E-Learning Module F:

Care Delivery and Confirmation

This module requires the learner to have read chapter 7 and 8 of the CAPCE Program Guide and the other required readings associated with the topic. See the CAPCE Program Guide required and recommended reading list for more information.

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Please reference as follows:

GETTING STARTED

This e-Learning Module has been designed to consolidate key concepts from the required readings and provide an opportunity to begin applying these concepts through self-directed reflection and scenario-based work, in preparation for the case-based discussions, in-person, with other learners.
GETTING STARTED

In this module, you will review the content highlights associated with *Care Delivery and Confirmation*.

You may be asked to write down your thoughts or ideas during this module. You can do so in the Notes section at the end of Chapter 7 and 8 in your Program Guide. Have your Program Guide with you as you complete this module.

These notes are just for you; you won’t be required to submit them. However, you may be prompted to use your notes for discussion in your Peer-to-Peer Exchange and Coaching Sessions. Please be respectful of confidentiality.
TOPICS COVERED

✓ Care Delivery and Confirmation: Critical Concepts
✓ Care Delivery
✓ Care Delivery in Different Settings
✓ The Care Team
✓ Expanding the Care Team
✓ Handling and Protecting Medications at Home
✓ Mistakes and Errors
✓ Confirmation
Key concepts associated with Care Delivery and Confirmation include:

- Care Delivery is the execution of the preceding steps of the Therapeutic Encounter.
- Educating the person and family about how to manage and store medications at home will prevent issues that may negatively impact the person.
- The Confirmation process through continual evaluation and assessment can help to identify issues or concerns, allow for the adjustment and refinement of the care plan, and enable the resolution of any mistakes.
Care Delivery is one of the follow-through steps of the therapeutic encounter. Implementation of the individualized plan of care takes place in the setting of the person’s choice.

Important considerations in Care Delivery include:

✓ The composition, leadership, and coordination of the care team
✓ Education and training for caregivers
✓ Setting of care
✓ Essential services
✓ Therapy delivery (i.e. medications) including process, storage, handling, and disposal
✓ Infection control
✓ Managing change errors and omissions
CARE DELIVERY IN DIFFERENT SETTINGS

Recall the foundation concepts of hospice palliative care and the steps to develop a therapeutic relationship. Using your Notes, consider the settings listed below and list one benefit and one challenge related to care delivery for the Nurse practicing in palliative care in each setting.

Settings:
- Hospital
- Retirement Home
- Residential Hospice
- Long Term Care Home
- Person’s Own Home
THE CARE TEAM

Effective team functioning is one of the three foundational concepts in hospice palliative care. As a Nurse you understand the dynamics and roles within the team and how to best utilize resources and network within it.

Just as the person and family will vary, the composition of the interprofessional team will vary, as well.

At times, the team will be small, and other times, the team will be more elaborate. The role of the Nurse in palliative care is to work with the team, collaborate, help coordinate, plan, implement, and evaluate.
EXPANDING THE CARE TEAM

One very important skill for the nurse to possess is the ability to recognize the need to expand the health care team and make the appropriate referrals.

As a Nurse you must recognize the limitations on the scope of practice for yourself, the team, and advocate for additional expertise as needed.

In doing so, you can help the person and family to navigate the health care system, and facilitate a more positive illness experience.
EXPANDING THE CARE TEAM

Consider a scenario in your practice where you have provided palliative care to a person and family as part of an inter-professional team that was expanded by referral (i.e. palliative care physician, palliative care consultation team, additional allied health care providers).

- In the Notes section at the end of Chapter 7, briefly describe the scenario, list the team members involved, how and why the team was expanded.

  - How did expanding the team help the person/family?
  - What were the impacts on the rest of the team members?

Be prepared to share your scenario at your next peer-to-peer discussion.
HANDLING AND PROTECTING MEDICATIONS AT HOME

Consider the following scenario and use your Notes sections to answer the associated questions.

As the Nurse you make a home visit to see a patient and find the person in excruciating pain.

- Which assessment tool(s) will help you conduct a thorough assessment?
HANDLING AND PROTECTING MEDICATIONS AT HOME

During conversation with this patient, she finally admits to you that her opioids were stolen from her home four days ago. She thinks it was one of her grandson’s friends, but she doesn’t want to accuse anyone and she didn’t call you or her LHIN Home and Community Support Care Coordinator for fear that she wouldn’t be allowed to stay in her home any longer. Her monthly prescriptions were filled 10 days ago.

What is your next step to solve this problem? Which members of the team do you collaborate with? What would you do to help this woman avoid this problem in the future?
HANDLING AND PROTECTING MEDICATIONS AT HOME

The home is often the setting of choice for care delivery in hospice palliative care. It offers familiar comforts, smells, sounds, and routines. Family and friends can visit with more ease and the environment is often more relaxed and unrestricted. This also creates vulnerability for the person's medications.

Part of care delivery is education and training for caregivers; in this context, the nurse is responsible for educating and training family caregivers in medication administration and storage, as well as assisting the person and family to establish safe-keeping for all medications, especially opioids.
MISTAKES AND ERRORS

- Briefly describe a mistake you’ve made in your practice, how you felt about it, how you resolved it (or minimized damage), and what you learned from it.
MISTAKES AND ERRORS

Mistakes are inevitable. Good nurses are not mistake-free; they’re honest and willing to be accountable. How the nurse takes responsibility for the error and takes immediate, appropriate action to either correct the mistake or ensure the safety of the person, is most important.
MISTAKES AND ERRORS

Next time you make an error, consider the following guidelines:

1. Begin by admitting the possibility you might make a mistake—it’s the only way you’ll recognize one when it happens.

2. Admit the mistake. Admit it to yourself, your manager, the physician, and ultimately, the person and family.

3. Immediately set about to correct the mistake, if possible, or, at the very least, prevent, minimize, or mitigate the damage.

4. Afterward, take time to think about what happened; what circumstances contributed to the mistake? What can you learn?

5. Finally, and MOST importantly, forgive yourself and move on.
CONFIRMATION

Confirmation is the sixth step in the Therapeutic encounter.

The nurse should consider confirmation as the step right before the next assessment, which begins the therapeutic encounter all over again. Confirmation is only the final step when the therapeutic relationship is brought to a close.
CONFIRMATION

Confirmation assesses the effectiveness of the team’s ability to collaborate and intervene on the issues the person and family face to produce a positive outcome.

As a Nurse, how would you assess and acknowledge the person and family's level of:

- Understanding
- Satisfaction with the plan of care and care delivery
- Stress and coping
- Concerns (other issues or questions)
- Ability to participate in the plan of care

Identify one possible strategy or question to assess each bullet above in your Notes.
CONFIRMATION

How would you manage the conversation if the person and family:

- Did not understand?
- Where not satisfied?
- Were under stress or unable to cope?
- Had concerns?
- Were not able to participate in the plan of care?

Identify one possible strategy or approach for each situation in your Notes.
BRINGING IT TOGETHER

The concept of assessing and confirming is closely linked to the need to revise the plan of care when the plan is not producing the desired outcomes, and like other steps in the Therapeutic Encounter, may be done repeatedly throughout the illness trajectory.
WHAT HAPPENS NEXT

This concludes the e-Learning Modules for the CAPCE program. You will have an opportunity to apply what you have learned at the next Case-Based Learning Session and your Coaching Sessions.
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