Providence HEALTH CARE
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A CASE

economic realities
&
Caring for Long Term Care Residents & Staff Throughout the Dying Process

ROMA - IACB 2017

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ACKNOWLEDGEMENTS / Current Research Project

Chris Bernard, Spiritual Health Interim Manager, MDiv
Kit Chan, Registered Dietitian, BSc, RD
Anne Leclerc, Registered Physical Therapist, MRSc
Karen Pott, Registered Occupational Therapist, BScOT(Hons)
Annes Song, Registered Nurse, MScN Candidate
Bernadette Howell Spiritual Health Practitioner/Chaplain in training

PHC Residential Staff & Physicians
PHC Eldercare Director **Jo-Ann Tait** & PHC Leadership
PHC Practice-based Research Challenge competition
Aggie Black, PHC Research Leader, Professional Practice
Dr. **Paddy Rodney**, Mentor
Research Assistants (**Jeff Yu, Laura Gall, Nora Abdoh, Shazbeen Ali, Nassim Adhami**)
Joseph Puyat, Research Methodologist, CHEOS

In affiliation with: THE UNIVERSITY OF BRITISH COLUMBIA

Special focus: "Abstract"

- How economic realities may affect healing relationships
- Challenges not just of doctors and nurses BUT "personal support workers" PSW's too
  - PSW's - Do the most basic care (bathing, grooming, feeding, etc.)_
  - Care group that relate to residents/pts most frequently.
- Context: Long term care

Invite discernment (aligns/or not) …

a la archbishop Fisher….

- "Health care is about a community that cares"
- "wily steward" (resources)
- Invitation here to be "Practical"

Background/Rationale for the Case Study

OVERALL - Increasing complexity of care and resident frailty and a reduction in economic resources

- An increasing numbers of resident deaths
  - now 30% -35% of all residents/patients are dying each year, and
  - 10% die within 3 months of admission. (2013 data).
- Observed increase in stress and distancing behaviours in staff
  - Increasing burnout / fatigue
- Lower staffing levels/support services due to cost management
  - 50% reduction in Palliative Care Support Nursing
- Moral distress: idea/advocacy that “Residents should not die alone”
  - Staff feel insufficient time/resources for safe, compassionate and ethical care

MEET MARY

- Mary, 84, Female, is actively dying in her Long Term Care residence, and there is no family at her side.
- It is the weekend. There are no social workers over the weekend, and allied care staffing for chaplaincy is ON CALL.
- Mary has been a long stay resident, much loved by the staff. Staff at the facility is aware of her prognosis, and expect her to die within the next 12-24 hours.
- Already feeling burdened and burned out by the significant mortality rate, and their wish she not "die alone", they call their unit manager to see what can be done for Mary.

MEET MARY

- The manager pages the on call chaplain, and asks if the chaplain can sit with the patient so that someone will be there until Mary dies.
- The on-call chaplain (in this case a student who is in training) indicates that she's not resourced to sit with patients till they die.
  - She covers 4 other long term centres and 2 acute care hospitals.
- She offers immediate phone support to the manager, which is apparently well received by the manager, and there is a promise for follow up with the staff the next day.
- That night, Mary dies, alone.
- The next day, the long term care's senior manager contacts the manager of chaplaincy/spiritual care, asking if this was really the best that the pastoral care department could have done.

Maria's Case & Questions

1. What can be done to **support Long Term Care (Residential) staff** who are experiencing increasing levels of loss at a time when there are no (or limited) additional financial resources?
2. Is ensuring that **no one dies alone** a realistic goal? If so, what other options might mitigate the economic challenge?
3. What are your thoughts about **the chaplain's answer**, and her resource reflection? Is this reasonable?
   a) If it is not reasonable, what might the chaplain have done differently?
   b) If it is reasonable, are you comfortable with the outcome?
4. What **additional ethical/mission issues** does this case raise?

Now to the case….. Discussion

- Remember the theme:
  - Healing relationships and transformations in health care: ethical discernment and practical recommendations
  - Feedback / some of our work

SO…

Maria's Case & your ideas

1. What can be done to **support Long Term Care (Residential) staff** who are experiencing increasing levels of loss at a time when there are no (or limited) additional financial resources?
2. Is ensuring that **no one dies alone** a realistic goal? If so, what other options might mitigate the economic challenge?
3. What are your thoughts about **the chaplain's answer**, and her resource reflection? Is this reasonable?
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4. What **additional ethical/mission issues** does this case raise?

IF there is time…

- Some work we are doing at Providence on this…

Some things we are doing
A Research Study

PART ONE (complete)

1) How are interdisciplinary care team members in PHC residential care facilities affected by the death of the residents they are looking after?

PART TWO (starting)

1) What do interdisciplinary care team members in PHC residential care facilities find helpful in supporting them to cope with resident deaths?

Methods

- Quantitative, non-experimental descriptive design
- Surveys sent to **577 staff** (attached to paystubs)

Survey included

- Demographics

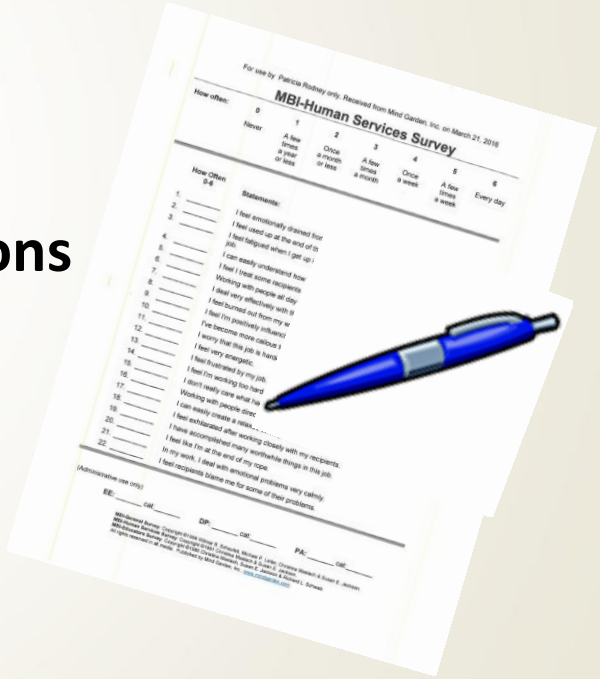
- Open-ended Descriptive questions

- Maslach Burnout Inventory:

Emotional Exhaustion (EE)

Depersonalization (DP)

Lack of personal accomplishment (PA)



Results

- 203 staff returned the survey (35% Response Rate)
- More than **50%** of the participants reported having **Moderate to High Levels of Emotional Exhaustion**
- Statistical significance between Emotional Exhaustion and Number of Deaths Experienced
- Scores show a low level of Depersonalization, even when staff have experienced high numbers of deaths

Part one:
Initial Descriptive Data Themes

Feelings of Angst and Distress

Feelings of Sadness and Tiredness*

Personal Reflections shape experiences…

Everyone on the Same Page Matters…

Seeking Privacy and Respect*

Matching Resources to Needs*

Reaching Towards Acceptance

Descriptive Data Themes

Feelings of Sadness and Tiredness

- *"We have become attached to them like families. You know them like your own, you cry, you feel the loss."*
- *"I feel exhausted, no appetite, light-headed, headache…"*

Seeking Privacy and Respect

For resident and families..

For staff…

- *"NO TIME to breathe and mourn the loss"*

- *"Recognizing us as we go through this….not just as us (doing) a job, but also as people who feel and are human beings"*

Matching Resources to Needs

- *"No one should die alone"*

- *"I feel drained and helpless when I can't even provide comfort to the family and to be at the bedside with my dying resident because I have to do other work."*

LOOKING NOW AT

- What do interdisciplinary care team members in PHC residential care facilities **find helpful in supporting them** to cope with resident deaths?

Thanks!

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