ICCER - Palliative and End of Life Care in Continuing Care

Health Care Aide Palliative Care Competencies in Long Term Care

November 14, 2018
Objectives

• To clarify the definition of a palliative approach to care

• To increase your understanding of **palliative care** competencies for HCAs working in a long term care setting as compiled from 3 jurisdictions

• To generate strategies to increase palliative care competencies in the HCA workforce (this is where I put you to work!!)
What is a competency anyway?

- **Competencies** refer to the effective application of a combination of knowledge, skill and judgment demonstrated by an individual in daily practice or job performance.
- Reflect best practice and describe the standard of care that residents in long term care can expect to receive.
- Articulate the important contribution of HCAs within a collaborative practice approach.
- Provide a framework for evaluating HCA practice, and identifying training needs.

McKee (October, 2011)
What is palliative care?

Palliative care is an approach that improves the quality of life of residents and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment, and treatment of pain and other problems - physical, psychosocial and spiritual.

World Health Organization (2007)
IMPLEMENTING A PALLIATIVE APPROACH TO CARE IN LONG TERM CARE HOMES

FOCUS OF RESIDENT CARE

Palliative Care Processes depicted by ▲

Palliative Approach

Restorative Care

(therapy to relieve suffering and/or improve quality of life)

Transitions over time

Resident Admission

Initiate a palliative approach along with restorative care

Resident Death

Initiate end-of-life care plan with grief support

Resident and family informed that palliative approach provided

Staff initiate early conversation about goals of care and EOL wishes

Staff initiate ongoing conversations about evolving goals of care and EOL wishes

Staff and/or family initiate care conference to discuss resident’s transition and palliative care plan

Staff initiate EOL care plan and offer grief support to resident and family

Staff proactively support resident and family at time of death

Proactively support family, residents and staff with grief and loss

Adapted from CHPCA Model of Care
Copyright © 2015 Dr. Mary Lou Kelley www.palliativealliance.ca
Why are HCA competencies in palliative care important?

• HCAs are the providers who provide the most direct care to LTC residents

• Deaths happen in LTC
  • 50% of residents in LTC die every year (CHPCA)
  • 20% of residents admitted to LTC die within first year; 40% within first two years (Kelly, M.)

• Dying at home preferred option
Alberta Health Care Aide Competency Profile

• Health Care Aides work with clients who:
  • have chronic and/or complex medical conditions
  • have physical and/or cognitive disabilities
  • require **palliative and end of life care**

• Range of care provided determined by:
  • individual clients and/or client populations
  • care setting
  • competency of the individual HCA
  • employer policies and guidelines
  • provincial legislation
# Alberta Health Care Aide Competency Profile

<table>
<thead>
<tr>
<th>Domain</th>
<th>Scope</th>
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<tbody>
<tr>
<td>HCA Role and Responsibility</td>
<td>Understanding the role and responsibility of the HCA</td>
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<tr>
<td>Provision of Care</td>
<td>Application of the knowledge, skills and abilities required to deliver person-centred care</td>
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<tr>
<td></td>
<td>Activities are directed to supporting, promoting and maintaining the health and well-being, safety, independence and comfort of the client</td>
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<tr>
<td>Collaborative Care</td>
<td>Ability to work collaboratively with the client, family and members of the health care team:</td>
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<tr>
<td></td>
<td>• to set and achieve common goals</td>
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<td>• to provide safe, competent and ethical care</td>
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<tr>
<td>Communication</td>
<td>Knowledge and skills required for collaborative working relationships with the client, family and other members of the health care team</td>
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<tr>
<td>Health Care Across the Life Span</td>
<td>Theoretical concepts and knowledge required to promote holistic care (physical, cognitive, psychological, cultural, social and spiritual health, and well-being of the client)</td>
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<tr>
<td>Safety</td>
<td>Providing care and services that promote and maintain the health and well-being of the client</td>
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<tr>
<td></td>
<td>Preventing harm to the client, HCA and/or members of the health care team</td>
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HCA Palliative Care Competencies
Palliative Care Competencies – Dublin (2014)

• **6 competency domains:**

  - Principles of palliative care
  - Communication
  - Optimizing comfort and quality of life
  - Care planning and collaborative practice
  - Loss, grief and bereavement
  - Professional and ethical practice
Palliative Care Competencies – Nova Scotia (2017)

• **10 competency domains:**

  • Principles of palliative care
  • Cultural safety
  • Care of the patient
  • Care of the family
  • Ongoing observation
  • Care at the end-of-life
  • Communication
  • Ethical and legal issues
  • Practices self-care
  • Education and evaluation
Palliative Care Competencies – Thunder Bay (2012)

• **10 competency domains:**

  • Care of the resident
  • Care of the family
  • Care at the end of life
  • Communication
  • Time management skills
  • Teamwork skills
  • Self-care
  • Professional development/mentorship
  • Ethical and legal issues
  • Advocacy
HCA Palliative Care Competencies
Learning Needs Survey – Bethany Care Society

• End of Life Care (25)
• Compassion, empathy, dignity, support (19)
• Communication with/supporting families (14)
• Pain and symptom assessment and management (14)
• Goals of care (8)
• Other
  • Better understanding of resident condition
  • Dementia care
  • Policy and procedure; AHS standards
  • Communication (general)
  • Grief support
HCA Palliative Care Competencies - Question

What advice might you have to “skill up” the HCA workforce going forward?

• How would you determine priorities?
• What methods would you use to increase HCA palliative care competencies?
• What resources might be brought to bear? (internal/external)


THANK YOU!