

# A heart is judged by how much you are loved by others: Bringing palliative care into long-term care homes

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## Faculty/Presenter Disclosure

- **Faculty: Dr. Amit Arya**
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Nil

# Are these parallel universes?





Dr. Amit Arya 

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Eldercare (LTC & home care) spending in OECD countries as a percentage of GDP:

1. Netherlands: 3.7%
2. Norway: 3.3%
3. Sweden: 3.2%
4. Denmark: 2.5%
5. Canada: 1.3% (and JUST 0.2% of that on home care!)


When will Canada stop underfunding eldercare...& also prioritize homecare?

## LTC homes and the need for palliative care

- Rising complexity and acuity
- Estimated that just over 20% of LTC residents die per year
- Median life expectancy of 2 years or less in LTC

## LTC homes and the need for palliative care

Only 6% of all LTC residents were recorded as having receiving palliative care in the last year of life



The image is a screenshot of a webpage from Policy Options. The top left corner features a hamburger menu icon. The top right corner displays the logo "POLICY OPTIONS POLITIQUES". The main content area has a dark background with a close-up of a person's face. Overlaid on this background is a red text box containing the headline: "Palliative care has been lacking for decades in long-term care". Below the image, on a white background, is a paragraph of text: "Our overhaul of nursing homes needs to integrate a proper model for palliative care, which, shockingly, very few residents ever receive." At the bottom of the white section, there is a horizontal line, followed by the author's name "Amit Arya" and the date "July 16, 2020".

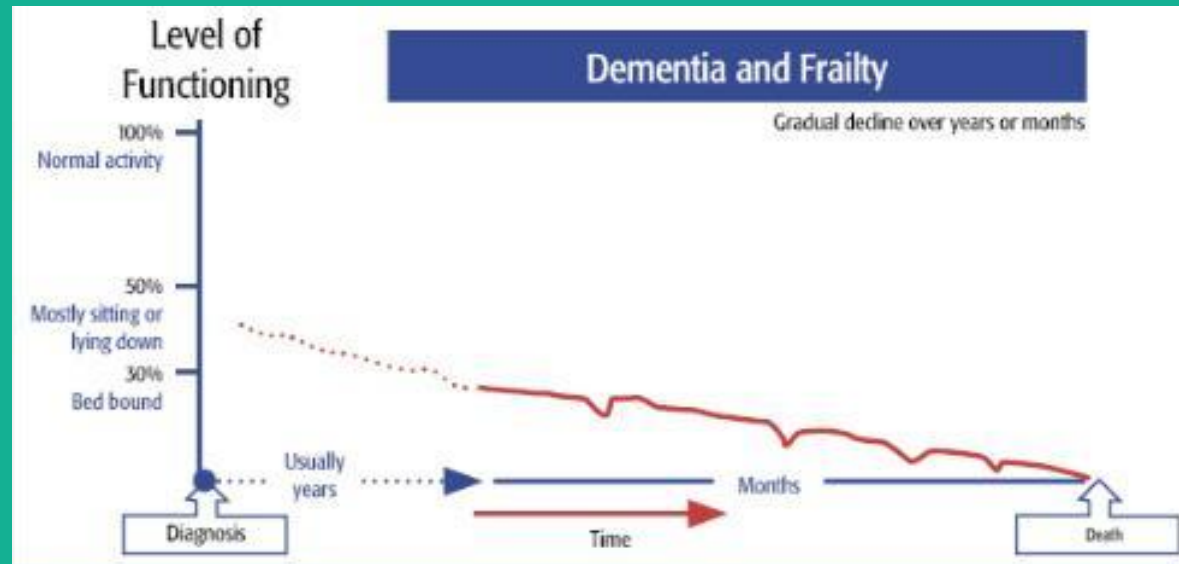
POLICY  
OPTIONS  
POLITIQUES

Palliative care has been lacking for decades in long-term care

Our overhaul of nursing homes needs to integrate a proper model for palliative care, which, shockingly, very few residents ever receive.

Amit Arya  
July 16, 2020

# “Prognostic Paralysis”





# Staffing Levels are terrible in Kansas's LTC homes



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# Meanwhile in Canada...



**Dr. Amit Arya** 

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End-of-life care at hospice: 1 nurse for 5 patients. Palliative care trained physician on site daily. All health workers trained in palliative care.

End-of-life care at LTC: 1 nurse for 25 patients in the day, 50 at night.

Physician on site every 1-2 weeks. No required training.

## Poor access to Palliative Care Specialists for LTC residents

- Just 1 in 8 LTC residents with advanced dementia saw a palliative care physician in the year prior to death

**Unnecessary medical treatments and transitions of care are common for LTC residents in both Kansas and the land of the Munchkins, as well as Canada**

**21% of patients from LTC are admitted to acute care for “palliative care.”**



# “The Tornado”



# The COVID-19 humanitarian disaster

Over 17,000 deaths across Canada, over 4,900 deaths in Ontario

43% of all Canadian deaths from COVID-19

Current case fatality rate of 17%, significantly higher earlier

**B** Percentage of all COVID-19 deaths, LTC

Australia	Israel	Norway	Slovenia	Hungary	Austria	Germany	Portugal	Canada	OECD average	U.S.	Ireland	Netherlands	France	Italy	U.K.	Spain	Belgium
28	58	58	9	7	19	34	25	81	38	31	56	15	48	32	27	66	50



# What should palliative care look like in LTC?



# LTC homes in Emerald City offer “21st century palliative care”





In Emerald City, they understand that palliative care is NOT...

- An adjective to describe a patient
- Just end-of-life care
- Giving up
- A location
- An afterthought!

**CSPCP**  
Canadian Society of  
Palliative Care Physicians



**SCMSP**  
Société canadienne des  
médecins de soins palliatifs

**KEY MESSAGES:**

**Embedding a Palliative Approach to Care in Long Term Care Facilities**

**March 2022**

## Palliative Care in LTC in Emerald City is delivered:

- Based on needs, not just prognosis
- Introduced before arrival or upon admission to LTC
- An educational competency for all LTC health workers

## Palliative Care in LTC homes in Emerald City is:

- Provided by an interdisciplinary team, with the support of palliative care specialist teams, when required
- Tracked via standardized performance measures

## Palliative Care in the Kensington Gardens: A Pilot Project

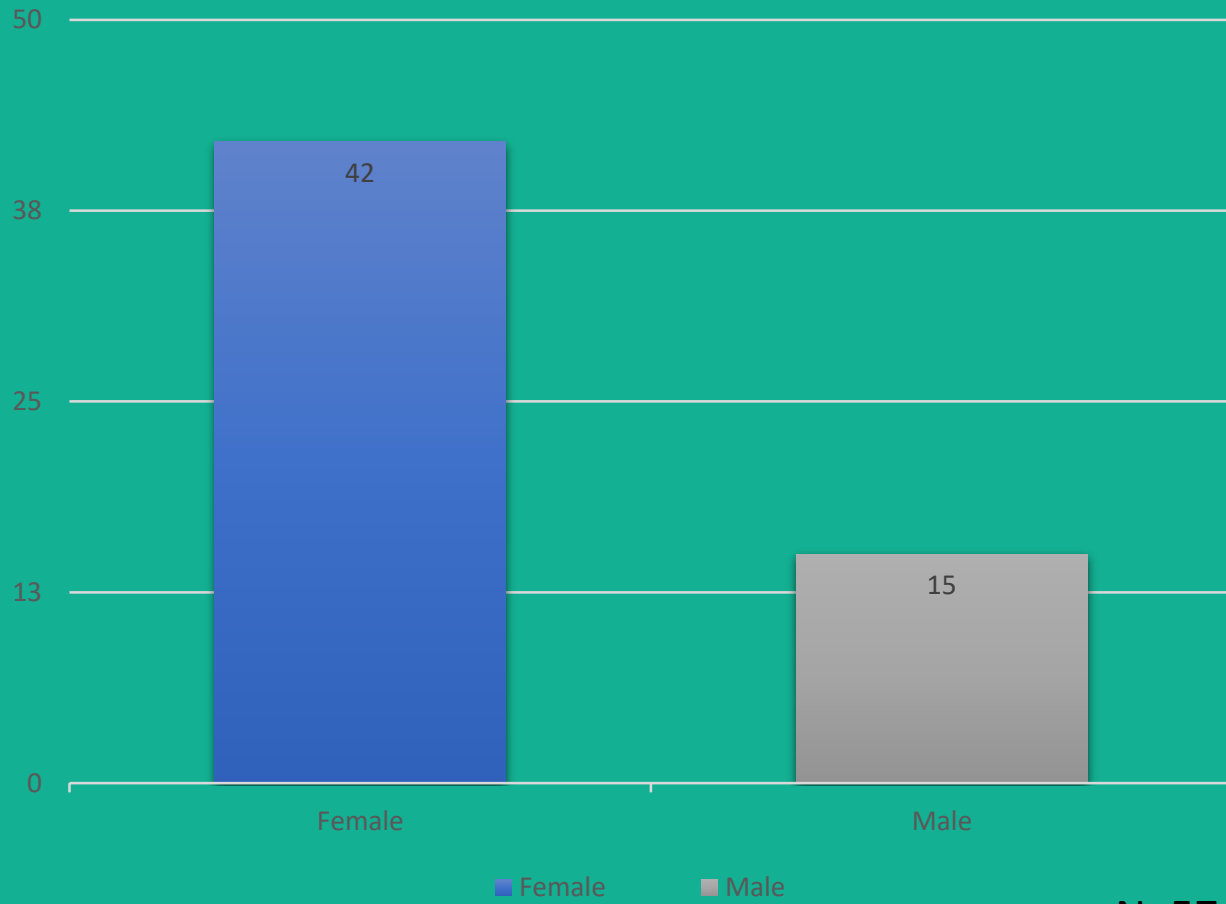


- Longest waitlist in Toronto
- 85 admissions and 85 deaths a year.
- Gaps in the way palliative care was being delivered in the home
- Through this program we saw 57 unique patients in 14 months with an average age of 86.

## Palliative Care in the Kensington Gardens: Referral criteria

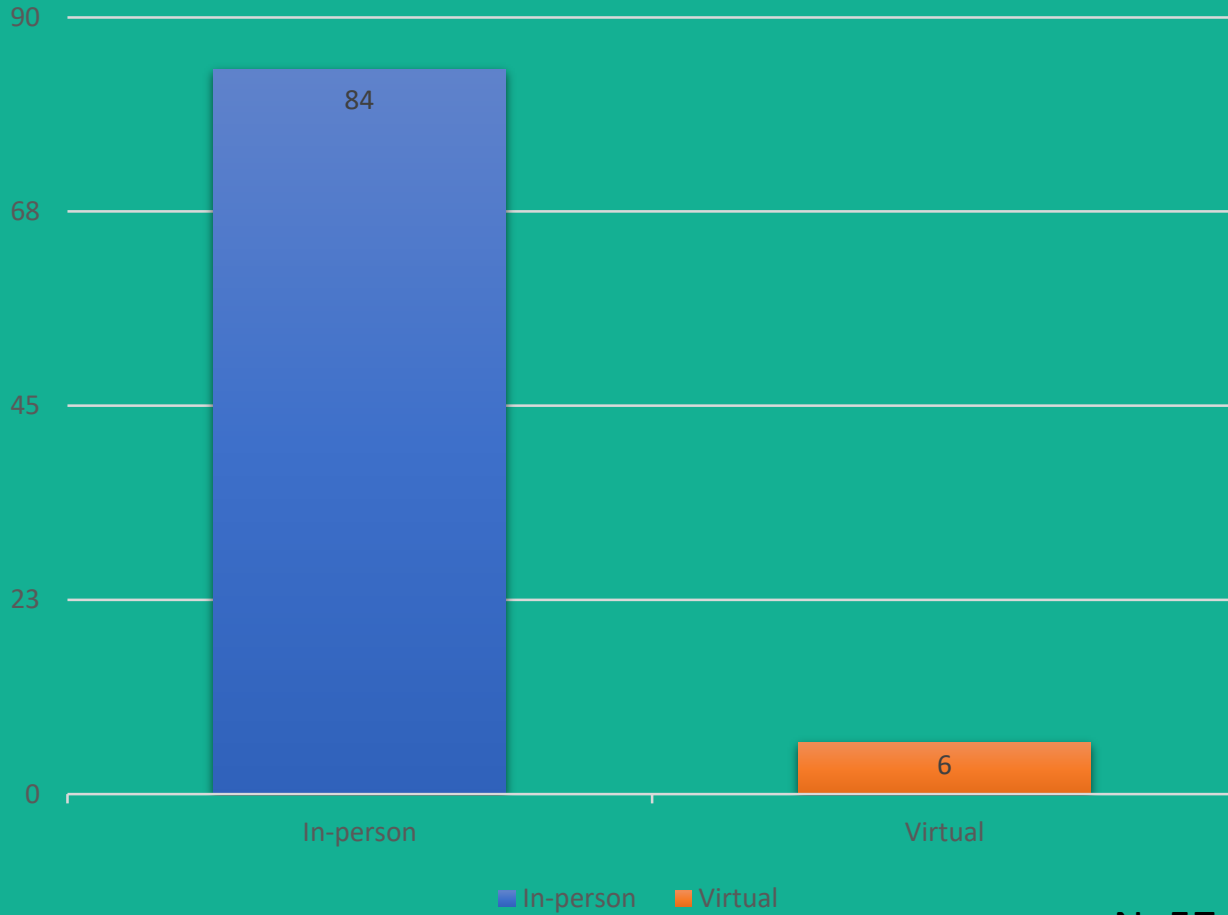
- Refractory symptoms
- Significant psychosocial distress
- High complexity and acuity
- Unresolved goals of care

# Gender



N=57

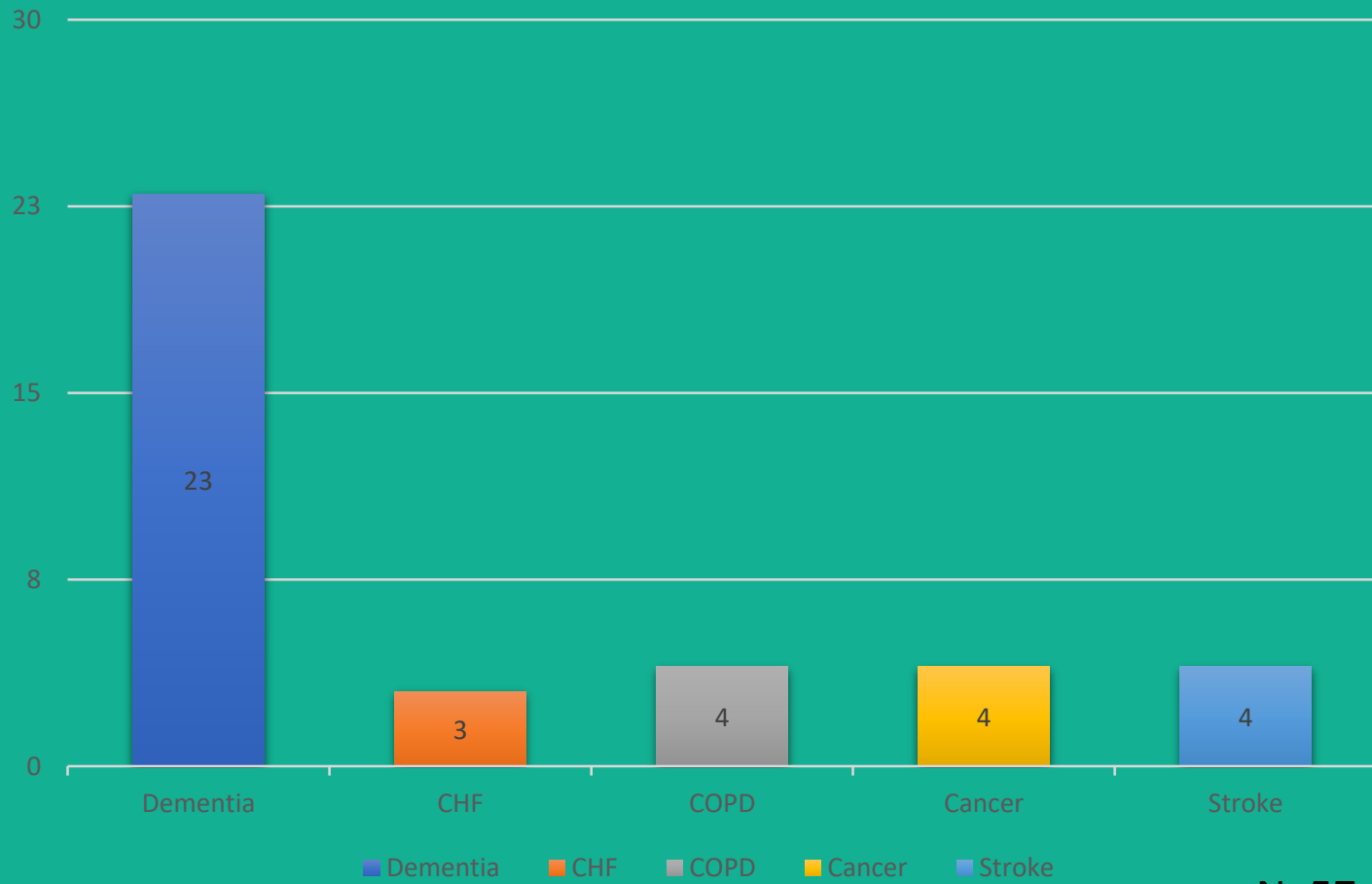
# Type of Visit



N=57

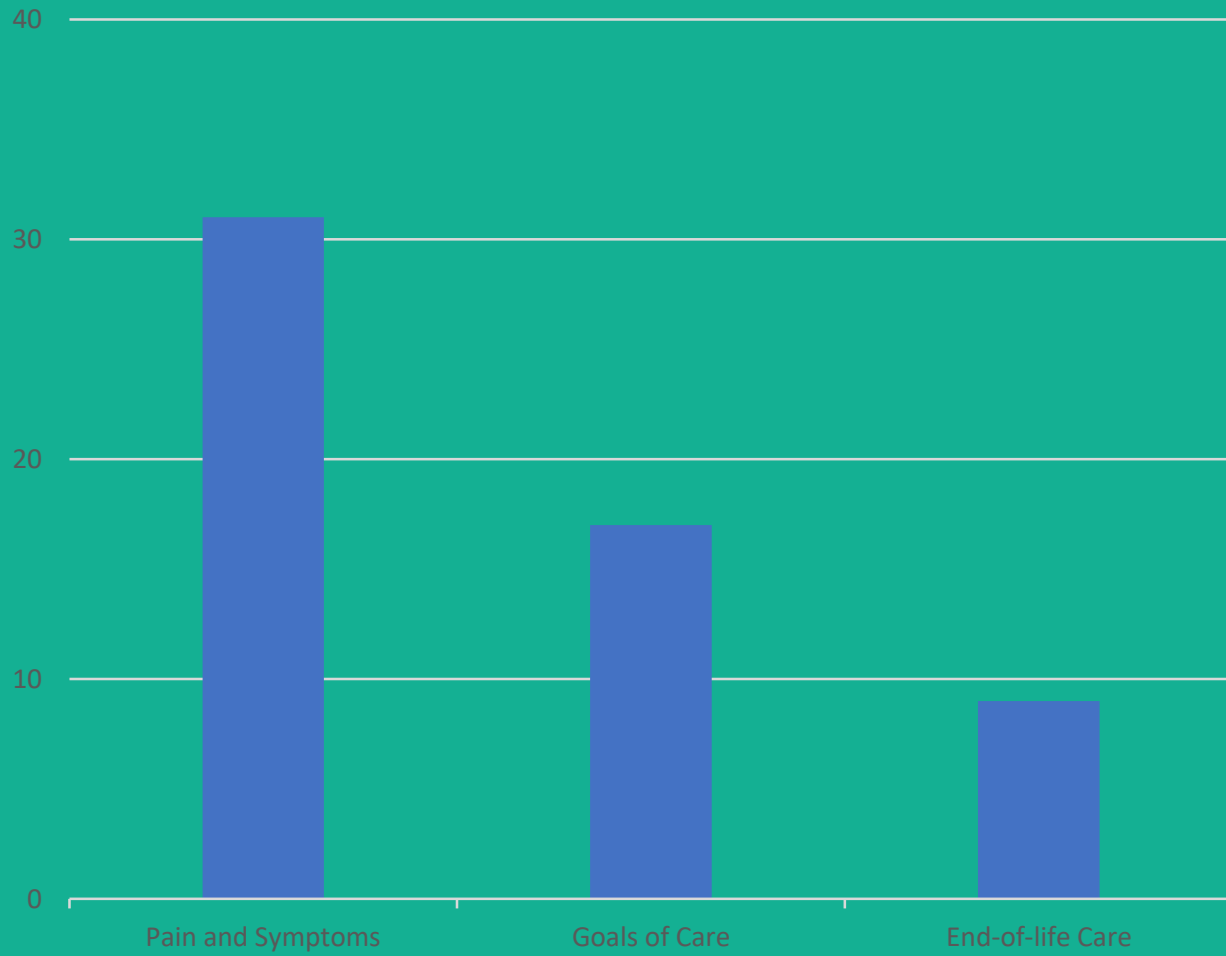


## Primary Diagnosis



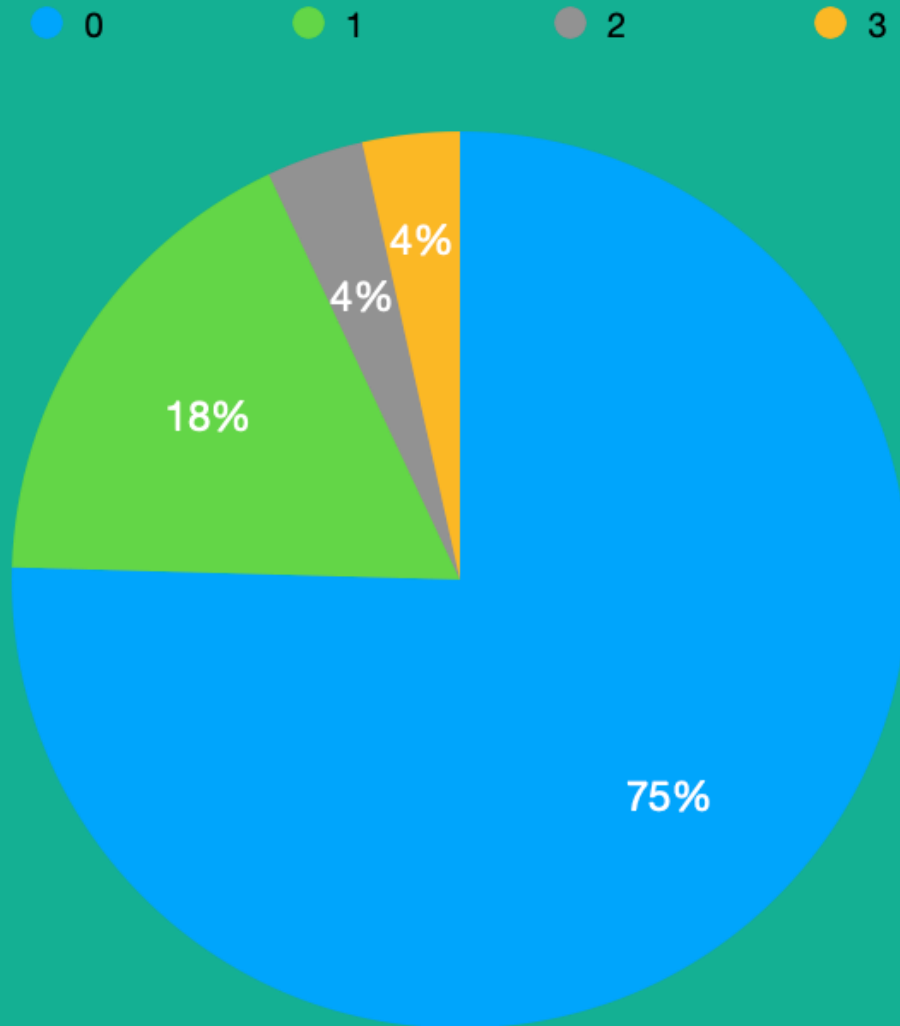
N=57

## Reasons for Referral

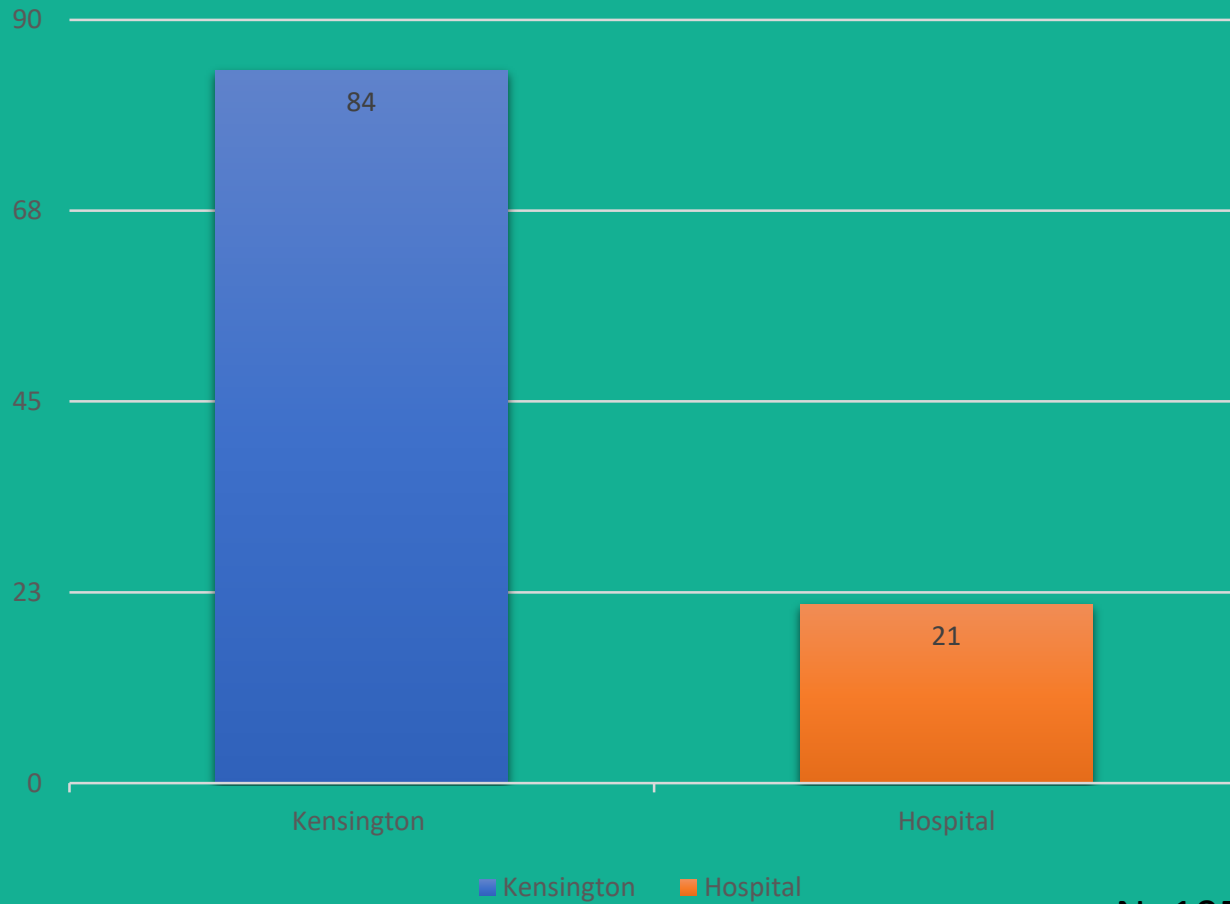


N=57

# Number of hospitalizations



# Location of Death 2020-2021



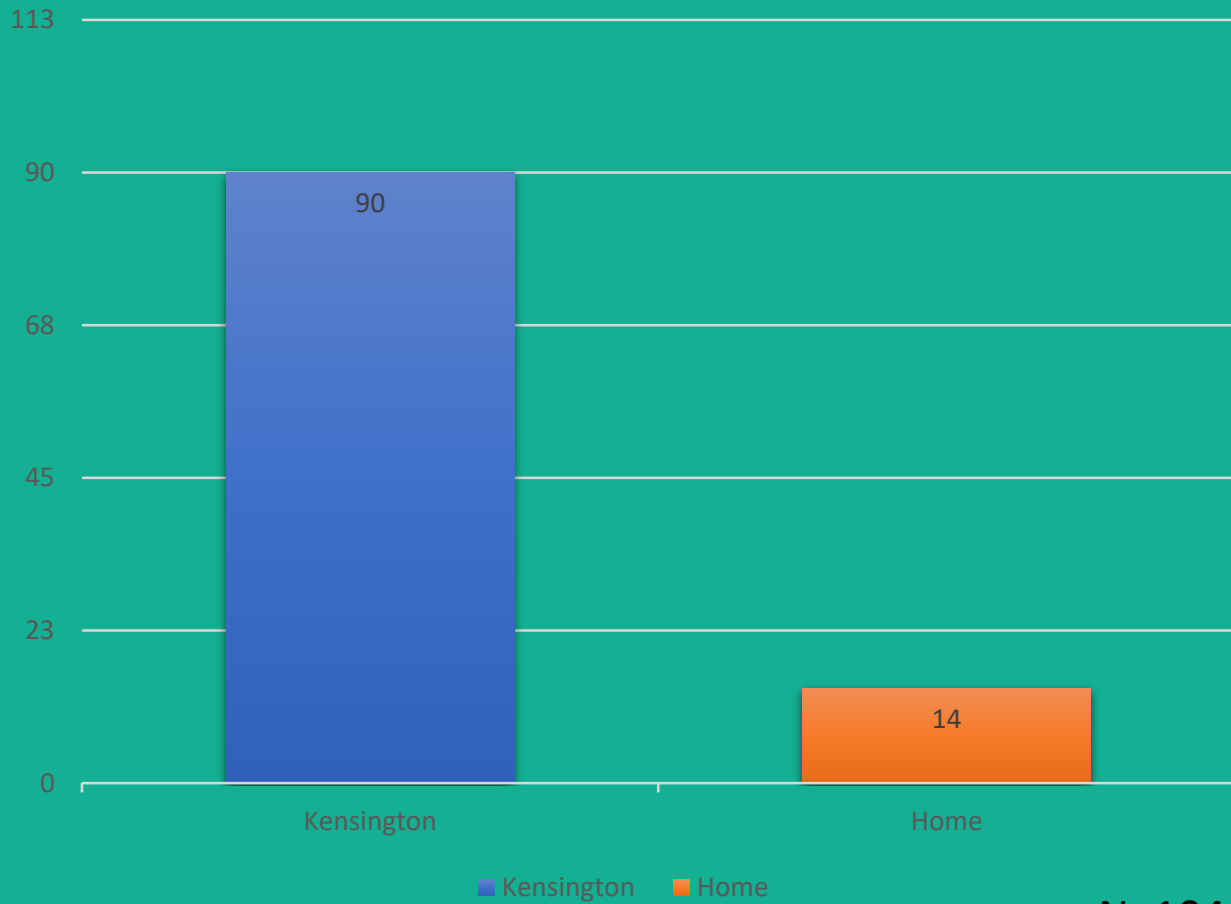
N=105

# Location of Death



N=29

# Location of Death 2021-2022



N=104

## Data from WOHS

- 105 unique LTC residents seen from November 2018 to November 2019
- 59% of the referrals were for goals of care
- 87% of residents required one-time consultation
- one LTC facility demonstrated:
  - a 36% reduction in ED visits over 6 months
  - a 75% reduction in deaths in hospital over 12 months (from 40 to 6)

## Palliative Care in LTC: A Pilot Project

“There is a lack of understanding of the difference between palliative care and hospice care”

“Conflicting opinions with family members”

“We need to change the word palliative to something that is more accepted by residents and family members”



## Case presentation #1

- A 90 year old lady with COPD, clinical frailty and chronic pain
- Functional decline and weight loss noted over several months
- Severe and worsening complex pain (lumbar arthritis, PVD, wounds, contractures)

**Imagine you were a health worker or administrator in LTC. How would you help this resident?**

## Case presentation #1

- Started on adjuvant Methadone, rotated to subcutaneous Hydromorphone
- Pain started to improve
- Eventually started on a PCA pump
- Died peacefully in LTC after a COPD exacerbation, as per her wishes

## Case presentation #2

- An 85 year old gentleman with Parkinson's dementia and CHF
- Ongoing breathlessness and pain
- Started on low dose Morphine scheduled + PRN
- Goals of care: DNR, no hospital transfer. Focus on symptom management

## Case presentation #2

- Several months later, suddenly developed a fever and abdominal pain
- Hyperactive delirium and severe breathlessness at EOL
- Physician not on site, on-call physician unclear of what to do, suggests transfer to ER

**Imagine you were a health worker or administrator in LTC. How would you help this resident?**

## Case presentation #2

- Provided palliative sedation at EOL, died peacefully in LTC with family by the bedside

## Palliative Care Specialist Program in Kensington Gardens: Where do we go from here?

- Training and Education
- Research
- Create a sustainable palliative care specialist model that can be adapted at any LTC home
- Advocate for increased staff and resources



**What can you do to improve  
palliative care in LTC in your  
community?**

## Implementing Palliative Care in LTC

- Meet with local LTC administrators
- Leverage virtual care
- Consider starting with a pilot project
- Collect data and build capacity
- Actively contribute to educational programs
- Monitor change

**Big Picture: What do they do in Emerald City, and why can't we do it here?**

## Emerald City:

- Thinks of long-term care as a verb, and not a location
- Ended austerity measures for eldercare
- Has included LTC, home care, and palliative care in “universal healthcare” and provides proper funding

**Big Picture: What do they do in Emerald City, and why can't we do it here?**

## Emerald City:

- Provides the same standard of palliative care regardless of location
- Recognizes that LTC and palliative care is highly skilled work
- Understands that “The Conditions of Work Determine the Conditions of Care,” including palliative care

## How do the residents in Emerald City's LTC homes benefit?

- A focus on quality of life, not just life itself
- Caregivers are recognized & supported for their expertise
- Early and frequent goals of care conservations
- Palliative care, and all health care services are provided based on “the platinum rule”
- Decreased transitions of care and less “silos”
- Supporting aging until the end-of-life...“in place”

## References

Upon request