



May 2008

Newsletter for Supported Living

Special Interest Articles:

- Team Message
- Advance Care Planning Carewest style
- Greensleeve Award

Message from Bert and the team

Advance Care Planning (ACP) is taking hold across Canada. During the past months, the CHR Advance Care Planning leadership team of Pam Brown, Director of Seniors Health and Palliative Care, Dr. Eric Wasylenko, Medical Director for the Care at the End of Life Initiative and I have participated in a collaborative ACP effort spearheaded by Health Canada

This action grew out of the National Symposium that was held in Calgary in May 2007. Some of you participated in this two

day event which was co-sponsored by the CHR and Fraser Health. At the end of the second day, 135 individuals gathered from across Canada prepared recommendations to take this work forward. There was a clear opportunity for Health Canada follow up with the activities that would put ACP onto a national agenda.

In subsequent months, Health Canada coordinated an effort to develop a guide for other health care regions across Canada who are interested in implementing ACP activities. This guide is

based on the activities and learning that have been launched by the CHR and Fraser Health. The guide should be available by May 2008.

It is reassuring to know that our work to date can be a resource to others as they experience the same challenges in determining how best to care for individuals living with complex illness. We are also heartened to know that this issue is increasingly moving to a 'front row' seat on the radar screen of health regions across our nation.

Bert Enns
Project Manager

Advance Care Planning – Carewest Style

“Education is the easy part. Implementation is more difficult” says Gwen Nichol, Project Coordinator for ACP for Carewest. Planned weekly or biweekly follow-up appears to be key to maintain momentum, Gwen notes. She continues to be available to residents and staff, including physicians for 1:1 consultations, staff support, further education and conference support.

Carewest has 1117 beds at eight sites. Implementation to date reflects the diverse needs of residents as well as available staff resources.

At the Colonel Belcher Care Centre R.N. Barb Rose’s goal is to talk about ACP with two DAL residents per week. Kathy Richards, social worker has used the

Residents’ Council meeting to show the “My Voice” video, talk about the ACP process and provide materials with follow up reminders in their monthly newsletter.

Other sites, including Royal Park, use care conferences - admission and annual - to introduce and continue the ACP discussions. Time is short so any prior discussions using the “My Voice” workbook ensure that conference time is well used to reach consensus about future treatment, comfort measures and access to resources.

“The discussions are taking place,” says Debbie Smith, R.N. Client Services Manager at Royal Park Care Centre. For her, the

big challenge is getting her staff to document the discussions. To encourage documentation her staff now include their Daily Report any ACP conversations.

Other sites agree. Staff are unsure what to write but find it easier to continue after that first entry is made. (Under development by our team are charting guidelines which will help).

Every chart now has a green sleeve and contains a copy of the personal directive, if available, as well as the ACP Tracking Record. “My Voice” workbooks are distributed upon admission, at annual conferences and at resident and family meetings.

Well done, Carewest.

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You asked about: Decision Support

It is important to note that accessing these diverse resources does not represent a failure in the ACP discussions but rather offers us an opportunity to broaden and enrich the decision making process.

“Sometimes it’s hard to reach agreement. What happens then?” This is a frequent question although the specifics vary according to the circumstance and parties involved – LTC or ED physicians, Facility staff, Residents and families.

The Decision Support process is outlined in Attachment # 2 of the Supported Living Operational Policy. It supports the timely access to appropriate services well before there is a need to initiate the formal Dispute Resolution process.

A review of the core elements of the discussion may help to identify areas where more information would be useful and which clinicians would be helpful to enable people to reach agreement. Perhaps more information about

prognosis and treatment options, some supportive counseling or the opportunity for further exploration of values would be helpful.

Our CEOL colleague, Janet Arnold, has provided additional education (three sessions to date) to Acute Care professional services that will play a key role there in helping folks engage in complex conversations. These include: Social Work, Spiritual Care and Hospice Palliative Care.

Other key resources for Decision Support include the Ethics Service, the Regional Capacity Assessment Team (see December newsletter), and Healthy Diverse Communities (formerly Diversity Services).

In fact, Social Workers in

Acute Care have already begun the process and some of your new Residents may soon arrive with the process underway. Recognizing that ACP is not just for patients, several of these professionals have completed a “My Voice” workbook prior to their own scheduled surgery.

What do they think of the new policy? They like the common language for use across all sectors and the standardized tools. Of course, they share the same challenge facing us all – that of incorporating this new learning into our daily practice.

They do see themselves as integral to the ACP process. It is important to note that accessing these diverse resources does not represent a failure in the ACP discussions but rather offers us an opportunity to broaden and enrich the decision making process.

More info about: Educational Activities in other CHR Sectors

Co-ordination of education for all sectors of our large Region continues to be an exciting challenge!

Co-ordination of education for all sectors of our large Region continues to be an exciting challenge! You have been asking about your colleagues in the other sectors so we thought that it is time for an update

Acute Care: In addition to Janet’s ongoing work with the Acute Care teams who are key to the Decision Support (see above), the information sessions for Acute Care Managers are underway this month with

Designation Expert sessions booked for June.

Rural Teams: Education for our rural colleagues also begins in May and will continue through June and July.

EMS: In September the Field Trainer Education begins for Emergency Medical Services.

Home Care: Many of your future residents will come from the community and will have begun ACP

conversations with their Home Care clinicians. Successful Education Days for Home Care began in April and will continue. By launch date all HC clinicians will have completed the online modules and received a full day of education. HC vendors have also received a briefing with further education for their field staff is under development.

Palliative Care and Hospice teams: These professionals will have an opportunity to participate in educational

A key piece in this education has been the development and use of the on-line modules. Want to learn more? Check out the Policy module and the three Advance Care Planning modules on our website:

www.calgaryhealthregion.ca/advancecareplanning

The Physicians are saying...

To date, physicians have continued to respond to opportunities to provide valuable input into the development and review of the policy and supporting tools.

Some highlights include:
Hospital Grand Rounds
 April 29th at the Foothills

(via telehealth to Rockyview and Peter Lougheed Centres).
 “Advanced Care Planning: Goals of Care Designation (Adult) Policy was presented by Dr. Eric Wasylenko.

Mailout of Letter April 7th to 1118 community physicians with detailed

policy information along with a copy of the “My Voice” workbook continues to generate many requests for copies of the workbook to use with their patients.

Memo of March 18th and Briefings to Regional Clinical Department Heads.

CME accreditation of the online Policy Module (1hr credit)



Over the next months there will be further opportunities for physicians to learn about the practice changes embedded within the policy.

Coming soon to a site near you:

An invitation has been sent to Site Leaders Medical and all Physicians who practise in LTC and DAL facilities to attend one of the four one-hour sessions delivered by Dr. Eric Wasylenko.



These sessions are designed to equip physicians with the essential knowledge of the Advance Care Planning: Goals of Care Designation (Adult) policy and associated practice implications for LTC and DAL.

	TIME	SITE	ADDRESS
2008 Jun 04	0700 h – 0800 h	Bethany Calgary Link Auditorium	916 18A Street NW
2008 Jun 11	0700 h – 0800	Beverly-Midnapore Classroom	500 Midpark Way SE
2008 Jun 12	1800 h – 1900 h	Bethany Calgary Link Auditorium	916 18A Street NW
2008 Jun 25	1800 h – 1900 h	Beverly - Midnapore Classroom	500 Midpark Way SE

It's not too late. Reserve your space now. Contact Shelley Keith by telephone: 943-1142 or by email: shelley.keith@calgaryhealthregion.ca

And the Green Sleeve Award goes to...



Our Green Sleeve award this month highlights the innovative small group work of one Carewest staff member. Catherine Shaw, a Social Worker at the George Boyack Care Centre.

Gathering up small groups of frail, cognitively intact seniors to meet in a comfortable room she begins with the “My Voice” video which she likes because it “takes away the ick factor in having these discussions.” The group setting helps to normalize the issues of ACP in the

discussion which follows the video. The group setting takes the onus off individuals to respond right away. Catherine says that she can introduce topics in the group setting that are more difficult to raise individually and open up the discussion to include other people’s perspective.

“Seniors are not afraid to talk about death,” Catherine says, “and they feel free to share their often diverging views about their wishes for their own end.” They are respectful about their

differing views and the groups offer an element of peer support. “You should think of this” they say as they offer advice to one other.

She is able to assist them with the “My Voice” workbook and finds that follow-up contact at a later date is easier because of the group work. Finally, the Residents can see that Advance Care Planning is for everybody and not just those in their last few months of life. A number of them have requested copies of the workbook for their own adult children.



Advance Care Planning Initiative

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Website:

www.calgaryhealthregion.ca/advancecareplanning

Resources

Check out our website to access the online modules and other resources such as the brochures and “My Voice” workbooks that are available for order from DATA.

www.calgaryhealthregion.ca/advancecareplanning

Email shelley.keith@calgaryhealthregion.ca for the following resources:

Video: *My Voice – Planning Ahead*. 16 minute video has now been provided to each site and additional copies are available upon request. The video can also be accessed via the website.

Power Point Presentations: 60 slides pdf'd – suggested for professional staff education and 14 slides pdf'd – suggested for education sessions with Health Care Aides.

Fact Sheet: one-pager for use with support staff and others who have a need for an overview of the new policy.

Linda Derkach and Trish McBride continue to be an active resource to you in your education and implementation activities for your staff and also for your Residents and their Families.

Questions? Comments! Contact us at ...



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linda.derkach@calgaryhealthregion.ca

Thanks to the Carewest folks - Gwen Nichol, Kathy Richards, Catherine Shaw and Debbie Smith - for their time and for sharing their Advance Care Planning experiences with us. Sometimes our best communication is done with the stories we share. Here are a few more stories about their Residents.

Some residents are seizing the opportunity and using the “My Voice” materials. One individual, a retired nurse, made 11 copies for distribution to her doctor, her chart and all of the people who are important to her!

Other folks come to the Care Centre with a completed Personal Directive. However, the opportunity to participate in these discussions introduces ideas and issues that they had not considered or talked about. One elderly gentleman responded to the question in the “My Voice” workbook: “When you think about death, what do you worry about? He strongly identified with the worry that he would struggle to breathe. “I worry about that everyday.” he told Catherine, his social worker, “I worry that I will run out of oxygen.” He was an O2 user and this was important information that Catherine was able to communicate to the Unit Manager for incorporation into his care plan.

Our final story speaks to the power of both time and the process. For several months a young adult living in a care centre had refused to make a decision about his level of care. With a good deal of encouragement from his family and facility staff he attended one of the Resident and Family Education sessions and watched the video. He had the opportunity to work through the “My Voice” workbook and to have further conversations with his concerned family members and healthcare providers. The information and support that he received through the ACP process enabled him to reach a decision about his level of care.