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Policy Title: <b>Palliative Approach to Care and End-of-life Care</b>	Manual Reference Number:
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## Policy Statement

In accordance with the Fixing Long Term Care Act (2021) and its regulations, [the LTCH] will provide Residents with a palliative approach to care and end-of-life care. At [the LTCH], a palliative approach to care and end-of-life care is provided by care team members according to their scope and supported by the work of [the LTCH's] Palliative Care Committee. [The LTCH] requires and supports all staff to receive ongoing, evidence-informed education on a palliative approach to care and end-of-life care.

## Definitions

A *Palliative Approach to care* or *Palliative Care* is “a philosophy of care that aims to relieve suffering and enhance the quality of living and dying. It strives to help individuals and families to:

- address physical, psychological, social, spiritual and practical issues, and their associated expectations, needs, hopes and fears
  - prepare for and manage end-of-life choices and the dying process
  - cope with loss and grief
  - treat all active issues
  - prevent new issues from occurring
  - promote opportunities for meaningful and valuable experiences, and personal and spiritual growth”.
- (Government of Ontario, 2011)

A palliative approach to care:

- is appropriate for any individual and/or family living with, or at risk of developing a life-threatening illness, at any time they are prepared to accept this type of care and support
  - may enhance other types of care – including restorative or rehabilitative care – or may become the total focus of care
  - is most effectively delivered by an inter-professional team of health care providers skilled in all aspects of palliative care – including volunteer staff
  - is most effective when the care is integrated at the clinical, organizational, and overall system level
  - is person and family-centred, respecting people's social, spiritual, and cultural practices
  - includes end-of-life care but is not limited to the time immediately preceding death”.
- (Ontario, 2011)

*End-of-life Care* refers to the care provided to a Resident who is expected to die in the near future (CIHI, 2011). This stage may be marked by experienced declines in ambulation, participation in normal activities, participation in self-care, intake of food and/or fluids, and periods of wakefulness and/or consciousness (Victoria Hospice Society, 2001). The timing and length of this period is individual to each Resident and

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may be influenced by their life-limiting illness(es). End-of-life care constitutes active care aimed at helping Residents and families to prepare for death, ensure comfort, and to make care decisions that are consistent with the Resident's prognosis and goals of care (Ontario, 2011).

### Program Objectives

1. Integrate a palliative approach to care focused on assessment of a Resident's wholistic needs, at all stages of frailty or life-limiting illness(es), not just at the end-of-life.
2. Support the Resident's rights to self-determination/via advance care planning and goals of care discussions.
3. Recognize palliative care as a collaborative approach to care that can enhance quality of life, symptom management, and psychosocial support throughout the course of life-limiting illness(es), including aging.
4. Provide a palliative approach to care through the interdisciplinary team while considering the physical, emotional, psychological, social, cultural, and spiritual needs of the Resident.
5. Provide education, support, and care for Residents and their families at the end of the Resident's life and the family's bereavement.

### Criteria for a Palliative Approach to Care

A palliative approach to care is appropriate for a Resident who has indicators of decline or Palliative care issues identified through regular screening or assessment.

A palliative approach to care can be implemented after obtaining informed consent of the mentally capable Resident or their Substitute Decision Maker (SDM), if they are not mentally capable (Health Care Consent Act, 1996; Fixing Long Term Care Act, 2022; OPCN 2021).

### Screening

All Residents will be regularly screened for potential palliative care needs:

- o At admission
- o At change of condition, including diagnosis of life-limiting illness(es) or with new or worsening symptoms
- o Resident Care Conferences

Early identification of palliative care needs is critical for the timely implementation of a Palliative Approach to Care. Indications that a Resident may benefit from a Palliative Approach to care include:

- Diagnosis of a life-limiting illness(es),

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- Patterns of distress or decline on their [Dementia Observational System tool](#),
- Changes in their [Palliative Performance Scale](#) score
- Early identification of decline in Residents supported by The [Waterloo Wellington Early Identification & Prognostic Indicator Guide](#).
- Changes in Health, End-Stage Disease and Signs and Symptoms (CHESS) scale. This scale detects frailty and health instability and was designed to identify Residents at risk of serious decline (CIHI, 2013)
- Personal Severity Index (PSI). Derived from 25 MDS data points, statistically related to Resident's risk of death in 6 months (Morris, Jones, Morris & Fries, 2002).
- Changes in their [Edmonton Symptom Assessment System – Revised tool](#) scores

### Assessment

A palliative approach to care supports wholistic assessment of Residents' specific needs, using evidence-based tools, including:

- Whole-person or comprehensive symptom assessment tools, such as
  - CHPCA [Domains of Issues tool](#)
  - Fraser Health [Symptom Assessment Acronym](#)
- Issue or Symptom-specific assessment tools. For current symptom specific resources, visit HPC Consultation Services Waterloo Wellington's [Symptom Management Resources](#) webpage.

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