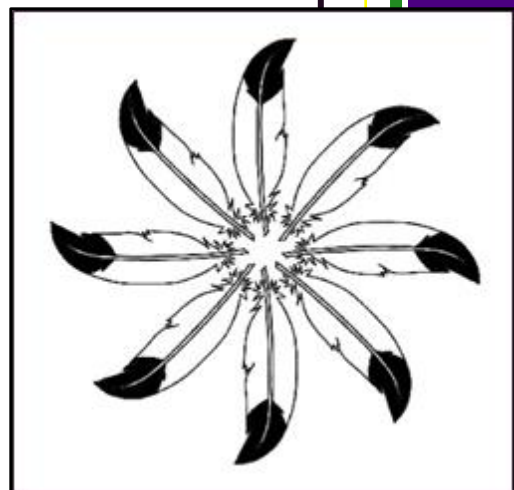


**Improving End-of-Life Care in
First Nations Communities:
Palliative Care Program
Guidelines**

October 28, 2011



PALLIATIVE CARE PROGRAM GUIDELINES

This document is a framework for a First Nations palliative care program/policy. The outline is applicable for both care which is provided in a formalized long-term care home or within private homes on a First Nations community

1) MISSION STATEMENT AND VISION

The palliative care program has a mission statement and a vision. The mission is the organization's reason for existence, and vision is what it wants to be.

A **mission statement** is a statement of the purpose of an organization. The mission statement should guide the actions of the organization, spell out its overall goal, provide a path, and guide decision-making. It provides the framework or context within which the company's strategies are formulated.

A **vision statement** defines the way an organization will look in the future. Vision is a long-term view, sometimes describing how the organization would like the world to be in which it operates.

2) LIST OF SPECIFIC SERVICES

The specific services that are offered within the program also need to be clearly defined and articulated. This would include a written description of the service, including goals, objectives and relevant policies, procedures and protocols providing methods to reduce risk and monitor outcomes and eligibility requirements. Services may include the following:

- a) Nursing and personal support services (foot & nail care, bathing, oral care, transferring and positioning techniques);
- b) Dietary services (meals on wheels);
- c) Medical services (doctor on site/in community, appropriate transportation services to medical centres/doctors for appointments);
- d) Organized programs to ensure reasonable opportunity to pursue religious and spiritual practices (list of Pastors/Priests/Clergy and traditional medicine (wo)men according to spiritual preference of client);
- e) Accommodation services, including housekeeping, laundry, and maintenance; and
- f) Volunteer programs.

3) SCREENING AND TRAINING OF STAFF/VOLUNTEERS:

Volunteers and staff should be screened, including criminal reference check (unless under the age of 18). Orientation and training should take place before starting in homes and with clients. Training and orientation should include the mission statement of the program, promotion of zero tolerance of abuse and neglect, and infection prevention and control.

Training required specific to palliative care may include:

- a) Review program Policy & Procedures, Mission statement and Program Vision;
- b) Fall prevention and management;
- c) Skin and wound care;
- d) Continence care and bowel management; and
- e) Pain management, including recognition of specific and non-specific signs of pain.

4) PLAN OF CARE OR CARE PATHWAY:

Each resident/client must have a written plan of care setting out his/her planned care, proposed goals and clear directions to staff and others who will be providing the care. The plan of care requires the involvement of the resident/client, their substitute decision maker (if any), and any other person they wish to assist them. Care must be based on an assessment of the resident and his/her needs and preferences. Plan of care must be assessed for effectiveness, and revised when required, or at least every six months.

5) CONSENT OR TREATMENT DOCUMENTS:

Any document that contains a consent or directive with respect to treatment (such as plans of care, level of care, level of care forms and advance care plans), must meet the requirements of the *Health Care Consent Act*, including the requirement for informed consent.