing

The Volunteer should feel free to ask any questions necessary in their caring for the patient.

During Volunteer's stay with Patient:

- the volunteer should feel comfortable to notify the nurse of any concerns he has about the patient or to ask questions.
- the volunteer may use the call bell or go to the Nurses' Station.

Before Leaving:

- each volunteer is requested to let the nurse know when he is leaving and to give a brief report to the nurse about the patient.
- some families have appreciated notes left by the Hospice Volunteer.