SHIFT YOUR THINKING...

TO A PALLIATIVE APPROACH

A palliative approach is different than specialized palliative care. It takes principles of palliative care and:

ADOPTS principles EARLY in the course of a person’s life-limiting condition

ADAPTS strategies to meet patient and family needs

EMBEDS practices into usual care in settings not specialized in palliative care

Shift your view on when people with life-limiting illness could benefit from palliative principles:

Home & community care: When they are referred to home & community

Long term care: When they move into care

Acute care: When they are admitted to hospital

Key features of a palliative approach:

**WHAT**
- Involves life-limiting illnesses such as heart, lung, and kidney disease, dementias, frailty, and cancer
- Integrates chronic disease management and palliative care principles
- Includes conversations about serious illness, personal preferences, and goals of care
- Understands where the person is in the course of their chronic illness
- Orients care to the whole person and their family
- Prepares for illness progression, while recognizing uncertain prognosis

**WHERE**
- Offered across settings including acute, home, and long term care

**WHO**
- Every health care provider is responsible in each care setting

**WHEN**
- Consults with specialist palliative care providers, as needed

ADOPT A PALLIATIVE APPROACH

A palliative approach takes principles of palliative care and

**ADOPTS** them EARLY in the course of a person’s life-limiting condition

**ADAPTS** strategies to meet patient and family needs

**EMBEDS** practices into usual care in settings that do not specialize in palliative care

HOW?

**A**sk yourself: “Does this person have a life-limiting condition?”

“Would this person benefit from a palliative approach?”

**D**evelop an understanding of the illness course and where the person is along their journey

**O**pen conversations with people and their families to gauge understanding of their illness, what is most important to them, and their preference for care

**P**rioritize care - focus on what is important to people and their families

**T**ell people and their families about the illness and what can be expected in the future to inform their goals of care

WHY?

- Aligns treatment decisions better with goals and wishes
- Encourages healthcare teams to “get on the same page” as the person and family
- Improves quality of life when preferences are known and respected
- Supports communication and shared care planning among teams caring for the person
- Reduces inappropriate or futile treatments
- Gives team members permission to have conversations with the person and family about serious illness

**SHIFT YOUR PRACTICE...**

**ADAPT A PALLIATIVE APPROACH**

A palliative approach takes principles of palliative care and

**ADAPTS** strategies to meet patient and family needs

**ADOPTS** them EARLY in the course of a person's life-limiting condition

**EMBEDS** practices into usual care in settings that do not specialize in palliative care

**HOW?**

A. **Acknowledge** the anticipated course of the illness in the plan of care, not just in the treatment

D. **Determine** and treat symptom distress alongside disease treatment

A. **Adjust** the care plan to reflect the person’s goals of care

P. **Prepare** the person and family for anticipated changes and the possibility of dying

T. **Tailor** palliative knowledge and skill to the chronic condition

**WHY?**

- Aligns treatment decisions better with goals and wishes
- Improves quality of life when preferences are known and respected
- Reduces inappropriate or futile treatments
- Encourages healthcare teams to "get on the same page" as the person and family
- Supports communication and shared care planning among teams caring for the person
- Gives team members permission to have conversations with the person and family about serious illness


@_IPANEL_  facebook.com/panelbc  www.ipanel.ca  ipanel@uvic.ca
SHIFT YOUR PRACTICE...

EMBED A PALLIATIVE APPROACH

A palliative approach takes principles of palliative care and
EMBEDS practices into usual care in settings that do not specialize in palliative care
ADOPTS them EARLY in the course of a person's life-limiting condition
ADAPTS strategies to meet patient and family needs

HOW CAN LEADERS EMBED A PALLIATIVE APPROACH?

Enable support for early integration in and across settings

Mandate processes for patient and family perspectives to be sought and communicated

Build confidence and competence by interactional education, mentorship and peer support

Ensure access to resources, mentors and specialist palliative care teams

Dedicate time for providers to be involved in creating practical tools and processes for their setting

Where?
In all settings, across the continuum of care

When?
Early in the course of a chronic life-limiting condition

Who?
Everyone working with people with life-limiting conditions

WHY?

In Canada, ~250,000 people die each year

Of these – 72% result from chronic life-limiting conditions such as organ failure, cancer, dementia, and frailty...

Most were cared for and died outside of specialized palliative care...

This means over 180,000 Canadians per year could benefit from a palliative approach


@_iPANEL_ www.ipanel.ca

facebook.com/ipanelbc ipanel@uvic.ca