

CARE PLANNING IN THE **PATH*** MODEL OF CARE

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Geriatric Refresher Day 2017

Regional Geriatric Program of Eastern Ontario

Wednesday, April 5, 2017

*Palliative & Therapeutic Harmonization

OBJECTIVES

Care Planning In The **PATH*** Model Of Care

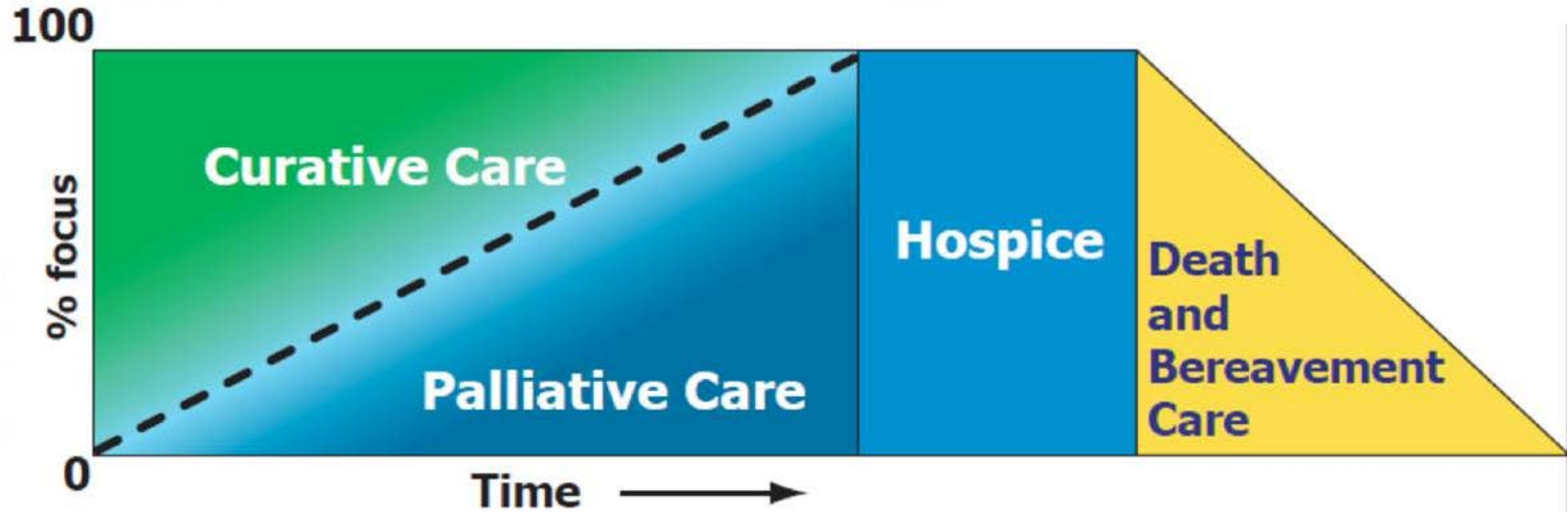
This will be a practical & interactive session.

- At the end of this session the learner will be able to:
 1. Describe the PATH Model of Care.
 2. Outline Living Wills, Advanced Care Planning (ACP), and Care Planning.
 3. Discuss the successes, limits and challenges of ACP.
 4. Summarize the significance of Frailty.
 5. Access resources for ongoing learning regarding PATH and Frailty-Informed Care

PRE-SESSION

- Please read the following two articles:
- Moorhouse P, Mallery L, McNally M, Ellen R, Moffatt H. Frailty: It's Time to Give Family Caregivers a Real Seat at the Table. J Fam Med. 2016; 3(5): 1067-9.
 - (2 pages)
- Ellen R, Mallery L, Moorhouse P. Knowledge Translation for Severe Frailty. J Gerontol Geriatr Res 2015; 4:237.
 - (1 page)

WHAT IS YOUR DEFINITION OF PALLIATIVE CARE



Adapted from:

Lynn, J. (2005). "Living long in fragile health: The new demographics shape end of life care."

Hastings Cent Rep Spec No: S14-18.

IN CARING FOR OLDER ADULTS

Please consider the following from you own experience:

- What is your experience with care planning?
 - What works well?
 - What does not work well?
- Has care planning improved the experience of those we care for?
 - Today? In the future? At the end of life?
- What similarities and differences do you see between your experience of care planning and the cases described in the two articles?

PATH MODE OF CARE

Components	Who is Involved?	When does it take place?	Differences from current practice?

FUTURE PLANNING IN HEALTH CARE

	Definition & Notes
Living Will	
Advanced Care Plan	
Care Plan	
Power of Attorney	
Substitute decision maker	
Will	

ADVANCED CARE PLANNING

Strengths	Challenges	My Experience

FRAILITY

What is your definition of Frailty? Why is Frailty important?

48% DO NOT RECEIVE PALLIATIVE CARE

Why do you think this is the case?

Half of all patients dying in Ontario receive some form of palliative care, usually in hospital



52%

of patients dying in Ontario received palliative care in their last year of life



20%

of Ontario's dying patients received some palliative care at home



Cancer patients were

2.5X

more likely to receive palliative care, compared to people dying from non-cancer causes



Tanuseputro P. et al. Palliat Med. 2015.

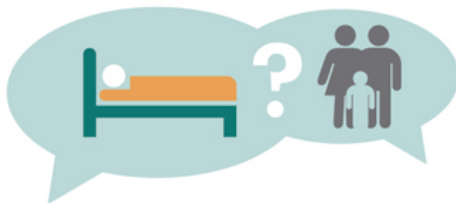
Institute for Clinical Evaluative Sciences

2016

www.ices.on.ca

End-of-life care planning

Results from The Commonwealth Fund 2014 International Health Policy Survey of Older Adults (age 55+) show that Canadians are more likely to plan for their end-of-life needs than people in other countries.



61% of older Canadians have had discussions about treatments they do or don't want at the end of their life.



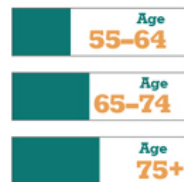
International comparison (11 countries)

Germany **1**

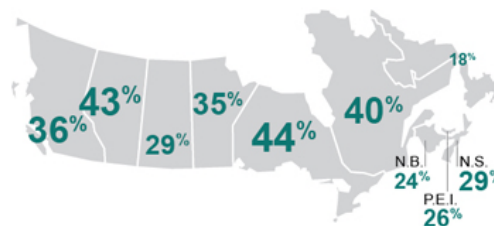
United States **2**

Canada **3**

39% had written plans documenting their end-of-life wishes.



Older Canadian seniors are more likely than their younger counterparts to have written plans for their end-of-life care wishes.



The proportion of those who had written plans for their end-of-life care **varied widely by province.**

A group of four elderly people are seated around a table in a bright room with large windows. They are all looking at books or documents. In the foreground, a large, detailed compass is visible on the table. The text 'CASE DISCUSSIONS' is overlaid on the image in a large, white, sans-serif font.

CASE DISCUSSIONS

Two Cases

A QUALITATIVE STUDY: PROFESSIONALS' EXPERIENCES OF ADVANCED CARE PLANNING IN DEMENTIA AND PALLIATIVE CARE

Sampson EL, Burns A. Palliative Medicine, November 21, 2012; pp. 401–408

Abstract

Background: Advance care planning comprises discussions about an individual's wishes for future care while they have capacity.

Aim: To explore professionals' experiences on the implementation of advance care planning in two areas of clinical care, dementia and palliative care.

Design: Qualitative study, focus groups and individual interviews.

Setting: North East of England.

Sample: Ninety-five participants from one Primary Care Trust, two acute National Health Service Hospital Trusts, one Ambulance Trust, one Local Authority and voluntary organisations and the legal sector.

Results: Fourteen focus groups and 18 interviews were held with 95 participants. While professionals agreed that advance care planning was a good idea in theory, implementation in practice presented them with significant challenges. The majority expressed uncertainty over the general value of advance care planning, whether current service provision could meet patient wishes, their individual roles and responsibilities and which aspects of advance care planning were legally binding; the array of different advance care planning forms and documentation available added to the confusion. In dementia care, the timing of when to initiate advance care planning discussions was an added challenge.

Conclusions: This study has identified the professional, organisational and legal factors that influence advance care planning implementation; professional training should target these specific areas. There is an urgent need for standardisation of advance care planning documentation. Greater clarity is also required on the roles and responsibilities of different professional groups. More complex aspects of advance care planning may be better carried out by those with specialist skills and experience than by generalists caring for a wide range of patient groups with different disease trajectories.

ADDITIONAL RESOURCES

- PATH Clinic Website <http://pathclinic.ca/resources/>
- **Article:** [A systematic review of the effectiveness of advance care planning interventions for people with cognitive impairment and dementia](#)
- Speak Up Canada, <http://www.advancecareplanning.ca/>
- [Ontario ACP Planning Kit](#)
 - From: Dying with Dignity Canada, <http://www.dyingwithdignity.ca/>