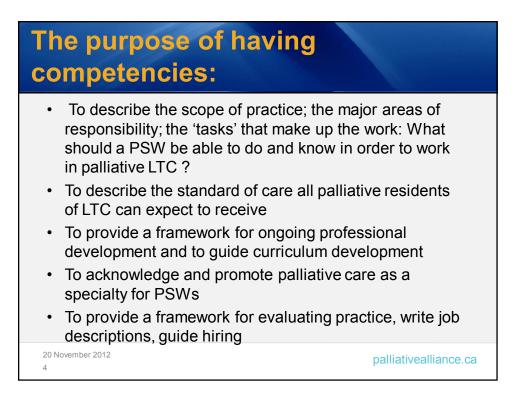
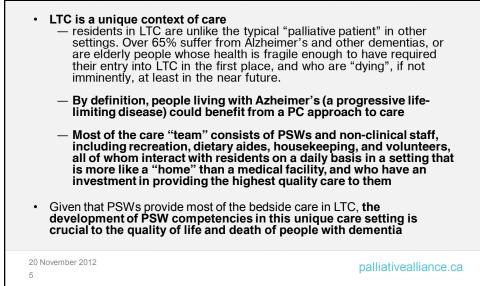


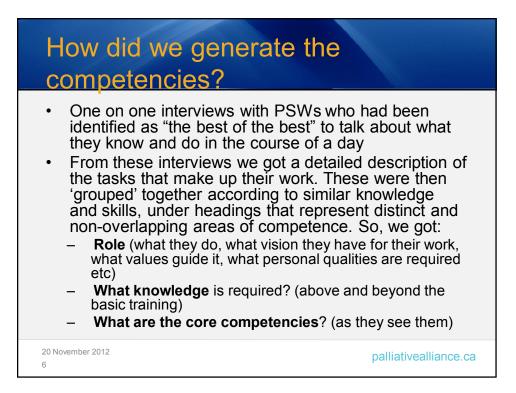
Why we did this study
 This was a sub-study of the 5-year SSHRC-funded QPC in LTC project, led by Dr. Mary Lou Kelley
 PSWs provide the majority of the bedside care to residents at the end-of-life in LTC, but their role on the interprofessional team has not been clearly defined.
 Understanding the role and scope of practice is crucial for interprofessional communication, and inclusion in decision-making.
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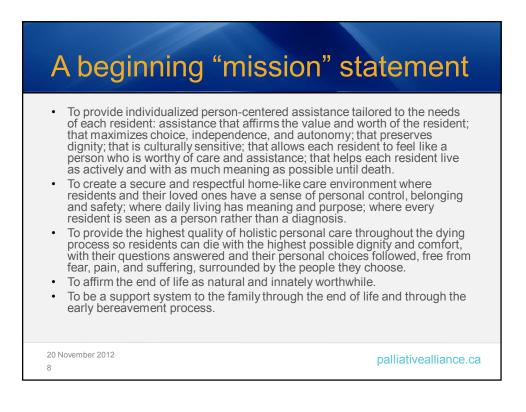




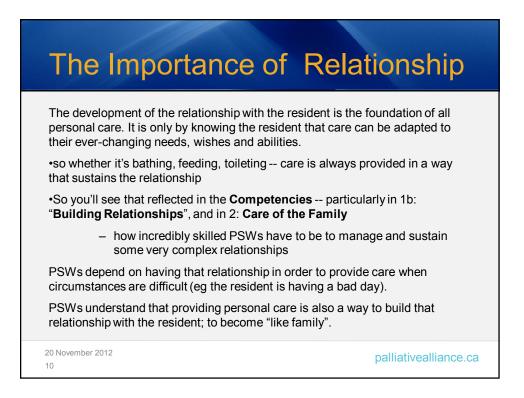


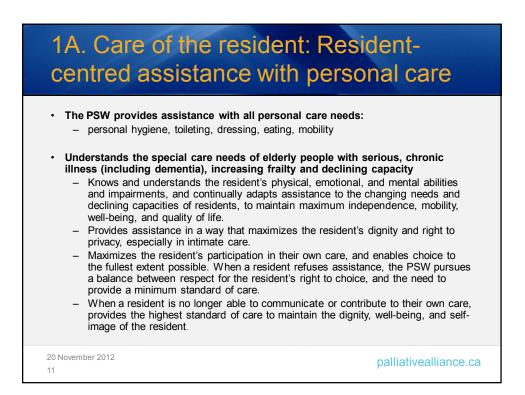


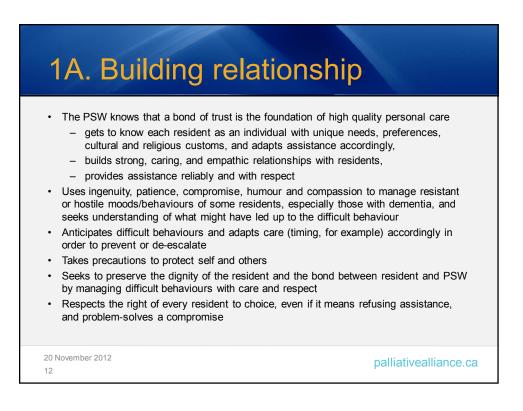












1E: Creation of a home-care setting

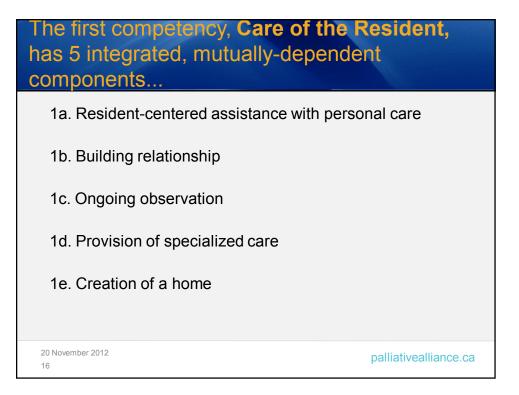
- The PSW understands the loss/disorientation that comes with moving into LTC and does everything possible to create a "home" for the resident where there is genuine quality of life:
- Builds personal, genuine relationships with residents by learning about their previous life, their family, career, special interests, religious, spiritual and cultural traditions, music preferences
- Facilitates residents' participation in personal hobbies and interests that give meaning and enjoyment.
- Facilitates active living, interaction with other residents, and participation in recreational and life-enrichment activities. Gives special attention to residents who need more encouragement to participate or who need greater physical preparation and support.
- Encourages family members to bring in personal items to make a resident's room more home-like.
- Understands the importance of physical intimacy and sexual expression in some residents' lives, and respects their right to privacy. Nurtures and supports residents' desire to pursue intimate relationships in their residence.

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 Description of the problem of th

A "Good Death" in LTC
 Depends on the PSW having a knowledge and skill base in palliative care and dementia The most skilled PSWs provide excellent palliative and end of life care to their residents with dementia, and their families We need to educate and advocate about the importance of the competencies required for providing excellent palliative care in LTC
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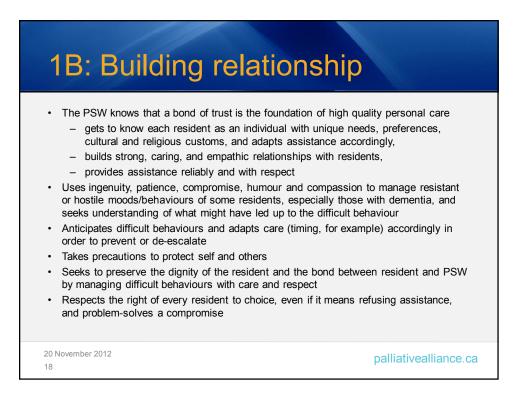


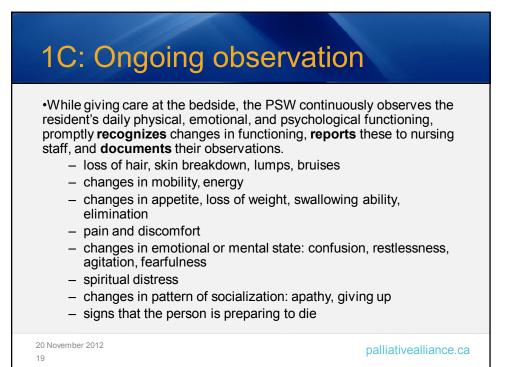
1A: Resident-centred assistance with personal care

- The PSW provides assistance with all personal care needs: – personal hygiene, toileting, dressing, eating, mobility
- Understands the special care needs of elderly people with serious, chronic illness (including dementia), increasing frailty and declining capacity
 - Knows and understands the resident's physical, emotional, and mental abilities and impairments, and continually adapts assistance to the changing needs and declining capacities of residents, to maintain maximum independence, mobility, well-being, and quality of life.
 - Provides assistance in a way that maximizes the resident's dignity and right to privacy, especially in intimate care.
 - Maximizes the resident's participation in their own care, and enables choice to the fullest extent possible. When a resident refuses assistance, the PSW pursues a balance between respect for the resident's right to choice, and the need to provide a minimum standard of care.
 - When a resident is no longer able to communicate or contribute to their own care, provides the highest standard of care to maintain the dignity, well-being, and selfimage of the resident.

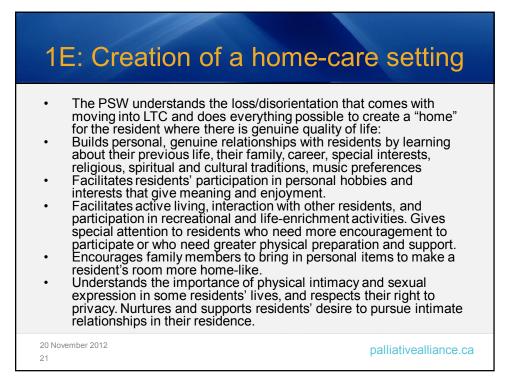
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2. Care of the family

- Engages with family members, and seeks to understand their desired level of involvement in the care of the resident. Understands and is sensitive to the fact that different families desire different levels or kinds of involvement in care. Empowers family members to assume the level and kind of care they are comfortable with.
- Assesses the need to guide, demonstrate, and emotionally support the family member. Monitors the quality of care provided by family members.
- Provides information about process/stages of dying so family members are prepared
- Understands the potential for abusive relationships (physical, emotional, financial) among family members, and is alert to signs of abuse. Reports and documents.
- Understands that family members may find visiting their loved one emotionally challenging; recognizes signs of distress; and provides emotional support at the bedside.
- Particularly near the end of life, anticipates the need for family members to have physical (food and drink, a comfortable place to rest) and emotional support.
- If desired by the family member, stays in touch with family after resident's death; attends funeral when possible and desired by family.

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