

FYI

WHAT IS THE DIFFERENCE BETWEEN PALLIATIVE CARE AND END-OF-LIFE CARE?

PALLIATIVE AND END-OF-LIFE CARE ARE TERMS THAT ARE OFTEN USED INTERCHANGEABLY WHEN DISCUSSING CARE, HOWEVER THEY'RE NOT THE SAME.

PALLIATIVE CARE FOCUSES ON SYMPTOM CONTROL, ADVANCED CARE PLANNING, AND QUALITY OF LIFE. THE FIVE STAGES OF PALLIATIVE CARE CAN OCCUR OVER SEVERAL YEARS.

END-OF-LIFE CARE REFERS TO CARE PROVIDED IN THE TIME LEADING UP TO A PERSON'S DEATH. END-OF-LIFE CARE CAN BE PROVIDED IN THE HOURS, DAYS, OR MONTHS BEFORE A PERSON DIES



5 Stages of Palliative Care

03.

Early Stage Care: The healthcare team will look at all aspects of care that help the resident stay as independent as possible.

01.

Creating A Plan: This is when the initial palliative care plan is created which usually focuses on the current and the future treatment plan, the expected progression of illness, essential medications and symptom relief. At this stage residents may wish to start conversations around wishes and advanced care planning with their substitute decision maker.

04.

Late Stage Care: This is when the healthcare team will help plan more permanent, late-stage care. This stage is guided by the resident's advanced care wishes and implantation of end-of-life care.

02.

Preparing Emotionally: Depending on the level of care agreed during Stage 1, the social worker (or religious/spiritual professional, if requested), will work together to provide the resident and family/persons of importance emotional support while preparing for what's ahead.

05.

Supporting Your Loved Ones: The palliative care team will offer bereavement support as well as resources and community-based referrals to ensure ongoing support is available, if needed.

The Butterfly Program

BACKGROUND

For millennia, butterflies have been used to symbolize the end of life because of their remarkable life cycle and transformation process. The transformation from a crawling caterpillar to a graceful butterfly is seen as a metaphor for the journey of life and death. Just as the caterpillar undergoes a profound change, humans also experience a significant transformation when they are at the end of life and then pass away.

Overall, the symbolism of butterflies at the end of life is deeply rooted in their transformative life cycle, and their association with strength, love, and hope.

PURPOSE

The purpose of the Butterfly Program is to provide compassionate and personalized care, ensuring comfort, respect, dignity, and support for both residents and their persons of importance during the resident's final stages of life.

OUR MISSION

To ensure that all residents at The Pines and their persons of importance can navigate the endof-life journey with dignity, support, and understanding.



The Butterfly Program Overview



The Butterfly Program for end-of-life is a comprehensive and compassionate initiative designed by The Pines Palliative Care Committee to provide the highest quality of care, comfort, and dignity to The Pines' residents when they are nearing the end of their lives.

The Butterfly Program is implemented when a resident is deemed end-of-life, either by their Palliative Performance Scale score or when an end-of-life order set is prescribed by the physician.

Using open and honest communication, the physician, and registered staff provide the necessary information and take the time to ensure that the resident's Substitute Decision Maker or Power of Attorney is well-informed and empowered to make choices regarding the treatment that serves the best interest of the resident and respects their prior capable wishes. The Butterfly Program is dedicated to ensuring that the dying resident is as comfortable as possible during their final days, with a strong emphasis on pain relief and symptom management, while honouring their unique history, dignity, and wishes.

%	Ambulation	Activity Level & Evidence of Disease	Self-care	Intake	Level of Consciousness
100	Full	Normal No disease	Full	Normal	Full
90	Full	Normal Some disease	Full	Normal	Full
80	Full	Normal with effort Some disease	Full	Normal or reduced	Full
70	Reduced	Can't do normal job or work Some disease	Full	As above	Full
60	Reduced	Can't do hobbies or housework Significant disease	Occasional assistance needed	As above	Full or confusion
50	Mainly sit/lie	Can't do any work Extensive disease	Considerable assistance needed	As above	Full or confusion
40	Mainly in bed	As above	Mainly assistance	As above	Full or drowsy or confusion
30	Bed bound	As above	Total Care	Reduced	As above
20	Bed bound	As above	As above	Minimal	As above
10	Bed bound	As above	As above	Mouth care only	Drowsy or Coma
0	Death				

The Butterfly Program recognizes that comfort is not solely physical but also encompasses emotional and psychological well-being. The program aims to create an environment that is peaceful, and serene, and that fosters emotional well-being for both the living and the dying, which can include dimming the lights and playing soft music. The Butterfly Program also recognizes the value of quality time and privacy, allowing for personal activities, intimate moments, and meaningful conversations and farewells between the resident and their persons of importance.

The Pines staff create a safe and non-judgmental space for emotional expression, by listening attentively, validating feelings, and offering reassurance and comfort to both residents and their persons of importance. Our social worker augments this emotional support by offering counseling, and psychotherapy, to aid these individuals in navigating the complex emotions related to anticipatory grief that can arise during this challenging time, as well as with system navigation after death (i.e., bereavement resources).

Furthermore, the program acknowledges the worth of spiritual comfort. Chaplains or spiritual advisors are welcome to provide guidance, prayer, or any other religious or spiritual support that aligns with the resident's beliefs. Spirituality can offer solace and comfort, helping individuals find peace and meaning in their final days.

The Butterfly Program creates a space of compassion, comfort, and support for residents and their persons of importance at end-of-life. It prioritizes physical comfort, personalization, privacy, emotional support, open communication, and cultural and spiritual care. By creating this nurturing environment, the program aims to ensure that all residents at The Pines and their persons of importance can navigate the end-of-life journey with dignity, support, and understanding.

THE BUTTERFLY TEAM, WHICH WORKS IN COLLABORATION WITH A RESIDENT'S PHYSICIAN, CAN INCLUDE:

- NURSES
- PERSONAL SUPPORT WORKERS
- ACTIVITY AIDES
- SOCIAL WORKER
- DIETICIAN
- PHYSICAL, OCCUPATIONAL, AND SPEECH THERAPISTS
- RESIDENT CARE ASSISTANT
- VOLUNTEERS

COMMUNITY RELATIONSHIPS



Components of the Butterfly Program

PALLIATIVE CARE
CART

WALK OF LIFE

SYMPATHY CARDS

BUTTERFLY COMMUNICATION

REFERRALS AND SYSTEM NAVIGATION

PALLIATIVE CARE TOTES

MEANINGFUL MEMORIALS PALLIATIVE AND END-OF-LIFE EDUCATION

MEDICATIONS FOR SYMPTOM MANAGEMENT

GRIEF AND LOSS RESOURCES

BUTTERFLY KEEPERS

PERSONALISED
CARE, SUPPORT OR
TREATMENT

EMOTIONAL SUPPORT

PALLIATIVE CARE COMMITTEE

END-OF-LIFE COMFORT CARE

What's been happening?



The Pines Support Committee generously donated palliative care clothing for residents to use at end-of-life. These gowns will be added to our palliative care totes and have made a meaningful difference.



The Pines Palliative Care
Committee showcase our new
palliative care chairs that can
be used as a chair, a chaise
lounge, or a bed. The chairs
were purchased to
compassionately improve the
comfort of the resident's
family and persons of
importance at end-of-life

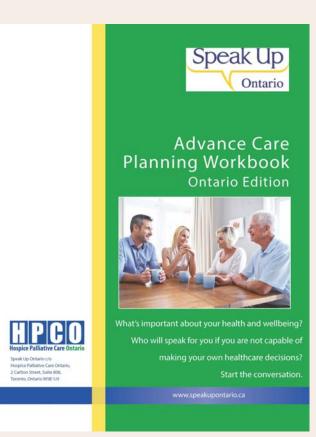


The Pines Palliative Care team held a logo contest wherein a resident's granddaughter's submission was appointed as the Butterfly Program logo.



Initiatives in the Development Phase







The center piece would be placed on the dining room table when the resident is at end-of-life. When the resident then dies the candle would be turned on as a memorial to the resident as well as a way to communicate to residents and staff that the person has died.





Feedback?

Recommendations?

Questions?



