COVID-19 National Long-Term Care Environmental Scan: Implementing a Palliative Approach to Care

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Background

Canadian long-term care homes have been disproportionately impacted by COVID-19. In all provinces where measurement was possible, there were more deaths than usual during COVID-19. This includes long-term care homes with fewer COVID-19 deaths.[i] With the increase in deaths during COVID-19, the need for a palliative approach to care, advance care planning and goals of care in long-term care is more evident than ever before.[ii] A palliative approach to care ensures residents' unique physical, emotional, social, psychological, and spiritual needs are being met in a compassionate way that enhances the quality of life, limits suffering and provides needed comfort from the time of diagnosis of a life-limiting illness until death.[iii]

Methods

In March and April 2021, the Strengthening a Palliative Approach in Long-Term Care conducted an environmental scan. The scan examined current Canadian long-term care practice as it pertains to a palliative approach to care, including advance care planning and goals of care, in the environment of COVID-19. We asked where people are most likely to find resources, as well as the best ways to disseminate resources to family and staff.

Thirty-seven stakeholder interviews with leading authorities were held to determine the most pressing needs and collect existing resources related to COVID-19. Leading authorities were defined as people who work as long-term care staff, as well as representatives of provincial organizations that focus on end-of-life care. Stakeholders were purposively recruited[iv,v,vi,vii] with the goal to include representation from all provinces and territories.

Table 1: Provincial & Territorial Location of Stakeholders

Province/Territory	Number of Stakeholders
Alberta	2
British Columbia	9
Manitoba	1
New Brunswick	3
Newfoundland and Labrador	2
Nova Scotia	2
Northwest Territories	1
Nunavut*	0
Ontario	7

Prince Edward Island	1
Quebec	4
Saskatchewan	4
Yukon	1

* Although numerous attempts were made to have representation from Nunavut, we were unable to successfully recruit a stakeholder.

Of the 37 individuals who participated in an interview, 29 stakeholders completed the demographics form. Stakeholders who chose not to complete the demographics were public figures and were not comfortable sharing this information as they were concerned about being identifiable. Where possible, demographic data was included from these stakeholder's interviews.

Table 2: Demographics

Demographics	% (n)
Gender	
Female	86% (n=32)
Male	14% (n=5)
Age	
20-29	6% (n=2)
30-39	26% (n=8)
40-49	19% (n=6)
50-59	39% (n=12)
60-69	10% (n=3)
Profession	
Advanced Practice Nurse	18% (n=7)
Long-Term Care Management	23% (n=9)
Physician	15% (n=6)
Professor	18% (n=7)
Registered Healthcare Professionals	20% (n=8)
Organizational Lead	8% (n=3)

*Received Advance Care Planning Training**	
Yes	86% (n=25)
No	10% (n=3)
N/A	3% (n=1)

*Please note the sample size reported on for the demographic variables: 'gender' (n=37), 'age group' (n=31), 'profession' (n=37), and 'received advance care planning' (n=29).

Qualitative data were compiled and coded using content analysis. Similar codes were grouped into major topic categories and summarized.

Results

Impact of COVID-19 on a Palliative Approach to Care

All stakeholders noted that it was extremely difficult for long-term care staff when family members were not allowed to enter the home, due to COVID-19 restrictions. This was particularly true when their loved one was actively dying. Stakeholders felt like they were not there for the family members during this extremely difficult time. Stakeholders felt it is part of their job when providing a palliative approach to care to support the family during this time. The death of a loved one is a very significant event for family members.

- "She [the resident] died at three o'clock in the morning and the family were outside the window in the first part of December in the driving rain. Their hands were pressed up against the window and you know they wanted so badly… to touch her and to hold her hand. So, the staff did that. Speaking with the staff after I said, you know that's one of those memories that will be embedded in your heart for the rest of your life." (New Brunswick)
- "We have those two responsibilities at end of life. You've got to get the resident from living who is going to pass away and you have to get the family through that process. You only get one chance at it." (Ontario)

Stakeholders from Canadian provinces and territories that were strongly impacted by COVID-19 in the first wave of the pandemic (Spring of 2020) noted that all protocols and best practices around providing a palliative approach to care were halted during the first wave of the pandemic. Instead, some stakeholders noted that if a palliative approach to care was not already integrated into their practice, long-term care staff were only able to attend to "essential" medical services (e.g., feeding).

- "Yeah, it (COVID-19) halted what we were putting in place prior to March 2020. Everything went by the wayside for sure. And it's just all the different directives from the Ministry that came as well regarding residents that had died and the process with the funeral home coming in and that paperwork that kind of thing that changed for us as well." (Ontario)
- "We did what we could with what we had. Staff were brought in from everywhere to help but it was very complex to organize all the staff because they did not have the

same level of competencies. After that we received the army. This was very difficult because it was not nurses or doctors, it was army guys and they were kind of rough sometimes". (Quebec)

Impact of COVID-19 on Advance Care Planning and Goals of Care

Stakeholders from Canadian provinces and territories that were not strongly impacted by COVID-19 in the first wave of the pandemic (Spring of 2020) noted a lot of preparation work and conversations took place during this time. Many stakeholders noted calling all the family members of residents in their homes to have the conversation of if an outbreak occurred in their home or if their loved one tested positive for COVID-19.

- "Most of the families choose not to send to the hospital because they don't want their loved one to go to the hospital because once they come back they need to be isolated. So most of them actually choose not to send to hospital. No hospital transfer or comfort care. It changed yes." (Manitoba)
- "We wrote policies, developed policies. I don't know if you remember but back in the really early, early days of COVID there was this fear of what kind of care would the elderly receive? We were looking at countries like Italy where they were having to put age limits on people who would even be transferred to hospital. So, there was a lot of talk in those early days about what it would like for our residents and what kind of care would they get. Would they even be able to go to hospital or are we going to have to care for them in place? So, there was a lot of planning, a lot of meetings, a lot of really long days during those first few months of March and April." (Nova Scotia)

However, this was not always the case in jurisdictions in Canada with larger indigenous populations, as goals of care discussions or advance care planning practices do not fit well culturally.

- "some of our indigenous people believe that if you talk about death, it brings on death and COVID already caused enough fear for everybody. Especially our remoteness, and it's just…we had to really tread lightly with this" (Northwest Territories)

Throughout the interviews, almost all of the stakeholders did not differentiate between advance care planning and goals of care conversations. Nearly all stakeholders noted that advance care planning should take place long before a resident enters a home, however once the stakeholders started talking about a resident who has entered a long-term care home, the term advance care planning and goals of care became interchangeable.

Tools and Resources

Current Use of Tools & Resources

All of the stakeholders spoke about the current tools and resources that they use to implement a palliative approach to care, advance care planning and goals of care with residents and families in long-term care. The tools and resources *most frequently noted* included: the Serious Illness Conversation Guide and LEAP training. While all stakeholders liked education, many stakeholders did note that the cost of education can be prohibitive in offering it to more than a small number of their long-term care homes. Other key resources are identified in Appendix B: Complete List of Resources.

Most stakeholders noted that the tools and resources that were most useful were "*very simplified pictorial … with simple language*" (British Columbia). Indeed, a stakeholder in British Columbia noted that they had recently created a simple 4-video series that explores what is long term care, the application process for long-term care, common misconceptions about long-term care and a palliative approach.

Across the country, another important aspect for tools and resources is that they are available *electronically*. An advanced practice nurse in Saskatchewan noted that a "mobile app tool all of our policies, all of our procedures, all of our updates" was a particularly useful communication device during COVID-19. This was echoed in Atlantic Canada where text was used for staff support during COVID-19 lockdowns. In long-term care homes where physicians were not allowed in, the lack of electronic health records "caused a big problem with documentations of conversations because for the care homes that have paper charts. We can't put something on paper if we are not there to write on it" (British Columbia).

Many stakeholders reflected that COVID-19 necessitated the creation of new tools and resources. These included: pain and symptom management protocols developed by palliative care physicians, an SBAR tool for the care homes to send to the physicians, scripts to help educate families about the COVID-19 impact in long-term care, adapted end-of-life order sets and COVID-19 specific algorithms for end-of-life care. Stakeholders noted that if they were using national resources or resources from other jurisdictions, they often adapted it for their populations.

Summary of the Inventory

A total of 64 independent resources were collected from 17 stakeholders as part of the environmental scan. Each resource was mapped to the categories of advance care planning, goals of care, education, family supports, grief and bereavement and pain and symptom management as well as the applicable audience (Table 3). Among these resources were certifications, conversation guides, executive summaries, forms, frameworks, guidelines, handbooks, infographics, journal articles, modules, order sets, pamphlets, presentations, protocols, policies, toolkits, websites, workbooks, videos and several other formats. The majority of these resources were developed in British Columbia, but also ranged across several provinces or were developed at an organizational or Canada-wide level. Several resources were newly developed during COVID-19 and included visitor policies, symptom management of seriously ill patients with COVID-19, serious illness conversation guides adapted for COVID-19, virtual care toolkits and others.

Table 3: Mapping of Collected Resources

Category	Number of Resources*
Advance Care Planning	28
Goals of Care	19
Education	12
Family Supports	17
Grief and Bereavement	10
Pain and Symptom Management	25

Audience	Number of Resources*
Resident	27
Family / Caregiver	30
Healthcare Provider	50
Researcher	6

Province	Number of Resources*
Alberta	6
British Columbia	27
Manitoba	3
New Brunswick	0
Newfoundland and Labrador	0
Nova Scotia	0
Northwest Territories	0

Ontario	10
Prince Edward Island	0
Quebec	0
Saskatchewan	1
Yukon	0

*Resources were mapped to multiple categories and audiences if applicable

Need for Additional Resources

Almost all of the stakeholders noted that additional tools and resources to implement a palliative approach to care are not needed. Indeed, most stakeholders said that there are many tools. Instead, stakeholders said that tools to implement a palliative approach to care need to have:

- More awareness about their existence
- A well-known central body to hold a repository of tools for easy access
- Education about how to use the tools
- Alignment of tool use between all long-term care stakeholders
- Better forms of communication that have increased accessibility through the use of audience appropriate language and end-user pilot testing that ensures comprehension "one-page, minimal writing, pictures" (Alberta)

When a need was identified by stakeholders, it often related to access to emerging COVID-19 evidence from different jurisdictions. In particular, a stakeholder in Alberta noted that long-term care homes in Alberta were looking for COVID-19 evidence related to moral distress, adjusting staffing levels, technology use, family caregiver access to long-term care, communication, providing staff for screening at LTC homes, access to PPE. In British Columbia, a stakeholder did a needs assessment for long-term care partners and developed tools specifically for personal support workers to use during COVID-19.

> "staff mental health and moral distress as a result of COVID…moral distress has become a big issue in terms of knowing the things you should be doing for a palliative approach and not being able to do it actually creates what's known as moral distress. So, it's when you can't do the things you know you should be doing to do your job well" (Alberta)

Across the country, many stakeholders noted that resources should be adapted because "it can be challenging to use one tool to apply to everybody. Whereas you may have to use different tools to apply depending on the demographic, the population" (Saskatchewan).

Resource & Tool Dissemination

Many stakeholders were unsure of the best way to disseminate tools to long-term care homes. Although some stakeholders noted the traditional method of pushing resources to long-term care

homes by going through the homes themselves, other stakeholders said that the homes are inundated by information and that new ways of dissemination need to be explored.

Traditional dissemination methods included:

- Emails about tools and resources, primarily for administration and registered long-term care staff
- Staff training sessions and workshops on tools and resources, particularly for personal support workers
- Train the trainer models
- Family and residents receive information in welcome packages and family care conferences
- Family Councils and family networks

Results from the scan show that COVID-19 has already shifted access to tools and resources. Some stakeholders noted that when COVID-19 hit they had to pivot their educational training and delivery of tools and resources. Virtual trainings and online education were used instead of the more traditional in-person training model. Another stakeholder noted that they no longer had to push resources to the long-term care homes. Instead, long-term care staff would reach out to request evidence syntheses and resources.

Stakeholders also noted that COVID-19 presents unique opportunities for tool and resource dissemination. Spaces opened by COVID-19 include:

- A national and provincial/territorial push for the integration of a palliative approach to care into all other long-term care home documentation
- Creation of a mass media public awareness campaign that reaches all levels of society and stresses the importance of advance care planning before admission to long-term care

  > [In Newfoundland] “we are hoping to do an educational campaign about advance care planning…It will be targeted to community, but it will be targeted to anybody really in the province to help people understand all about advance care planning and all about all the pieces I spoke about earlier. Advance care planning, goals of care all of those things will be included in that. So, we have no details yet of what that’s going to look like, but we would definitely would want to tap into any national resources that are available” (Newfoundland)

- Incorporation of advance care planning into high school curriculum in much the same way that students are taught about pensions
- The creation of COVID-19 specific sections on websites to share resources

Regardless of COVID-19, stakeholders noted that resource and tool dissemination need to change. A few stakeholders noted that the system is so fragmented that it is difficult to know where to access documents or how to disseminate them. All of the stakeholders said that a multi-pronged consistent approach needs to be used that includes a “single source for truth” of government endorsed tools. The approach can utilize:

- A national website where long-term care stakeholders can access the latest information
- Social media

- Coordination with community partners, seniors' groups, physicians
- Education of national, provincial/territorial and local decision-makers about tools who then disseminate the tools and resources (hub and spoke model)

> "[With COVID] I very quickly saw that people were starting to invent and create tools and resources and that there was a risk that we were going to duplicate our work and spend a lot of time doing the exact same thing. And I felt that during a pandemic which I had never experienced before, I think like everyone else I knew that was going to be a waste of time and we didn't have time to waste." (British Columbia)

The multi-pronged approach should account for the unique dissemination needs of specific populations:

- Remote communities need telephone, radio and print-based materials as they do not have access to the internet
- Phone conversations with families need to occur when there are language barriers or cultural differences

At the same time, consideration will have to be given to intellectual property when creating the inventory and sharing resources; as intellectual property has been a barrier in the past.

Conclusion

COVID-19 was devastating for Canadian long-term care homes. This was particularly evident with the high mortality rates and poor quality of resident deaths, which were largely due to little attention to implementing a palliative approach to care. The ability for long-term care homes to implement a palliative approach and have advance care planning and goals of care conversations was dependent upon:

- Previous education about a palliative approach to care
- Entrenchment of a palliative approach to care practices
- Whether or not a long-term care home experienced a significant proportion of COVID-19 cases
- Cultural acceptability of speaking about death

Our environmental scan has found that many resources and tools already exist to implement a palliative approach to care, advance care planning and goals of care. COVID-19 did necessitate the creation of new tools; however, stakeholders noted that more tools are not needed. Instead, the tools and resources that already exist should be made centrally available through a multi-pronged approach that accounts for the needs of the different end-users.

Appendix A: Demographics Analysis

For the Canadian COVID-19 Long-Term Care Environmental Scan funded by the Canadian Hospice Palliative Care Association, of the 37 individuals who participated in an interview, 29 stakeholders completed the demographics form. The majority of stakeholders identified as female (n=32, 86%) as opposed to male (n=5, 14%). The ages of stakeholders ranged from 27 to 68 years, where most stakeholders fell into the age category of 50-59 (n=12), followed by 30-39 (n=8), 40-49 (n=6), 60-69 (n=3) and 20-29 (n=2). The average number of years worked was approximately 11 years and years worked ranged from one to 27 years for stakeholders. The majority of stakeholders were working full-time during COVID-19 (n=28) and a few were working part-time (n=3).

Stakeholders reported on their primary profession or job which was grouped into the following categories: advanced practice nurse (n=7), long-term care management (n=9), physician (n=6), professor (n=7), registered healthcare professionals (n=8) and organizational lead (n=3). In terms of employment status, the majority of stakeholders were working in full-time positions (n=28) as opposed to part-time (n=3). For employment conditions, stakeholders reported they were funded by either government (n=16), other (n=14), or a mixed combination of government, grant-funded and/or other (n=3). For those who reported other, they described their employment conditions through the categories of health authority, long-term care healthcare, provincial organization, hospital, fee for service, university funded, not for profit or self-employed.

In terms of advance care planning training, approximately 86% of stakeholders had received any training on advance care planning (n=25), 10% had not received advance care planning training (n=3) and one stakeholder answered not applicable. Five (17.2%) stakeholders had reporting received this training less than a month ago, one stakeholder (3.4%) within the past 6 months, two stakeholders (6.9%) less than a year ago and 16 stakeholders (55.5%) over a year ago. The format of the training for those who had received advance care planning training included in service (n=9, 31.0%), course (n=4, 13.8%), combination (n=5, 17.2%) or other (n=5, 17.2%). Other forms of advance care planning training included provincial level working groups, reviewing advance care planning education, research, continuing medical education, research project-intervention, webinars, literature, and colleague's knowledge.

Roughly 64% (n=18) of stakeholders reported having a member at their facility that they could consult with about advance care planning issues, 21.4% did not, and 10.7% reported this to be not applicable. For those who reported they did not have an internal consult for advance care planning issues, 33.3% (n=2) reported they had an external consult for advance care planning and 66.6% (n=4) did not. Overall, 27.6% (n=8) of stakeholders were very involved in the planning or delivery of care for residents at end of life, 37.9% were somewhat involved (n=11), 6.9% reported a mix of somewhat involved and not involved (n=2) and 27.6% reported not being involved at all (n=8).

Gender	
Female (%)	n=32 (86%)
Male (%)	n=5 (14%)

Age	
20-29 (%)	n=2 (6%)
30-39 (%)	n=8 (26%)
40-49 (%)	n=6 (19)
50-59 (%)	n=12 (39%)
60-69 (%)	n=3 (10%)

*Missing n=6

Employment status	Number (%)
Part-time	n=3 (10%)
Full-time	n=28 (90%)

*Missing n=6

Employment conditions	Number (%)
Grant-funded	n=0
Government	n=16 (47%)
Other	n=14 (41%)
Mixed	n=3 (9%)
N/A	n=1 (3%)
Other: Health Authority (n=4), Grants/Government (n=1), Combination (n=1), Educational institution (n=1), Fee for service (n=1), Hospital (n=1), LTC Healthcare (n=1), Non-profit LTC (n=1), Not for profit (n=1), Provincial organization (n=1), Self-employed (n=1) and University (n=2)	

*Missing n=3

Years worked	
Mean	11.21
Range	1-27 years

Employment during COVID-19	Number (%)
Part-time	n=3 (10%)
Full time	n=26 (90%)

*Missing n=8

Received Advance Care Planning Training	Number (%)
Yes	n=25 (86%)
No	n=3 (10%)
N/A	n=1 (3%)

*Missing n=8

Training timeline	Number (%)
Less than a month ago	n=5 (17%)
Within the past 6 months	n=1 (3%)
Less than a year ago	n=2 (7%)
Over a year ago	n=16 (55%)
Not applicable	n=5 (17%)

*Missing n=8

Training form	Number (%)
In-service	n=9 (31%)
Course	n=4 (14%)
Other	n=6 (21%)
Combination	n=5 (17%)
Not applicable	n=5 (17%)
Other: provincial level working group, reviewing ACP education, teaching it, mixed training (now job), research, multiple CMEs/formal courses, part of a research project-intervention, webinars, literature and colleague knowledge	

*Missing n=8

ACP Consult - Internal	Number (%)
Yes	n=18 (64%)
No	n=6 (21%)
Not applicable	n=3 (11%)
Missing	n=1 (4%)

*One data element is data error, total included in 28 stakeholders

For those who previously answered no (n=6):

Advance Care Planning Consult - External	Number (%)
Yes	n=2 (33%)
No	n=4 (67%)

Advance Care Planning Involvement	Number (%)
Very involved	n=8 (28%)
Somewhat involved	n=11 (38%)
Combination of somewhat and not involved at all	n=2 (7%)
Not involved at all	n=8 (28%)

*Missing n=8

Profession	Number of Stakeholders (%)
Advanced Practice Nurse	7 (18%)
Long-Term Care Management	9 (23%)
Physician	6 (15%)
Professor	7 (18%)
Registered Healthcare Professionals	8 (20%)
Organizational Lead	3 (8%)

*Pulled from demographics

N=40 (actually N=37 who completed the demographic form)

Appendix B: Complete List of Resources

Resource	Category						Audience			
	Advance Care Planning	Goals of Care	Education	Family Supports	Grief and Bereavement	Pain and Symptom Management	Resident	Family / Caregiver	Healthcare Provider	Researcher
A Caregiver's Guide: A Handbook about End-of-Life Care *https://www.virtualhospice.ca/Assets/CHPCA%20caregivers_guide_2015_en_20170314094930.pdf*	✓			✓	✓	✓		✓		
Advance Care Planning - Conversation Starter *https://bc-cpc.ca/wp-content/uploads/2019/05/ConversationStarter.png*	✓						✓	✓		
Advance Care Planning for People Living with Dementia *https://bc-cpc.ca/wp-content/uploads/2020/06/2020-May_Executive-Summary-Environmental-Scan_ACP-Dementia-Project_For-Website-PHAC-approved.pdf*	✓						✓	✓	✓	
Barriers and facilitators to optimal supportive end-of-life palliative care in long-term care facilities: a qualitative descriptive study of community-based and specialist palliative care physicians' experiences, perceptions and perspectives		✓				✓			✓	✓

https://bmjopen.bmj.com/content /10/8/e037466										
Be prepared in the time of COVID-19 *https://bc-cpc.ca/wp-content/uploads/2020/05/Covid-BePrepared.pdf*	✓						✓			
Better Together: Re-Integration of Family Caregivers as Essential Partners in Care in a Time of COVID-19 *https://www.cfhi-fcass.ca/docs/default-source/itr/tools-and-resources/bt-re-integration-of-family-caregivers-as-essential-partners-covid-19-e.pdf?sfvrsn=5b3d8f3d_2*				✓					✓	
Breathlessness Support Service - Managing breathlessness *King's College Hospital (NHS Foundation Trust)*						✓	✓			
Caregiver Centered Care Certification *https://www.caregivercare.ca/ education/certification*			✓						✓	
Caregiver-Centered Care Competence Framework *https://seniorsnetworkcovenant.ca/wp-content/uploads/2019-06-27-Competency-Framework_proofed.pdf*			✓						✓	
Clinical Decision Pathway COVID-19 in LTC Residents (BC) *BC Centre for Disease Control / BC Ministry of Health*						✓			✓	

Clinical Decision Pathway COVID-19 in LTC Residents (IH) *Interior Health*						✓			✓	
Clinical Frailty Scale *https://www.scfn.org.uk/clinical-frailty-scale*						✓			✓	
Clinical Practice Guideline: Integrating a Palliative Approach to Care in Long term care *Fraser Health*	✓	✓				✓			✓	
Communication at End of Life *https://clri-ltc.ca/resource/ceol/*		✓	✓	✓	✓	✓	✓	✓	✓	✓
Community of Practice for Pain and Palliative Care: A Success Story *https://ltctoolkit.rnao.ca/node/2114*	✓					✓		✓	✓	✓
COVID Ready Communication Playbook *Vital Talk*	✓								✓	
COVID-19 and other resources related to Serious Illness Conversations *https://bc-cpc.ca/all-resources/hcp-resources/serious-illness-conversations-resources/*		✓							✓	
COVID-19 *https://www.advancecareplanning.ca/covid19/*	✓						✓	✓	✓	
COVID-19 Resource Library *https://bc-cpc.github.io/covid/*	✓	✓		✓	✓	✓	✓	✓	✓	
COVID-19 Resources	✓			✓	✓	✓	✓	✓	✓	

https://bc-cpc.ca/all-resources/covid-19-resources/#1586313525063-2d4eb83e-58c3										
COVID-19 Resources *https://champlainpalliative.ca/covid-19-resources/*	✓			✓	✓	✓		✓	✓	
COVID-19 Specific Resources *https://bc-cpc.ca/wp-content/uploads/2020/03/BC-CPC-LTC-Resources-HandoutSheet.pdf*	✓	✓	✓	✓		✓	✓	✓	✓	
End of Life Care and Medical Directives for Symptom Relief - Chelsey Park Nursing *Chelsey Park*						✓			✓	
End of Life Care Infographic *University of Calgary*			✓				✓	✓	✓	
End of Life Spiritual Care Toolkit *www.chelseyparkltc.ca*				✓					✓	
Equity in Palliative Approaches to Care *https://www.equityinpalliativecare.com/*	✓								✓	
Essential Together *https://www.cfhi-fcass.ca/what-we-do/enhance-capacity-and-capability/essential-together*				✓				✓		
Essential Together Huddles: Connecting for peer-to-peer learning and support *https://www.healthcareexcellence.ca/en/what-we-do/what-we-do-together/essential-together/essential-together-huddles-*				✓				✓		

connecting-for-peer-to-peer-learning-and-support/										
Findings from the Waterloo Wellington Virtual Care PDSA *https://www.sjhcg.ca/our-programs-of-care/geriatric-outreach-services-2/virtual-care-toolkit/*	✓					✓			✓	
Fraser Health Advance Care Planning Resources: Health Care Providers Handbook to Client Brochures, Clinical Forms, & Tools for Practical Application *Fraser Health*	✓						✓	✓	✓	
Illness trajectory pamphlets - Dementia, fragility, heart disease, lung disease & kidney disease *https://spaltc.ca/illness-trajectory/*	✓						✓	✓		
Improving care for residents in long term care facilities experiencing an acute change in health status *https://pubmed.ncbi.nlm.nih.gov/33234155/*			✓	✓						✓
Infection Prevention and Control for Novel Coronavirus (COVID-19): Interim guidance for Long-term Care and Assisted Living Facilities *BC Centre for Disease Control / BC Ministry of Health*				✓					✓	
London/Middlesex Long Term Care Pain & Palliative Care Community of Practice *St. Joseph's Health Care London, Chelsey Park*						✓			✓	
Long Term Care COVID-19 Toolkit	✓	✓				✓			✓	

https://toheducation.ca/blog/ltc-resource/										
Long-Term Care, Assisted Living COVID-19 Resource Toolkit *https://www.fraserhealth.ca/employees/clinical-resources/coronavirus-information/ltc-al-il/resources#.YHbJyBRKjDI*	✓	✓	✓	✓		✓		✓	✓	
Love is Not Enough *https://www.youtube.com/watch?v=hsZ287okI8c*	✓						✓	✓	✓	
Managing breathlessness at home during the COVID-19 outbreak *South East London Commissioning Alliance; Cicely Saunders International*						✓	✓	✓		
My Voice - Planning in Advance for Health Choices *http://www.rqhealth.ca/rqhr-central-files/my-voice*	✓						✓	✓		
My Voice in Action: A Workbook for Advance Care Planning (Easy Read Version) *Fraser Health*	✓						✓	✓		
Palliative Care for COVID-19 – Relief of Dyspnea *Stanford Health Care*		✓				✓			✓	
Palliative Pain and Symptom Management Consultation Program Southwestern Ontario *http://www.palliativecareswo.ca/*	✓	✓	✓		✓	✓			✓	
PATH (Palliative and Therapeutic Harmonization)			✓	✓			✓	✓	✓	

https://pathclinic.ca/										
Planning for Palliative Care Delivery during the COVID-19 Pandemic *Ontario Palliative Care Network and Ontario Health (CHPCA)*					✓	✓			✓	
POLST Form *https://polst.org/form-patients/*	✓	✓							✓	
Providing Palliative and End-of-Life Care for Residents in Long-Term Care During the COVID-19 Pandemic *Ontario Palliative Care Network and Ontario Health*		✓			✓	✓	✓	✓		
Provincial palliative symptom management guidelines *https://bc-cpc.ca/publications/symptom-management-guidelines/*						✓			✓	
Re-Imagining Care For Older Adults Next Steps in COVID-19 Response in Long-Term Care and Retirement Homes *Canadian Foundation for Healthcare Improvement; Canadian Patient Safety Institute*				✓			✓	✓	✓	
Serious COVID-19 Illness: Life-support treatments and complications *https://bc-cpc.ca/wp-content/uploads/2020/05/Covid-LifeSupport.pdf*		✓					✓			
Serious illness conversation guide a conversation tool for clinicians Adaptation for COVID-19		✓					✓		✓	

https://www.fraserhealth.ca/employees/clinical-resources/advance-care-planning/serious-illness#.YFObWflKjIU										
Serious Illness Conversations Initiative in British Columbia *https://bc-cpc.ca/wp-content/uploads/2018/09/SICI-Tri-fold-for-public.pdf*		✓					✓			
Stories of the Heart - Resources and supports for BC health care assistants [Videos] *https://bc-cpc.ca/all-resources-hcp-resources-hca-resources/*					✓				✓	
Stories of the Heart - Resources and supports for Educators & Leaders of BC Health Care Assistants [Videos] *https://bc-cpc.ca/all-resources/hcp-resources/stories-of-the-heart-resources-and-supports-for-educators-leaders-of-bc-health-care-assistants/#1605731184936-83fafa24-4b17*					✓				✓	
Supporting COVID-19 Long-Term Care Rapid Response Teams session *https://publicaffairs.cmail19.com/t/ViewEmail/d/62627F782C6636A42540EF23F30FEDED/2653 9B639E77EF4C6A4D3D471B02C3D7 https:// publicaffairs.cmail19.com/t/ ViewEmail/ d/62627F782C6636A42540EF23F30FEDED/26539B639E77EF4C6A4D3D471B02C3D7*						✓			✓	
Symptom Management for Adult Patients with COVID-19 Receiving end-of-life supportive care Outside of the ICU						✓			✓	

Ontario Palliative Care Network and Ontario Health										
The Difference Between Palliative Care and End of Life Care: More than Semantics *https://www.nursing.theclinics.com/article/S0029-6465(16)30027-5/pdf*			✓				✓	✓	✓	✓
The Gold Standards Framework *https://www.goldstandardsframework.org.uk/*	✓	✓							✓	
The Gold Standards Framework Proactive Identification Guidance (PIG) *https://www.goldstandardsframework.org.uk/cd-content/uploads/files/PIG/NEW%20PIG%20-%20%20%2020.1.17%20KT%20vs17.pdf*	✓								✓	
Time to talk: serious illness conversations *https://choosingwiselycanada.org/serious-illness-conversations/*	✓	✓					✓	✓	✓	
VCH North Shore Palliative Care Program Symptom management for supportive care of patients with COVID-19 in Long Term Care facilities *VCH North Shore Palliative Care Program*	✓	✓			✓		✓	✓	✓	
Virtual Care Toolkit *https://www.sjhcg.ca/our-programs-of-care/geriatric-outreach-services-2/virtual-care-toolkit/*				✓				✓	✓	
Virtual Visits Toolkit Family Councils Ontario, Ontario Association of Residents' Councils, Tech Coaches Inc.				✓				✓	✓	

What is Palliative Care? *https://www.interiorhealth.ca/YourCare/PalliativeCare/Pages/WhatIsPalliative.aspx*			✓				✓	✓	✓	✓
WRHA Advance Care Planning - Goals of Care *https://professionals.wrha.mb.ca/advance-care-planning/*	✓	✓	✓				✓	✓	✓	

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[i] Canadian Institute for Health Information. (2021). The Impact of COVID-19 on Long-Term Care in Canada: Focus on the First 6 Months*. Canadian Institute for Health Information*. Available at: https://www.cihi.ca/sites/default/files/document/impact-covid-19-long-term-care-canada-first-6-months-report-en.pdf

[ii] Kaasalainen, S., McCleary, L., Vellani, S. & Pereira, J. (2020). Improving End-of-Life Care for People with Dementia in LTC Homes During the COVID19 Pandemic: A Position Statement. *Alzheimer Society Canada*. Available at: https://alzheimer.ca/en/document/730.

[iii] Phillips, J., Davidson, P. M., & Willcock, S. (2009). An insight into the delivery of a palliative approach in residential aged care: the general practitioner perspective. *Journal of Applied Gerontology*, 28(3), 395-405.

[iv] Sampling was done purposefully using Interpretive descriptive methodology. Based on sample size estimations, the aim was to recruit 30 participants for the environmental scan.

[v] Thorne, S., Kirkham, S. R., & MacDonald-Emes, J. (1997). Interpretive description: a noncategorical qualitative alternative for developing nursing knowledge. *Research in nursing & health*, *20*(2), 169-177.

[vi] Tuckett, A. G. (2004). Qualitative research sampling: the very real complexities. *Nurse researcher*, *12*(1), 47-62.

[vii] Thorne, S. E. (2016). *Interpretive description: Qualitative research for applied practice* (2nd ed.). New York, NY: Routledge.