

SALTY – Improving End of Life Care in Long Term Care

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SENIORS- ADDING LIFE TO YEARS (SALTY)

Funding Partners

Canadian Institute of Health Research (CIHR), Michael Smith Foundation for Health Research (MSFHR), Nova Scotia Health Research Foundation (NSHRF), Alzheimer Society of Canada (ASC)

Gratefully Acknowledged



OUTLINE

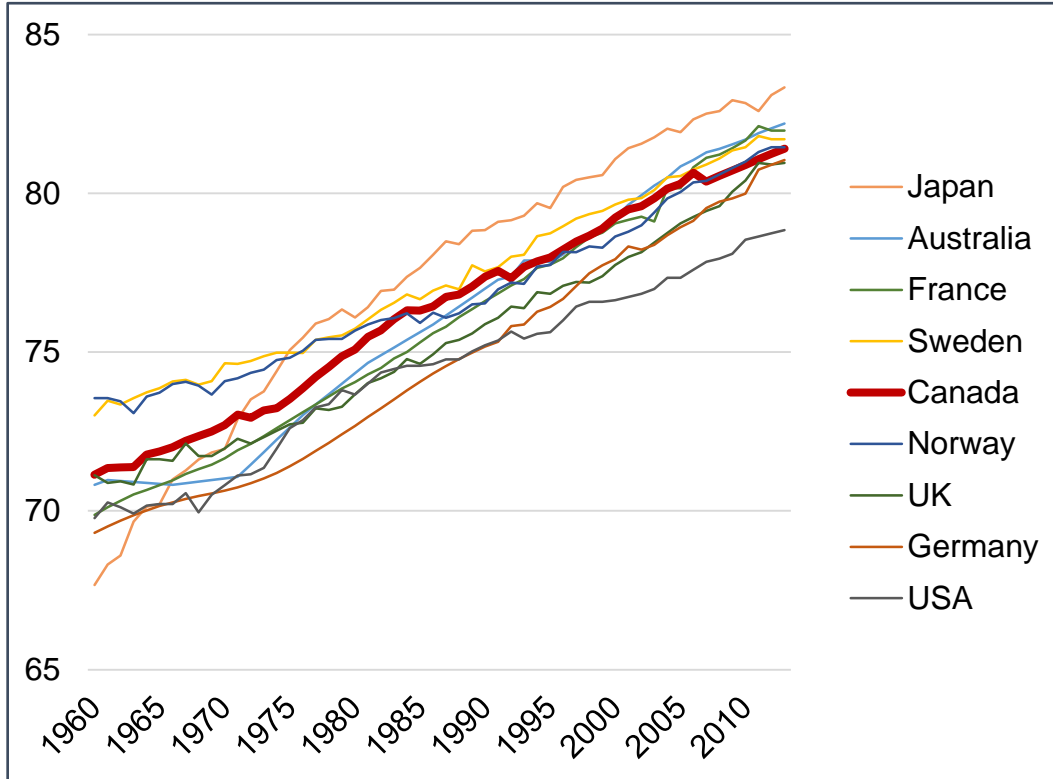
1. Getting to Know each other
2. Why is End of Life in LTC important?
3. What we know already ?
4. Introducing SALTY – Seniors Adding Life to Years
5. Lessons learned already
6. Advice and Feedback

WHERE ARE YOU LOCATED?



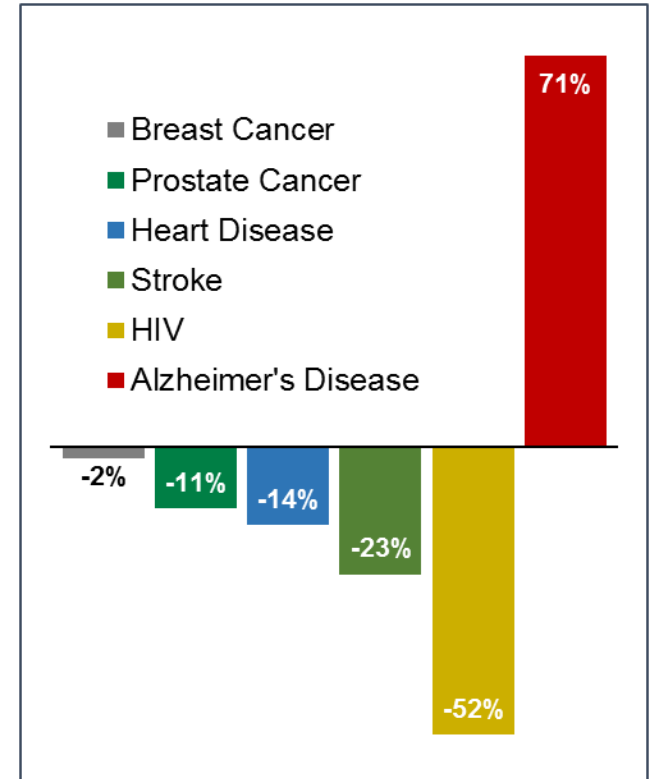
Demographics

Life expectancy in years by year of birth and selected developed countries



The World Bank (2015)
http://data.worldbank.org/indicator/SP.DYN.LE00.IN?cid=GPD_10

Causes of death in the last decade



2015 Alzheimer's Disease Facts and Figures

Today

1,519 LTC facilities
 149,488 residents
 90% 65+ years old



By 2038

Demand for LTC care expected to almost double

Long Term Care as Late Life Care

LTC is late life care

- 80% of LTC residents will die in the facility
- On average, residents die 18 months after admission

(Mitchell 2005; Temkin-Greener, 2013; Menec 2009)

Up to 90% of residents with advanced Dementia will receive care in a LTC facility

(Givens 2009)

LTC is dementia care

EoL care is challenging for NHs

(Ersek et al. 2013; Mitchell et al. et al. 2009)

Dementia is not well recognized as a terminal disease

(van der Steen et al. 2014)

Difficult to determine when final stage begins

(Mitchell et al. et al. 2009)

Multiple clinical complications associated with Dementia

(Mitchell et al. et al. 2009)

Residents receive interventions which are inconsistent with an optimal end of life care approach



Unnecessary suffering

(Ersek et al. 2013; Mitchell et al. et al. 2009)

End of Life with Dementia

Burdensome symptoms at the EoL of 323 residents with advanced dementia

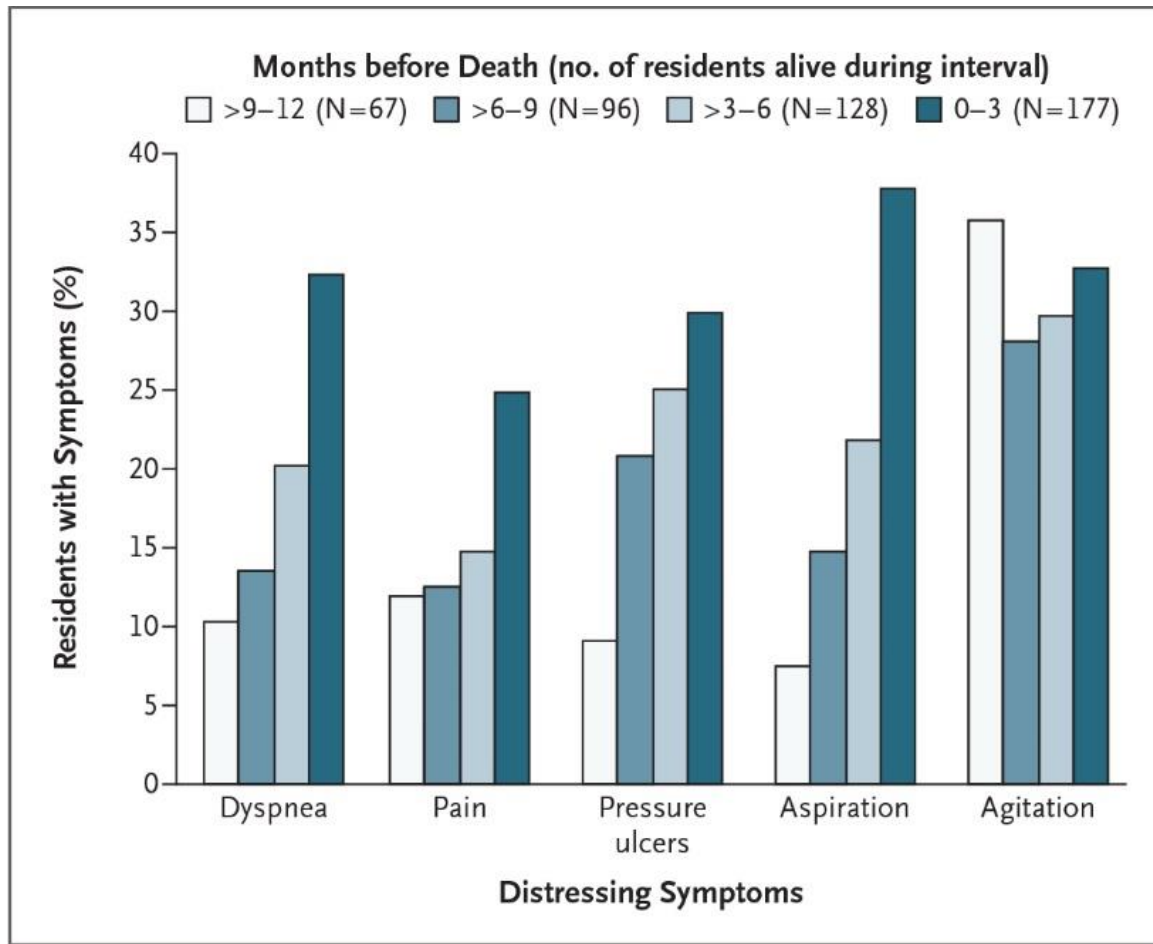
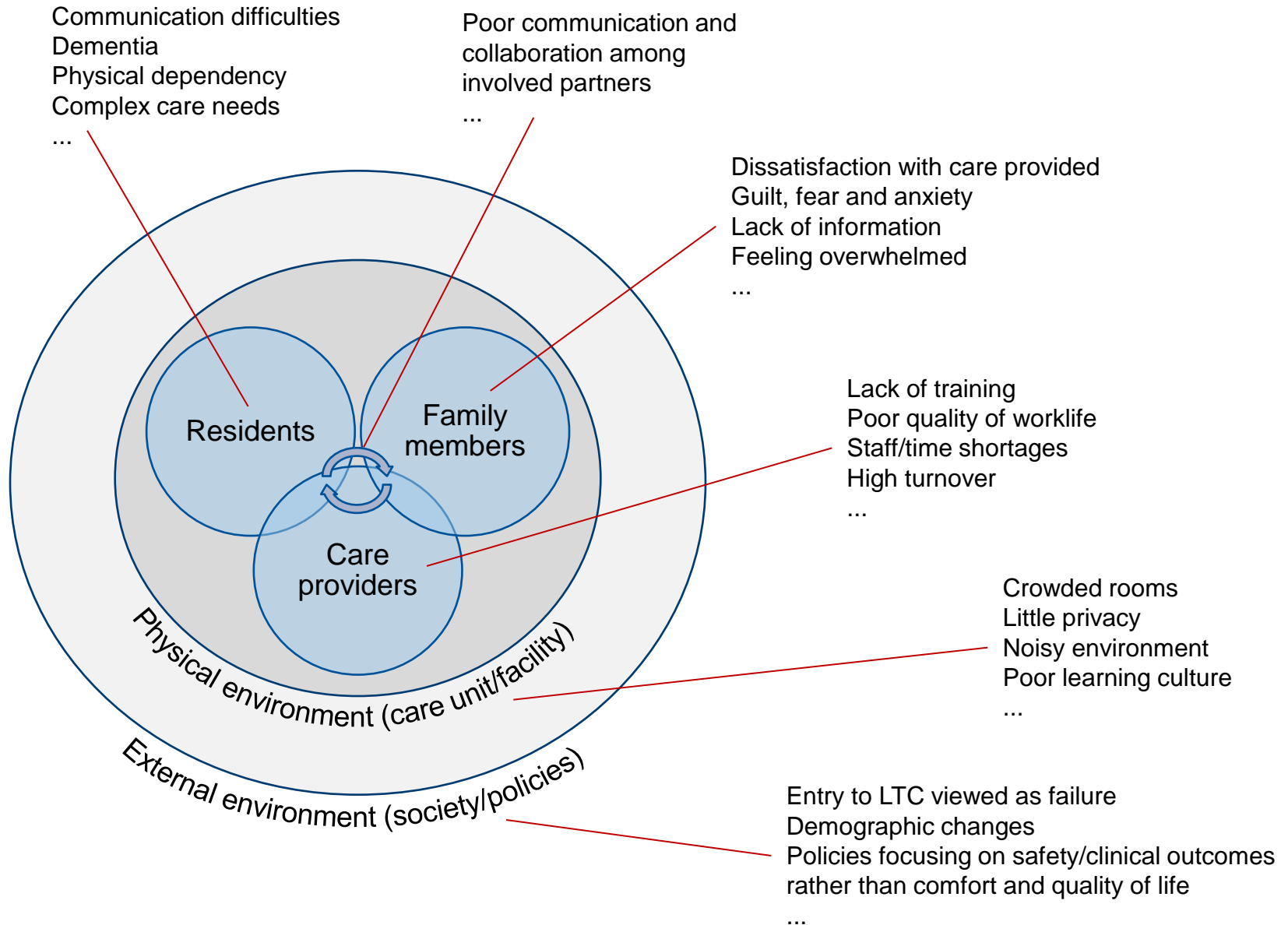


Figure 3. Proportion of Nursing Home Residents Who Had Distressing Symptoms at Various Intervals before Death.

Previous Research





Re-imagining 
Long-term 
Residential Care: 
An International 
Study of Promising 
Practices 

SALTY
Seniors- Adding Life to Years



PROJECT FACTS

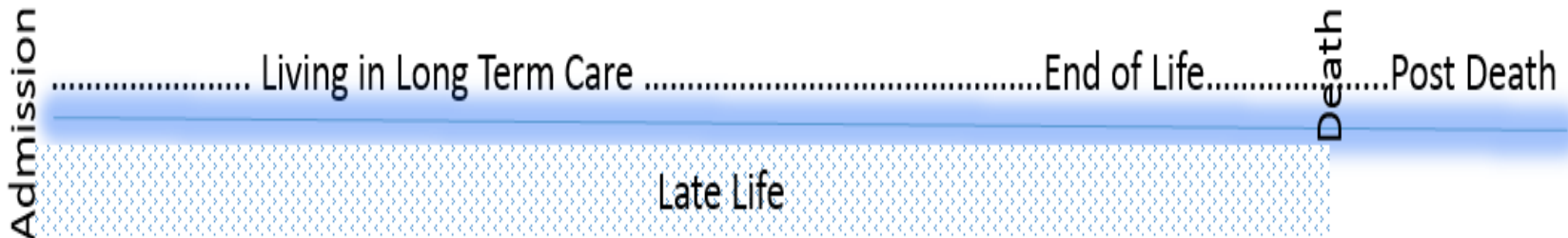
SALTY
Seniors- Adding Life to Years



- 9 academic researchers from 11 universities
- 10 diverse disciplines
 - nursing, health services, medicine, social work, management, geography, sociology, gerontology, political economy
- 3 Research Chairs
 - 1 Canada Research Chair Tier I; and 2 CIHR Research Chairs - Gender and Work
- 9 trainees and more to come
- 22 knowledge users
 - clinicians, decision makers,
 - **representatives of family, persons with dementia, staff, volunteers**
- Work focused in four provinces – ON, BC, AB, NS
 - Facility level, regional level, provincial level
- Research design includes both cross sectional and longitudinal and multiple methods
- 4 funding partners
 - CIHR, MSFHR, NSHRF and Alzheimer Society of Canada

WHAT IS OUR AIM?

To add quality of life to late life for people living in residential long term care.



IMPORTANT CONSIDERATIONS

Gender

Dementia



Under-
represented
Voices


FOUR INTER-RELATED STREAMS OF WORK TO ACHIEVE OUR COLLECTIVE AIM

Stream 1 – Monitor Care Practices

Stream 2 – Map Care Relationships

Stream 3 – Evaluate Innovative Practice

Stream 4 – Examine Policy Context

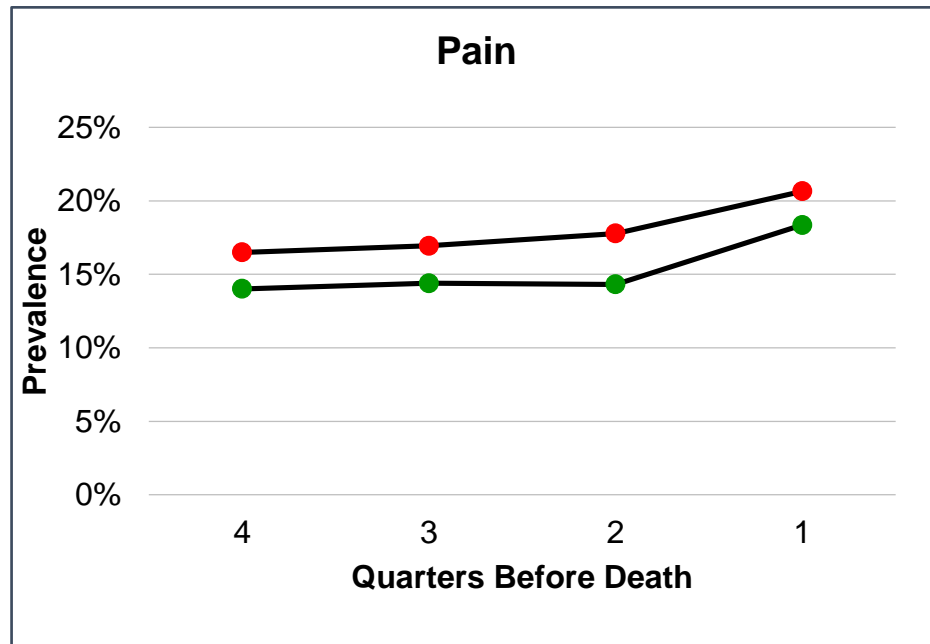
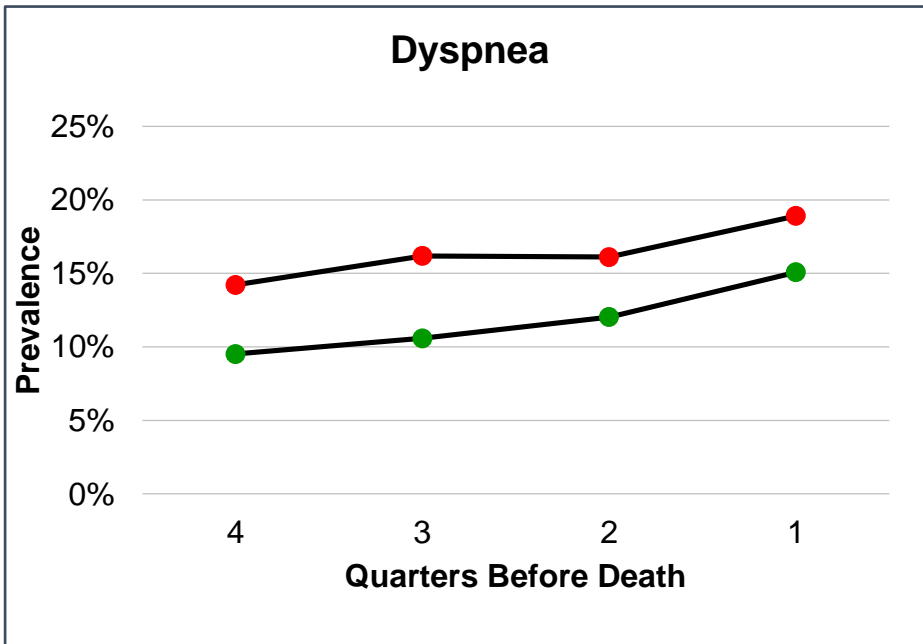


Inter
dependent
activities and
outputs

To add quality of life to late
life for people living in
residential long term care.

Symptoms of End of Life at Home

Dyspnea & pain symptoms, last 12 months of life among residents with dementia
(RAI-MDS 2.0 data from 3,647 residents in 36 TREC 1.0 facilities in AB, SK, MB, 2008-2012)



Green = more favorable context
Red = less favorable context
($P_{\text{Ctxt}} < .0001$; $P_{\text{time}} < .0001$)

Estabrooks et al., Dying in a nursing home: Treatable symptom burden and its link to modifiable features of work context. JAMDA 2009; 16(6), 515-520.

OUR APPROACH

Stream 1 – Monitor Care Practices (Leads: Estabrooks, Hobin)



- Use RAI-MDS 2.0 data to develop set of quality indicators that will be used to monitor care in the year prior to death
 - Rank symptoms and practices based on multiple sources
 - Analyze sub-sample of deceased residents
 - Validate with CIHI data
 - Panel discussions with stakeholders

Stream 2 – Map Care Relations (Leads: Daly, Bourgeault, Aubrecht)



longitudinal research to map the social and relational dimensions of quality of life and quality of care

- Scoping review and key informants to identify best practice for relational care
- Case studies in four provinces
- Transfer of approaches across jurisdictions

OUR APPROACH

Stream 3 – Evaluate Innovative Practice (Leads: Stajduhar, Cloutier, MacDonald)



- evaluate the Gold Standard Framework, end of life program, that has been implemented in BC
 - Base line data from participating facilities
 - Implement GSF
 - Assess process for successful implementation with BC and across jurisdictions

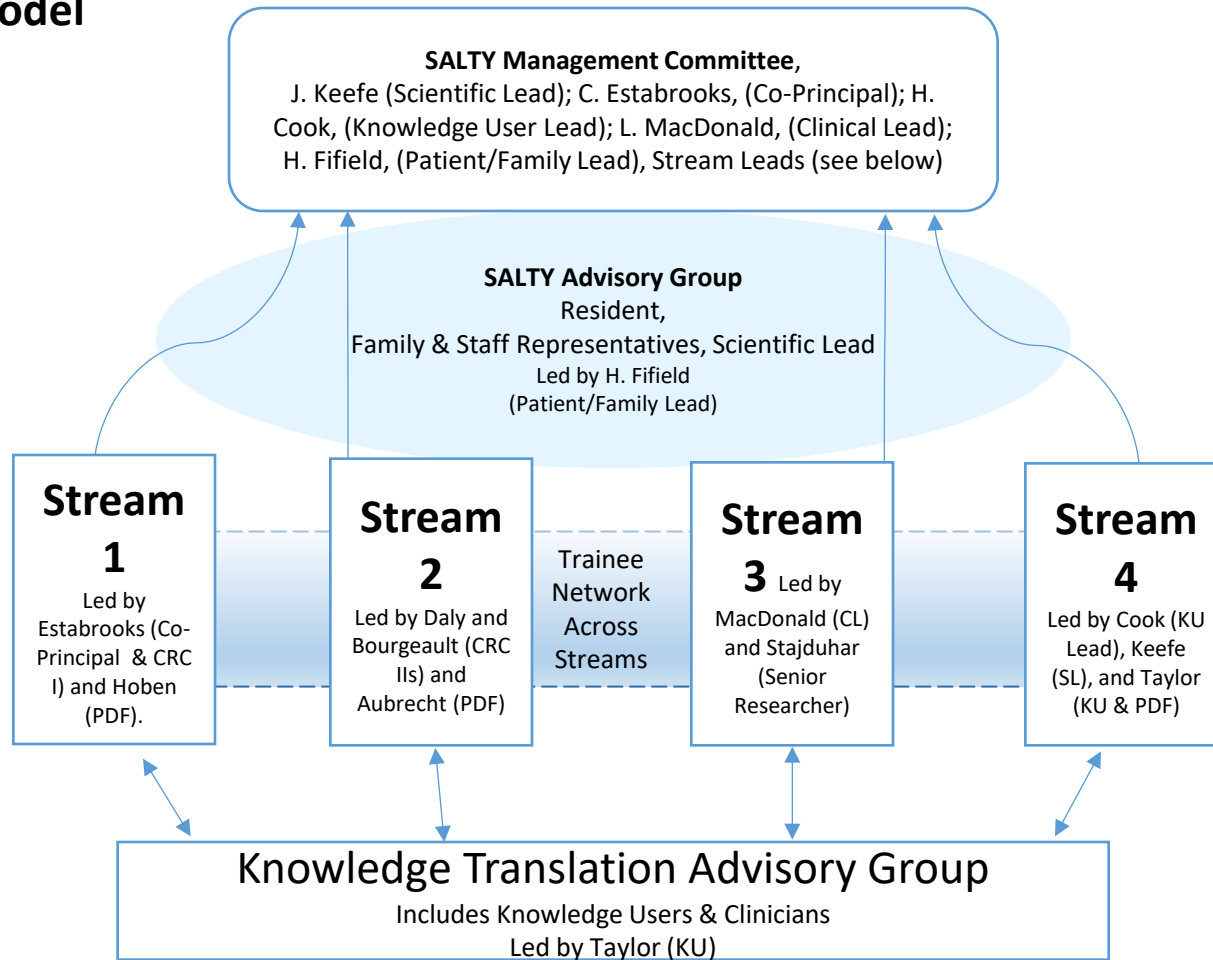
Stream 4 - Examine Policy Context (Leads: Cook, Keefe, Taylor)



- content analysis of policies to assess how they can support or limit application of end of life practice
 - Identify relevant policies – literature, KI interviews
 - Analyze policies re facilitators and barriers
 - Develop alternative approaches

PROJECT GOVERNANCE

Governance Model



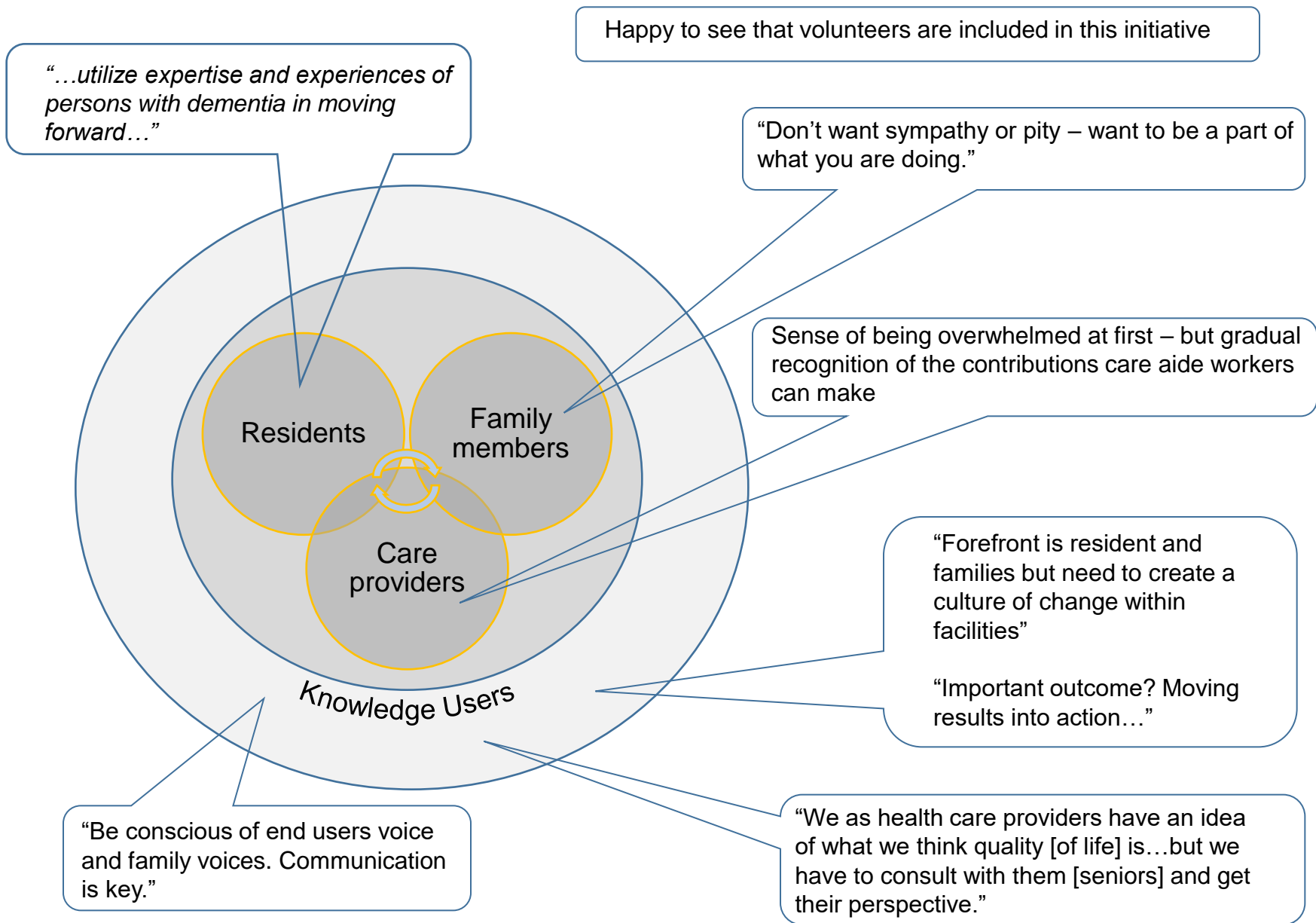
TRAINING AND MENTORSHIP

PROVIDE RICH, INTEGRATED TRAINING ENVIRONMENT FOR EMERGING SCHOLARS – interdisciplinary, applied health interactions.

Support the development of emerging scholars interested in advancing both the science of late life care for LTC residents and application in this sector.



Hearing from the Resident/Family perspective



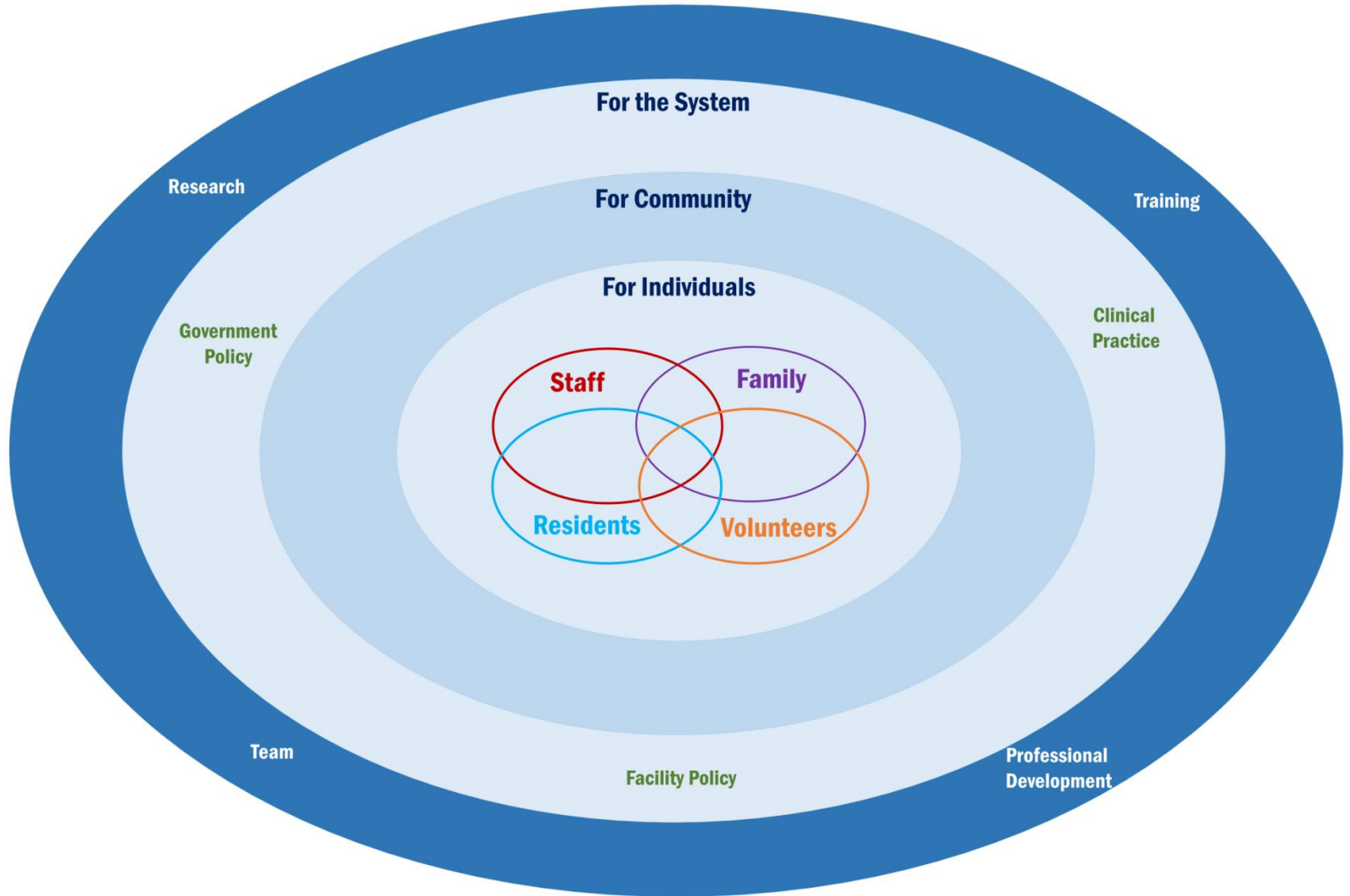
SIGNIFICANT MILESTONES/OUTPUTS

2016-2017	2017-2018	2018-2019	2019-2020
<p>Project governance and management</p> <p>Team meeting (Halifax)</p>	<p>STR 1-validated indicators</p> <p>STR 3-GSF evaluation complete</p> <p>Provincial Sector Engagement Workshops</p>	<p>STR 2-case studies complete</p> <p>Team meeting (Ottawa)</p>	<p>STR 4-policy workshops</p> <p>At least 10 publications</p> <p>Video and other KT products</p>
<p>SALTY ADVISORY GROUP KT ADVISORY GROUP</p>			

SALTY.....SO WHAT?

AIM: To add quality of life to late life for people living in residential long term care.

SALTY: What difference can we make...



Advice / Questions/ Comments



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Alzheimer Society
CANADA

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