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FULFILLING THE ONTARIO GOVERNMENT'S COMMITMENT TO IMPLEMENT A PALLIATIVE PHILOSOPHY TO CARE IN THE PROVINCE'S LONG-TERM CARE SECTOR

Rapidly spreading and scaling a proven interprofessional training solution

Background

Throughout the COVID-19 pandemic many gaps and inefficiencies emerged across the entire health care system. These gaps were particularly evident in the Long-Term Care (LTC) sector where 69% of Canada's COVID-19 related deaths occurred.

In most sectors palliative care services were often either inadequately staffed to respond to patient needs or, more often than not, sidelined as LTC homes went into shut-down and imposed restrictions on the movement of health care professionals across care sites and sectors to control the spread of COVID-19.

In many cases, front-line LTC staff lacked the necessary core palliative care competencies, referred to as the palliative care approach, to provide even basic palliative care. At the very time that strong supportive and palliative care skills were required, those having to provide it lacked the required knowledge, attitudes, and skills. This resulted in too many residents with severe COVID-19 and other diseases such as cancer, advanced heart, lung, neurological, or renal diseases experiencing unnecessary suffering.

Prior to the COVID-19 pandemic an average of 10% of all LTC residents died in LTC care. All of these residents, and the many others in LTC with progressive chronic illnesses also need a palliative care approach alongside treatments to control the disease. Most LTC residents enter LTC homes with advanced comorbidities affecting their quality of life, causing considerable suffering, and leading to inappropriate use of health care resources such as unnecessary transfers to emergency departments and hospitals because of lack of goals of care discussions and inability of the LTC home to provide in-house palliative care. Less than 60% of the people who die in Ontario have a record of having received palliative care services during their final 12 months of life.[1]

In recognition of this, through passage of the Fixing Long-Term Care Act in December of 2021, the Government enshrined in legislation a commitment "that integration of a palliative care philosophy" be guaranteed to residents of Ontario's long-term care homes.

Training and education of staff on the palliative care approach is an essential component of any strategy that aims to improve the provision of palliative care and access to palliative care for citizens living in long-term care homes. The World Health Organization (WHO), for example, identifies education as a core strategy alongside availability of resources, medications, and policies that advance palliative care.

The Opportunity

While there are opportunities to explore a broad systems approach to building palliative care capacity across all settings of care in Ontario, there is urgent need in the LTC sector for rapid support and training.

[1] Health Quality Ontario, Why we need a quality standard for Opioid Use Disorder in Ontario (hqontario.ca)

To this end, we are proposing a solution that rapidly scales and spreads the palliative care approach in a staged manner to a prioritized number of LTC establishments to provide health care workers with the skills and knowledge to provide earlier, more effective and more compassionate palliative care to residents and their families.

The good news is that evidence-based, trusted solutions already exist to help fulfill the government's commitment to improving palliative care in LTC. These solutions have been paid for by Canadian taxpayers and are available to quickly provide health care workers with the necessary knowledge and skills in an affordable and efficient manner.

Pallium's LEAP courseware (see Appendix B for a detailed description of three of its suite of 20 courses) is a gold standard training intervention to upskill professionals working in long-term care. Pallium's courseware is designed to be flexible, accessible, and scalable, and includes both in-person and online solutions that allow learners to gain the necessary skills while minimizing the impact on scheduling and operations.

Leveraging its Learning Management System and Business Intelligence tools, Pallium has the capability to provide detailed reporting that captures learner progress, attendance, course completion data, aggregated pre/post test scores on knowledge, attitude and comfort, aggregated information self-reported commitments to change and 4-month results. This information can be used to inform future and continuing efforts in quality improvement to change practice and improve care.

Canadian jurisdictions such as Alberta that are doing relatively better than other jurisdictions in terms of optimal access to palliative care, have adopted this systems approach with strong specialist level palliative care services and teams (properly resourced and with funding models that are appropriate to the task at hand including supporting primary care providers) and primary palliative care.

Approach

Pallium is recommending a staged approach to build palliative care capacity within Ontario's 625 long-term care facilities in service of the government's commitment. This staging would be implemented both by facility and by health professional role:

1. Initial capacity building efforts will focus on a prioritized cohort of care facilities with the potential to grow and expand, in stages, to additional cohorts of facilities across the province.

2. Training for health care professionals will leverage the flexibility of Pallium's LEAP LTC Online course to provide rapid certification in LEAP for physician, nurse, and PSW leaders within each facility. At the same time, front-line PSWs will be provided with access to LEAP PSW, an online, self-learning course that specifically targets the PSW scope of practice.

As part of this approach, it will be important to rapidly build capacity among the clinical and frontline leaders within each facility, to an appropriate level, to meet current palliative care needs during the pandemic, support the learning of the rest of the interprofessional care team, and catalyze the longer-term culture and practice changes to improve palliative and end-of-life

care within each LTC facility. Ontario's recent long-term care staffing study[2] identifies the importance of improving the ability of all LTC staff to provide palliative care and work in end-of-life environments.

With a provincial investment, Pallium Canada can alleviate much of the administrative and logistical burden for each LTC facility by centralizing the contracting and organization of courses. In a traditional course delivery model, each LTC facility would need to contract with Pallium and coordinate the timing and logistics for their organization's course(s). This approach requires them to book time-off and find backfill staffing for 20-30 staff in order to make a training session viable. With on-going staffing pressures, this is often not feasible.

By leveraging Pallium's flexible, online courseware, and coordinating training efforts provincially, with a sufficient volume of learners, Pallium will be able to schedule one or more courses per week, with live, facilitated webinars, open to the clinical and frontline leaders at any of the priority homes. This approach means that individual homes would only need to ensure coverage for a handful of staff at any one time.

As part of this centralized approach, Pallium will provide dedicated support to develop coordination and facilitation capacity within LTC homes so that additional courses can be delivered on a as-need basis. In addition, Pallium's support team is available to assist and support leaders, educators, and learners through any technical difficulty or courseware inquiries, as well as during and after the live webinars and supporting all learners in accessing the self-directed modules for both LEAP Long-Term Care (online), and LEAP Personal Support Worker. Additionally, Pallium's account managers will be involved in helping to support individual homes and drive uptake of the training opportunity.

In addition to accredited courseware, Pallium has launched the Palliative Care ECHO (Extension for Community Health Care Outcomes) Project, a capacity-building tele-mentoring program designed to create virtual communities of learners by bringing together local health care providers (and community leaders) with regional, provincial/territorial, and national subject matter experts for continuous learning, deep-dive learning opportunities, brief lecture presentations, and quality improvement discussions, fostering an "all learn, all teach" approach.

The Palliative Care ECHO Project is complementary to LEAP and provides opportunities for health care professionals who have a foundation in palliative care to continue their learning and practice. The Palliative Care ECHO Project includes activities such as deeper-dive workshops on topics covered in LEAP courses, quality improvement workshops, communities of practice for palliative care, a journal club, and other courses that promote primary-level palliative care. All LTC employees in Ontario would have unabridged access to free continuous learning opportunities through Pallium and ECHO. An example of an ECHO session can be found here: Palliative Care ECHO Project session: The Role of Personal Support Workers in Palliative Care'

LTC is a key priority for the Palliative Care ECHO Project and Pallium has created a PSW Community of Practice (an example of which is provided above) and a LTC Community of Practice for health care professionals, systems leaders, individuals and caregivers with an interest and passion in the palliative approach in the context of long-term care (LTC) settings. This series of live webinars will help build on foundational knowledge they've acquired in LEAP and allow them to share and communicate their experiences and support each other in the

[2] https://www.ontario.ca/page/long-term-care-staffing-study

provision of excellence in palliative care in the LTC Setting. This series is fully accredited and is made up of 13 sessions that are being delivered monthly, covering a broad range of topics. Each session points learners to resources supporting the topic covered (https://www.pallium.ca/palliative-care-echo-project/).

Finally, it will be important to take steps to ensure that the capacity built in each stage is maintained over the long-term. With relatively high levels of staffing turnover one approach to achieve this is to make LEAP LTC and LEAP PSW a pre-requisite for hiring of LTC staff in Ontario. This could be phased-in in parallel with the staged approach to capacity building where it becomes a requirement for hiring only after centralized training has been offered. To ensure that this requirement doesn't become a barrier to staffing, LEAP PSW can be integrated into the training programs for PSWs across the province; an approach that has been implemented in Nova Scotia for the past two academic years.

Investment

As a non-profit organization, Pallium works hard to keep prices for its courses affordable and within reach of all healthcare professionals.

Table 1 below displays the estimated costs, including volume discounts, to build different levels of palliative care capacity across different size facility cohorts in stage 1.

Fees outlined in the table include facilitator fees, course set-up and scheduling, and technical support. Each learner receives the same learning experience, including an e-copy of Pallium's Palliative Pocketbook – a leading palliative care clinical resource.

With a centralized approach, Pallium is able to achieve economies of scale and provide volume-based discount of 20, 30 or 40% on the already reduced nurse and PSW course prices based on the total number of learners trained per year as shown in the table below.

Table 1: Annual Cost for LEAP Training with Volume Discount

Annual Cost for LEAP Training with Volume Discount

% of Staff Trained	Number of Facilities: 50	90	130	170	210
20%	$112,832	$203,098	$293,363	$383,629	$473,894
30%	$169,248	$304,646	$440,045	$503,513	$621,986
40%	$225,664	$406,195	$513,386	$671,350	$829,315
50%	$282,080	$444,276	$641,732	$839,188	$888,552
60%	$296,184	$533,131	$660,067	$863,165	$1,066,262
70%	$345,548	$621,986	$770,078	$1,007,026	$1,243,973

- 20% discount off LEAP courses
- 30% discount
- 40% discount

These calculations and cost estimates are based on average staffing numbers per facility with the best information currently available to Pallium. Actual costs will need to be refined based on the number of priority facilities and specific staffing volumes and mix of learners.

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APPENDIX A

Why Pallium?

There are many aspects about Pallium and its LEAP courseware that make it the preferred solution:

It's everyone's business
• Pallium Canada's approach is to build primary- or generalist-level capacity by providing palliative care education and support materials to health care professionals who, in their course of their work, are involved in the care of residents with advanced cancer and non-cancer diseases. These professionals include physicians, nurses, pharmacists, social workers, and paramedics working in a variety of settings such as community, home care, long-term care, hospitals, and emergency services. • By equipping these professionals with primary- or generalist-level palliative care skills, they are able to identify residents much earlier who could benefit from a palliative care approach; identify physical, social, psychological and religious/spiritual needs and start addressing them; engage in timely and effective advance care planning and goals of care discussions; and identify those residents with complex needs who require the intervention of a specialist palliative care. • Training LTC staff in LEAP equips them with the same palliative care knowledge, skills, and competencies as the of tens of thousands of other health care providers in Canada who have taken LEAP.
Supporting rapid deployment
• Pallium's online training is a proven, flexible solution that supports the rapid upskilling of resources. Course modules can be completed at the learner's pace and the IT systems exist to support tens of thousands of learners each year. • LEAP Long-Term Care has been in use since 2013 with content and a pedagogical design that is proven to work and a large pool of palliative care clinician educators who know the program well and are ready to support a large-scale deployment.
Interprofessional
• LEAP courses are interprofessional and promote multidisciplinary teamwork, network building among learners, and draw out different perspectives and insights of the various professions present.
Systems Approach
• Pallium's capacity building efforts extend across all settings of care. Ontario can build on this LTC initiative and leverage LEAP to better prepare professionals in other settings of care (e.g., hospitals, emergency departments, home care), ensuring uniformity in knowledge dissemination and skill development, increasing the flexibility and mobility of the health care workforce, and minimizing the need to source different solutions from other providers.
Upskilling LTC Staff

- Evidence shows that LEAP courses improve participants' knowledge and skills and comfort levelsto provide palliative care and brings them satisfaction in the workplace when they are able to implement their newly learned skills, thereby reducing their distress.
- The empowering impact of LEAP courses has been described by many learners in the 4-monthfollow-up reflections (see Appendix D) and has also been identified during the evaluations of LEAP LTC and other LEAP courses such as the paramedics programs (see Appendix F) and Cancer Care Ontario's INTEGRATE Project (see Appendix G).

Stronger connections

- Throughout Canada Pallium has a large pool of certified LEAP facilitators who are palliative care specialists working in different settings of care across the province ready to be mobilized online to build local capacity.
- LEAP courses are taught (facilitated) by practicing palliative care experts who are also in a position to provide consultation support to the LTC homes. Courses provided excellent opportunities to buildthose much-needed trusting and symbiotic relationships between LTC staff and palliative care experts that ultimately benefit residents.

Competency-based training

- LEAP courses have benefited from many years of continuous improvements that bring professionals from different professions together, promoting interprofessional collaboration, while remaining aligned with the competency requirements of the different professions (or thosethat are most pertinent) as mapped out by the Ontario Palliative Care Network (OPCN), the BC Centre for Palliative Care and the Nova Scotia Provincial Palliative Care Network.

Flexibility and Adaptability

- Pallium Canada has worked with various delivery methods over its 20-year existence and in response to the pandemic was prepared to pivot, launching online solutions within only about 3 weeks of the shut-down occurring. This was possible as it already had expertise and experience inproviding education programs using various delivery methods, including classroom-only, hybrid orflipped with classroom and virtual, and entirely online programs that retain the interactivity of classroom workshops.
- The delivery models for LEAP Long-Term Care (online) have been proven effective for thousands of learnerssince the pandemic began.

Advancing Quality Improvement

- Pallium Canada has been leveraging its LEAP courses to advance QI initiatives in the workplace. This includes a program to train LEAP facilitators to support QI activities and toolkits that facilitatethe implementation of QI such as identifying residents with palliative care needs early, improved pain management, and improved EOL decision-making.

Evaluation

- Pallium Canada has invested in a robust IT infrastructure that provides data to support formativeand summative evaluations. This infrastructure includes a robust learning management system that captures data related to courses, registrations, participant profiles and the impact on knowledge, attitudes, comfort, and implementation into practice.
- Pallium provides detailed customized reporting for all partner sites running LEAP.

Changing practice, transforming settings.

- Pallium's largest study of over 7,000 health care professionals who participated in LEAP

courses over 2 years showed significant improvements in their knowledge, attitudes and comforts relatedto the provision of palliative care. Appendix D provides specific results, including those relating to Pallium's Long-Term Care course.

- Appendices E and F describe two palliative care capacity-building projects that have transformed practice and underscore Pallium's consistent track record of collaborating with keypartners to drive system change.

Gold standard in Palliative Care Education

- Pallium is one of the largest CPD providers in the country and palliative care education is its raisond'être. LEAP courses are developed by Canada's leading subject matter experts, are accredited by the CFPC and the RCPSC, and are refreshed every 12-18 months and overhauled every 36 months.
- Pallium's courses reflect best practices from across the country, which are adapted by Pallium's facilitators to reflect local needs and realities.

Proven track record

- Since 2014, Pallium has delivered over 2,400 LEAP courses and trained over 35,000 health careprofessionals nationally working in different settings on the palliative care approach. Pallium's suite of courseware includes 20 LEAP interprofessional courses aimed at different settings, professions, and specialty areas.

Please see Appendix B for a detailed overview of Pallium and its Learning Essential Approaches to Care (LEAP) courseware.

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APPENDIX B

Pallium Canada and its Learning Essential Approaches to Palliative Care (LEAP) Courses

For the past 20 years, Pallium Canada, a pan Canadian non-profit organization, has been working to build primary- or generalist-level capacity by providing palliative care education and support materials to health care professionals who, in their course of their work, are involved in the care of residents with advanced cancer and non-cancer diseases. These professionals include physicians, nurses, pharmacists, social workers, personal support workers and paramedics working in a variety of settings such as community, home care, LTC, and hospitals as well as emergency services. Pallium Canada's principal vehicle to achieve this goal are the Learning Essential Approaches to Palliative Care (LEAP) courses and their corresponding courseware.

The overall goals of LEAP courses are to:

- Empower health care professionals across different professions, specialties and settings and other caregivers with the essential competencies to provide a palliative care approach;
- Promote collaboration amongst care providers, within teams and across different settings, and improve transitions of care from one setting to another;
- Enhance interprofessional collaboration;
- Showcase local palliative care teams and resources and enhance clinical collaboration between these teams and the course participants; and
- Serve as an agent of change that prompts learners and teams to undertake palliative care-related Quality Improvement (QI) activities in the workplace.

The purpose of LEAP isn't to transform health care professionals into palliative care specialists but rather to ensure a strong primary-level palliative care capacity is established so that more residents and families better and more timely care. However, we also need to ensure there are an adequate number of palliative care specialists in the right settings of care and in the right proportion.

A 2-year LEAP study indicated that LEAP courses serve in many cases to catalyze systems connections, particularly when they bring together different professions working in a sector (e.g., connecting family physicians, home care nurses and palliative care resources in the home care sector) or professionals working in different sectors (e.g., home care and LTC, or community care and hospitals). LEAP courses help nurture increased linking and relationship building between health care professionals involved in the care of the same residents within and across sectors of care.

Most recently, in the first three months of the pandemic, Pallium Canada contributed to frontline preparedness by training over 10,000 healthcare professionals over 3 months from many different professions with its free online palliative care training modules. This figure is 23% higher than the number of professionals Pallium would train in a full year – a testament to the need that exists for more training and Pallium's ability to respond and rapidly scale up a training solution to meet urgent need.

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APPENDIX C

LEAP Long-Term Care (online)

LEAP Long-Term Care is an interprofessional course that provides health care professionals with an in- depth learning experience on essential skills and competencies of the palliative care approach with course modules and case studies contextualized to the long-term care setting. LEAP Long-Term Care is taught by local experts who are experienced palliative care clinicians and educators.

Work has recently been completed on the adaptation of Pallium's LEAP Long-Term Care to an online version, building on our tested and proven LEAP Core (online) design.

Course Features

- 16 self-directed and interactive online modules completed at your own pace (approximately 8 hours of work).
- 2 three-hour online webinars led by LEAP facilitators with LTC experience where learners will work through cases specific to the LTC setting of care and discuss learnings from online modules. A Pallium team member will participate in the webinars to offer coordination and technical support.
- PSW specific content and cases delivered as part of the facilitated webinars.
- Built by Canadian palliative care and LTC experts.
- Participants will receive a LEAP certificate of completion and an electronic copy of the Pallium Palliative Pocketbook.

Learning Outcomes

Upon completion of LEAP Long-Term Care, learners should be able to:

- Describe the importance of self-awareness when providing palliative and end-of-life care
- Identify residents who could benefit from a palliative care approach earlier in the illness trajectory
- Promote and undertake Advance Care Planning discussions
- Assess and manage pain; delirium; dementia; gastrointestinal symptoms, hydration, and nutrition; and respiratory symptoms
- Develop plans to address spiritual or psychosocial needs
- Initiate essential discussions related to palliative and end-of-life care in daily work
- Identify and implement support strategies in grief and bereavement situations
- Prepare residents and families for last days and hours
- Recognize the role of all care providers in long-term care in providing a palliative care approach

Flexible Delivery

LEAP LTC can be delivered in a variety of different models to meet both the diverse learning needs and operational realities of LTC homes and health care providers.

- Self-directed online modules are completed at the learner's own pace. Modules range from 10-30 minutes in length and can be completed on any internet connected device.
- Facilitated webinars are typically run as 2 three-hour sessions but can also be delivered in shorter more frequent sessions if needed. They can be run on one day or over the course of several weeks.
- Progress of each learner is tracked by Pallium, and the course can be completed over a couple of days, several weeks or months to fit a variety of schedules and real-time learning needs.
- Online modules can be repeated and reviewed by learners at anytime, if needed.
- Course can be delivered fully online, fully face-to-face (additional facilitator costs may apply), or using a hybrid approach.

For example:

1. A Registered Nurse, who is a team lead in an LTC home that is struggling to deliver effective palliative care. She has an urgent need for training and registers for LEAP Long-Term Care (online) along with 5 team lead colleagues and a physician. Over the next 2-weeks, they complete the LEAP Long-Term Care (online) self-directed modules. The following week, they complete 2 three hour facilitated webinars on a Tuesday and Thursday evening and receive their LEAP Long-Term Care certification.

2. A PSW who works part-time at the same LTC home needs a better understanding of the palliative care approach and how to better support his residents who are palliative. He takes LEAP PSW, at his own pace using the self-directed modules over the course of 3-weeks in the evenings. At work, he receives coaching and support from his team lead to put his new knowledge into practice. 6-months later, he decides to extend his education by signing up for the Palliative Care ECHO Project PSW Community of Practice to learn more about how to use his new skill and support the residents he works with.

Topics covered include

- Taking Ownership
- Advance Care Planning
- Goals of Care and Decision-Making
- Pain Assessment and Management
- Delirium Assessment and Management
- Depression, Anxiety, and Grief
- Dementia
- Dyspnea
- Hydration and Nutrition
- Gastrointestinal Symptoms
- Palliative Sedation
- Request to Hasten Death
- Suffering, Spiritual Care, and Maintaining Hope

- Last Days and Hours
- Organizational Readiness

Webinar topics

- Specifically focused on the long-term care setting
- Dedicated breakout sessions specific for PSWs
- Extensive use of LTC specific case studies
- Address diseases and conditions that are common in LTC, including COPD, ALS, dementia and kidney disease

LEAP Personal Support Worker (online)

LEAP Personal Support Worker is an online, self-learning course that provides personal support workers and care aides with the essential competencies to provide a palliative care approach.

Who is it for?
LEAP Personal Support Worker is for personal support workers, care aides, and health care assistants working in long-term care, home care, nursing homes, and acute care.

Course Features
- Interactive, self-learning online modules completed at your own pace (approximately 8 – 10 hours of work).
- Short quizzes at the end of each module to assess knowledge.
- Built by Canadian palliative care experts.
- Participants will receive a LEAP certificate of completion.

Learning Outcomes
Upon completion of LEAP Personal Support Worker, learners should be able to:
- Identify individuals who could benefit from a palliative care approach
- Recognize the meaning of key terms related to Advance Care Planning
- Identify pain types and causes of pain
- Recognize the role that personal support workers/care aides/health care assistants play in helping the care team select medication
- Recognize the impact that delirium has on patients and families
- Recognize the difference between individuals experiencing normal grief, and those at risk of more complicated grief
- Recall how to observe for, and report when an individual is affected by dyspnea
- Identify the ‘Dignity Conserving Care’ approach to support individuals and maintain hopefulness
- Identify advocacy communication skills that can be used to advocate for the individual you care for to other members of the health care team
- Recall how to prepare individuals and families for the last days and hours

Topics Covered Include:

- Taking Ownership
- Advance Care Planning
- Goals of Care and Decision-Making
- Pain – Introduction to Pain
- Pain – Observation and Screening
- Pain – Understanding Pain Medication
- Pain – Understanding Pain Management
- Delirium Screening and Management
- Depression, Anxiety, and Grief
- Dyspnea
- Hydration and Nutrition
- Gastrointestinal Symptoms
- Suffering, Spiritual Care, and Maintaining Hope
- Last Days and Hours
- Communication

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Appendix D
Figures and Tables – Supporting Data

Figure 1: LEAP LTC Attitudes to Palliative Care Survey: Pre- versus post-course mean scores and standard deviations across professions (Paired samples).

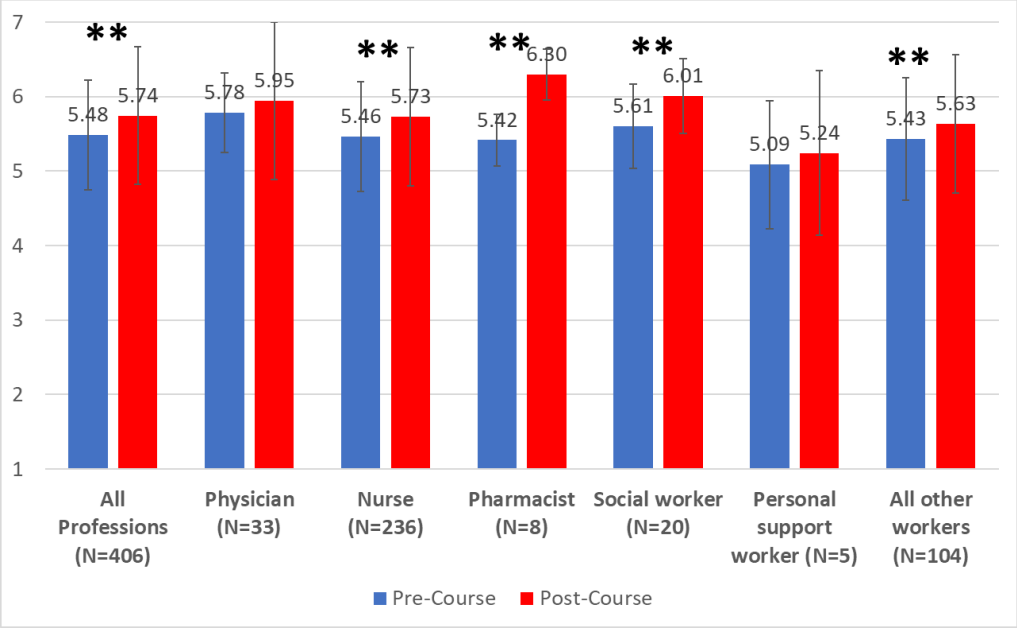

Figure 2: LEAP LTC Knowledge Palliative Care Quiz: Pre- versus post-course mean scores and standard deviations across professions (Paired samples). ** denotes statistically significant difference.

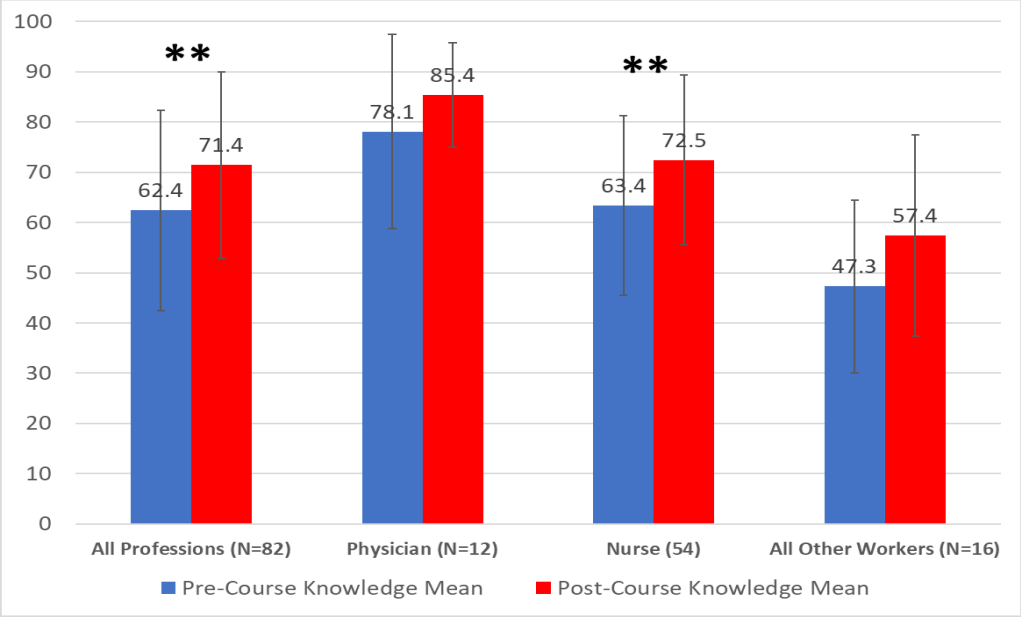

Figure 3: LEAP LTC Comfort with Palliative Care Survey: Pre- versus post-course mean scores and standard deviations across professions (Paired samples). (denotes statistically significant difference.)**

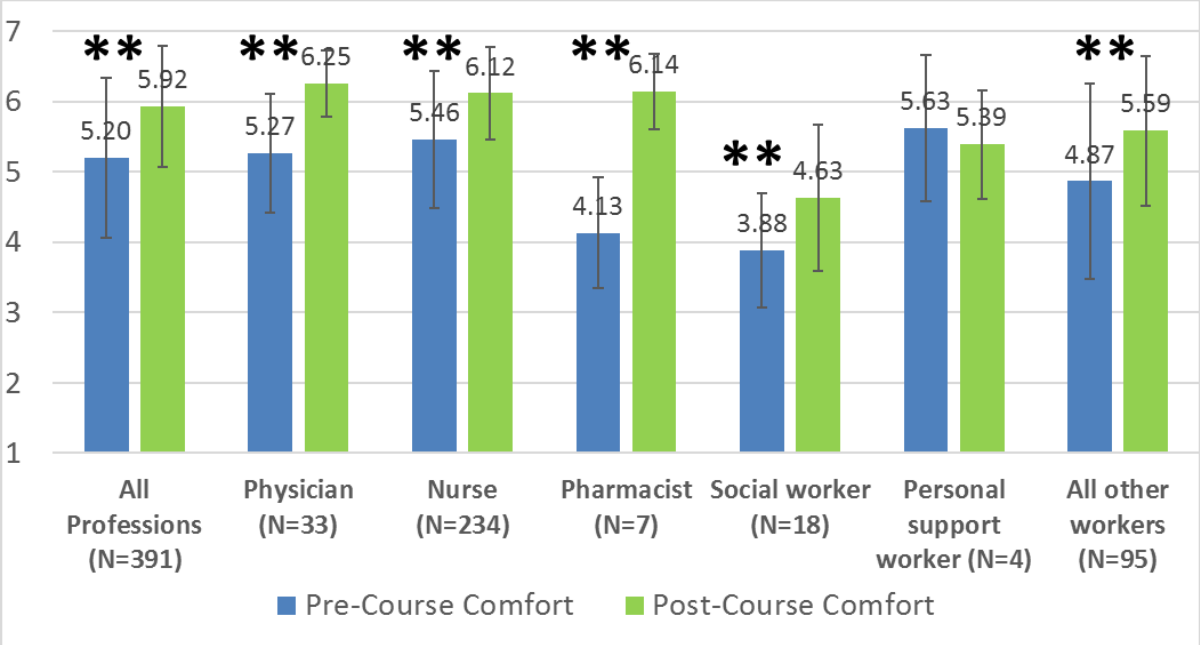

Table 1: LEAP LTC Commitments to Change in Practice 4- Months Post-Course: Top six most occurring categories, sample quotes and comments

Themes	Illustrative quotes
End-of-life care planning and discussions. (This theme also included improved screening for symptoms and needs as well as improved monitoring of these.)	*I am getting comfortable with discussing current goals of care, as well as future goals of care should status change. I have had the opportunity to discuss course of the disease (CHF) with a patient who was admitted to LTC, and as a result, goals of care were changed. More importantly, the patient's wishes were communicated to the family who were able to accept them. (Nurse)* *That palliative is a way in which a person is kept comfortable and dignified and respecting their wishes, explaining that a person can be palliative but not end-of-life (Other)* *Team discusses about the resident in care conference [bi-weekly] and makes & changes detail care plan, then implement into resident & family care. (Nurse)*
Pain control, opioids and other medications	*I have been able to use my new skills to see that sometimes it is not just moaning, facial grimace or a resident pointing to a spot that hurts but that behaviours can escalate as well because of pain. A resident calling out with more intensity could mean that this person is in pain but cannot verbally express this to caregivers. (Nurse)* *We have incorporated an end-of-life care order form for physicians which include use of opioids both as regular analgesic and prn relief for pain or respiratory distress. (MD)* *As a PSW I do observe but the reg and doc are good at keeping a good eye but I do let them know if I see any pain or when family ask for pain med. (Personal Support Worker)* *With one resident in particular - chronic pain has been difficult to control and difficult to get consistent assessment secondary to dementia. Have provided a more clear/simplified assessment tool for staff to use and requested them to use*

	this twice a day with resident. Giving a better overall picture on how we are doing with his comfort. (MD)
Introducing the palliative care approach	*In the last couple of months we have had a numerous amount of deaths in the home and due to this training on palliative care, I was able to deal with this situations around death easier, and I was able to look at the situation in a different, more positive perspective. Deaths are still never easy to deal with but I feel as if I have gotten stronger and better able to handle these difficult situations. (Other)* *I have been communicating with family sooner with change in condition, progressive decline, admission or readmission from hospital. Evidenced by more palliative care at [LTC home]. Family telling other families to inquire about palliative care. (Other)* *We have introduced the "My Wishes" program to a group of residents and found it to be a great conversation stimulator. Any concerns we had about the residents finding the topic depressing were quickly dispelled as residents were interested in discussing their hopes for palliation. (Nurse)*
Advocating for organizational changes	*A barrier to prescribing end-of-life medications has been overcome. (Nurse)* *I have had opportunities in some sites to make changes in the palliative care model with increased attention to the needs and care at end-of-life. (MD)* *Education begun for the homes at scheduled times for all shifts to address red flags of decline and how they reflect disease decline based on Dementia Scale (Other)* *I've been able to introduce to others on palliative care such as starting right after admission. Also a few myths about how pain medications …. (Other)* *Team educates resident & resident's family based on PPS if the resident is in EOL. (Nurse)* *In my role as a Social Worker in long term care I have had many opportunities to practice my use of more accurate language around end of life care. My comprehension and appreciation for it's use has grown as well. After my Pallium training I regularly took part in revisions in policy of our long term care home. During this time I was able to highlight to our interdisciplinary teams the importance and impact of terminology used by our staff members as well as the general approach to palliative support. Many were either familiar with the evolution of palliative approach or were accepting of the need for more precise and reflective dialog in end of life care. (SW)* *Through the bi-monthly palliative and end-of-life care committee meetings, I have led discussions as to how our leaders are supporting our staff who attended LEAP to put their knowledge into practice. (Administrator)*
Engaging family	*By attending case conferences, I have seized this opportunity to educate families around the trajectory of dementia such that as these changes occur they are prepared and have thought through goals of care. (Other)* *After the LEAP training, I aware the principles of palliative/end of life care. I responded to the individual residents' right to die in the facility with dignity and optimal comfort. I treat the individual as a whole person with physical, psycho-social and spiritual needs. I listened to their concerns and the resident and the family are entitled to support and respect at all time. And I received an appreciation card from resident's family after the resident passed away with dignity and peacefully in my facility. (Nurse)*
Advance care planning	*Writer with the assistance of social worker was able to bring in to our facility [a speaker] to discuss advanced care planning & information pamphlets for the staff. Our social worker is also completing a series of E-learning modules that would assist staff in having conversations with families & resident's about advanced care planning. (Nurse)* *All admissions include a discussion with families, representatives and residents about their current MOST and advance care planning, all documents requested as part of the screening process. (Other)* *During care conferences, I have reviewed advance care planning with residents, and SDM's when resident is incapable. (MD)*

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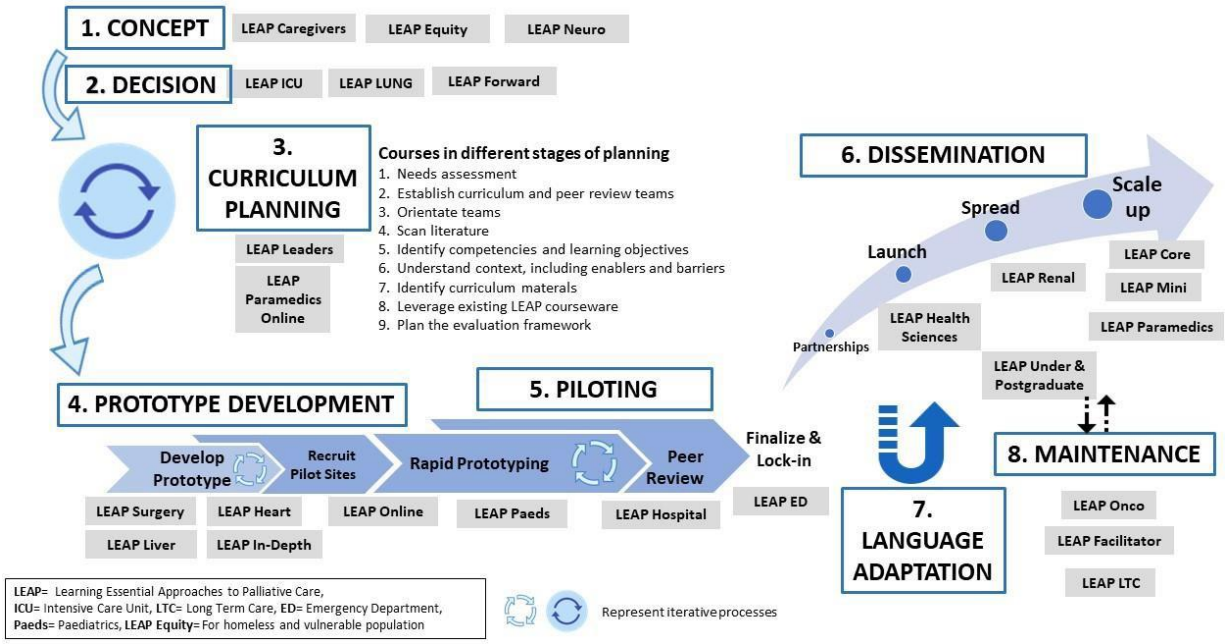
APPENDIX E
Pallium Canada's Curriculum Development Framework



Source: Pereira, J., Chary, S., Moat, J., Faulkner, J., Gravelle-Ray, N., Carreira, O., Vincze, D., Parsons, G., Riordan, B., Hayawi, L., Tsang, T., & Ndoria, L. (2020). Pallium Canada's Curriculum Development Model: A Framework to Support Large Scale Courseware Development and Deployment. Journal of Palliative Medicine. Jun 2020.759-766. https://doi.org/10.1089/jpm.2019.0292.

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APPENDIX F

SPOTLIGHT: Paramedics Providing Palliative Care at Home

A program in Nova Scotia (NS) and Prince Edward Island (PEI) in 2015 funded by the Canadian Partnership Against Cancer (CPAC) and Health Canada.

GOAL

To enhance the care provided by paramedics for residents receiving palliative care at home.

APPROACH

The approach utilized pre-existing programs and tools alongside custom-built education for EMS/paramedic professionals.

- *Clinical Practice Guideline (CPG):* Implementation of a provincial CPG for paramedics responding to residents receiving palliative care at home.
- *Custom-built Education:* Adaptation and implementation of palliative care education for paramedic/EMS professionals. All ground ambulance paramedics in NS and PEI completed Learning Essential Approaches to Palliative Care (LEAP) in 2015.
- *Expanding the Special Patient Program (SPP):* An existing program of Nova Scotia EHS was expanded to include residents receiving palliative care so that patient-specific care instructions are accessible to paramedics at the time of a 911 call.

RESULTS

- 47% of EMS responses to residents with palliative goals of care result in the patient being able to remain at home. In the absence of the program, residents/families report that they would default to going to the emergency department.
- Significantly more residents were treated at home versus being transported to hospital:
  - In Nova Scotia, transports to hospital decreased from 59.2% to 47.6%.
  - In PEI, which previously had a policy to transfer all residents to hospital, paramedics treated 32% of residents requiring palliative care at home.
- The estimated 1-year return on investment for the program was $2,496,126
  - Cost
    - LEAP for 1200 paramedics $413,291
    - First round new meds $2,364
    - 0.5 FTE coordination $40,000
    - Upgrade to SPP database $156,038
  - Benefit
    - Value of avoided emergency department visits $41,742
    - Value of avoided hospital admissions $3,049,881
    - Value of 114 returned unit hours to system $16,197
- Majority of family members surveyed said that the patient received treatment in their preferred location of care
- High family and staff satisfaction in care provided
- Over 1,000 paramedics trained on LEAP Paramedic resulting in substantive increases in paramedic comfort and confidence in providing palliative care
- Despite longer time on scene, overall time on task for EMS staff was lower compared to EMS events where transport occurred

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APPENDIX G

SPOTLIGHT: Cancer Care Ontario's INTEGRATE Project

A 3-year project (Jan 2014 to Jan 2017) in Ontario and Quebec to improve palliative care led by Cancer Care Ontario (CCO) and funded by the Canadian Partnership Against Cancer (CPAC).

GOAL & DESIRED OUTCOMES

The goal of the INTEGRATE project was to improve palliative care through early identification and management of residents who would benefit from a palliative care approach earlier in the illness trajectory and across health care settings.

There were five desired outcomes:

1. Increased early identification of palliative care needs
2. Increased provision of palliative care
3. Improved inter-professional collaboration
4. Improved patient/family experience
5. Improved communication among partners

APPROACH

The project involved inter-professional education and an integrated care model in cancer centres and primary care settings.

- Inter-professional Education: To adapt, implement, and evaluate palliative care education for primary level providers (primary care, oncology, and community).
- Integrated Care Model: To implement and evaluate an integrated palliative care model (an early identification campaign with linkages to community resources).
- Evaluation Plan: To measure participating providers', residents', and caregivers' experiences, including primary-level data collection and linkages to administrative data, to assess feasibility, functioning and impact of the integrated model of palliative care.

RESULTS

- Over 1,200 residents identified earlier in their disease trajectory as needing palliative care
- 3-fold increase in number of providers who felt they had sufficient training to provide a palliative care approach
- 133% increase in provider confidence in initiating advance care planning conversations
- Significant increases in use of palliative care tools among providers including a 69% increase in usage of the surprise question to identify residents in primary care
- Positive impact to the patient and caregiver experience
- Strong potential for long-term sustainability and spread