As an RN who has worked in acute care medicine, homecare and residential care, I was excited to read the results of a recent iPANEL survey. I was curious to discover how BC RNs, LPNs, and healthcare workers (HCW) understand and implement a palliative approach. As you know, a palliative approach strives to catch people earlier in the trajectory of a life-limiting condition in order to provide comprehensive physical and psychosocial care.

The good news is that all professionals felt self-competent in dealing with pain and other physical symptoms. This is great progress from the early days of end-of-life care where many people were afraid of the potential addicting qualities of narcotics. Many of us have seen the peace and relaxation that comes with even a small amount of morphine.

Unfortunately, the study revealed that we have difficulty recognizing and applying a palliative approach in the face of chronic, life-limiting illness. We recognize Cheyne-Stokes breathing, know what this means and how to relieve distressing symptoms, yet we fail to see the previous three years of COPD care as needing a palliative approach.

We are reminded to ask ourselves “the surprise question” about all our clients with life-limiting chronic illness: “Is this person sick enough that it would be no surprise for the person to die within the next six months, or a year?” If we use our hearts and our imaginations to hold the image of a certain client in our head, and if the answer to this question is “Yes,” then a palliative approach can improve quality of life for the client and family, starting now until the day we notice Cheyne-Stokes breathing, knowing we truly did everything we could.

—Home Care RN
Over the past two years “A Mixed Methods Knowledge Synthesis about Nursing Care Delivery and Practice Supports for a Palliative Approach” was conducted to explore the integration of a palliative approach (PA) in nursing care delivery. The joint team of researchers and clinicians was led by Rick Sawatzky (Trinity Western University) and Pat Porterfield. The systematic knowledge synthesis drew on current literature to identify approaches to nursing care delivery, practice supports, and outcomes of a PA. To help our understanding of the BC context, the literature review was complemented by key informant interviews and province-wide survey data. The team further contextualized the findings using integrated knowledge translation activities including the engagement of stakeholders at a province-wide symposium, and through pilot demonstration projects at one home care site and one long term care site.

The knowledge synthesis found that a PA is not dependent on any particular nursing care delivery model and that it needs to be integrated into existing systems. The two demonstration project sites shed further light on the concept of “life-limiting.” The application of a PA requires that decline and death are recognized as integral aspects of chronic illness trajectories. Strategies such as reflective practice and the development of practice supports helped nurses and other healthcare team members to coordinate care for the delivery of a PA. Nurses in long term care worked together with the interdisciplinary care team using daily huddles to identify residents in need of a PA and to integrate this approach into care. In home care, nurses and care managers thought broadly about how a PA could be incorporated by focusing on the needs of clients and their families rather than on existing service categories. They developed strategies for shared responsibility for a palliative approach across home care nursing and case management services. Both settings identified opportunities for nursing to improve care through anticipatory care, guiding and preparing, and advocating for informed decision making.

Presentations of both demonstration projects were given at the October 2014 symposium “Capturing Practice Wisdom: Integrating a Palliative Approach” by Tilly Schalkwyk (Providence Health Care) and Della Roberts (Fraser Health). A summary report of additional BCNRI project findings is available on the iPANEL website.

FOOTNOTES
1. Funded by the Michael Smith Foundation for Health Research, BC Nursing Research Initiative.
2. These presentations are available on the iPANEL website, in the Archived Presentations section.
I recently had the opportunity to work on the "Mixed Methods Knowledge Synthesis" project, described on the previous page of this newsletter, as a research assistant, contributing to data analysis and to the knowledge synthesis. Over the past few years I have also participated in other iPANEL activities, including attending symposia, webinars, writing retreats and various team meetings. These valuable experiences have opened my eyes and prepared me to be a nursing researcher in the future.

I came to Canada from mainland China in 1999. My first job in my new country was as a care aide. I have since updated my training, first as a licensed practical nurse, then as a baccalaureate-level registered nurse, and now I am almost finished my master’s degree at Trinity Western University. I currently work as a registered nurse with Providence Health Care. Fourteen years of bedside nursing inspired me to become an advocate for seniors who struggle to access and to use health care services due to language or culture barriers. In particular, I am interested in improving the quality of care for culturally diverse older adults living with life-limiting conditions.

WEBINARS

Webinars are generally a 40 minute presentation followed by a 20 minute collaborative dialogue with the goals of informing both research and practice. All webinars are the 4th Tuesday of the month from 1400-1500 PST (unless otherwise indicated). To join you must register with InspireNet (www.inspirenet.ca) and join our iPANEL action team.

- APRIL 28 | Changing the way we work: Self first. Presented by Elizabeth Causton
- MAY 26 | Up against the system: Perspectives of young adults with life limiting conditions. Presented by Karen Cook

THINKING OUTSIDE THE BOX

Thinking-outside-the-box meetings provide 2.5 hour sessions with iPANEL team members and affiliates to facilitate discussions around our research findings with front line nurses, care aides, leaders, and other health care providers from all sectors of care. What does this research mean to you, as a practitioner, and how may it impact your practice? More info and how to register can be found under PUBLICATIONS & PRESENTATIONS on the iPANEL website.

Capturing Practice Wisdom: Integrating a Palliative Approach

Successful iPANEL symposium held on October 28, 2014

Practice-oriented research was brought to life as iPANEL affiliates and team members gathered in Vancouver for a full-day symposium. Six presenters from around the province shared their progress on integrating a palliative approach into acute care, residential care, and home and community care, including facilitators and barriers that were encountered along the way. Participants then took part in interactive discussion rounds, generating ideas on how to further integrate a palliative approach into practice, research, education and policy. The discussions were inspired by the presentations and by each nurse’s own practical experience.

Thanks go out to all the attendees and facilitators who made this symposium such a success! Here is a sample of what some of the attendees said about the symposium:

- “Informative and interactive.”
- “Superb opportunity to hear the creative ways in which a palliative approach is being integrated in different settings”
- “Loved the ‘opportunity’ to network with others.”
- “Great to hear what others are doing… gives me food for thought for my practice setting”
- “This partnership of researchers and practice partners is a fine blend; each sparks and ignites the other.”
- “The iPANEL group are very open to our feedback and ideas, which I think is key to building this research.”
- “The diversity of background/experiences of the presenters and the participants… was very inclusive, with a broad range of perspectives of nursing practice and settings.”

The six presentations are available on the iPANEL website. Ideas generated during the discussions are currently being transformed into a discussion document. Watch for its release in early summer.

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FOUR THINGS YOU SHOULD KNOW ABOUT iPANEL

1. Three quarters of the British Columbians who die, do so without being identified as people who could benefit from the services associated with palliative care.
2. Through research we create new knowledge about how nurses can further integrate palliative philosophies and services into non-specialized settings which provide end-of-life care.
3. Our research is informed by and informs clinical practice.
4. Our ultimate goal is to advance the further integration of the palliative approach into every care setting.