Evaluation of provincial initiatives in palliative care: a baseline assessment of pre-implementation patient perspectives
Alice Wang1, Sarah Thomas3, Adeera Levin1,2, Gaylene Hargrove1,2, Juliya Hemmert1,2
1. University of British Columbia, 2. BC Renal

Background
• Early advanced care planning (ACP) conversations show improved patient outcomes. Content and timing of these ACP discussions are variable.
• BC Integrated Palliative Nephrology Working Group has implemented a multipronged approach to improve palliative care in nephrology, based on a formal needs assessment of providers and patients.
• We sought to document patient perspectives with ACP across 5 HA in BC; a baseline prior to implementation of provincial initiatives aimed at improving the processes.

Methods
• Pre-implementation telephone interviews (~15 min) were conducted with 30 randomly selected patients, 6 from each provincial HA (Table 1).
• Interviews were designed to audit ACP (Heyland et al. 2012).
• Interviews were analyzed quantitatively for patients’ involvement in ACP and qualitatively for common themes.
• This assessment will be repeated 1 yr post-implementation to evaluate improvements to the palliative care approach.

Selected Questions from Validated Questionnaire.

Q1: Do you have an advanced care directive or living will?
Q2A: Have you thought about whether you would/wouldn’t want life-sustaining treatments in case your physical health deteriorated?
Q2B: Have you discussed your wishes with anyone?
Q5: Has a doctor/health professional discussed palliative/spiritual care that might be helpful if you had a life-threatening condition?
Q6: Has a doctor or other member of health care team provided information about supportive care services such as palliative and spiritual that may be helpful if you had a life-threatening illness?
Q7: Has a doctor asked what is important to you as you consider health care decisions at this stage of your life?
Q8: Has a doctor talked to you about the benefits and burdens of life sustaining medical treatments?

Results

Table 1. Patient Demographics

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<tr>
<th></th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
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<tbody>
<tr>
<td>Age</td>
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<td>67.83</td>
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<td>Time since Dialysis initiation (months)</td>
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<td>Gender (% male)</td>
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<td>66.67</td>
<td>60.00</td>
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<td>Race (% Caucasian)</td>
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<td>83.33</td>
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<td>86.67</td>
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Figure 1. % of Patients who reported having advanced directives (Q1), considered treatment plans (Q2A), and had ACP Discussions (Q2B) across all HAs (A) and stratified by dialysis modality (B).

Figure 2. % of patients reporting ACP discussions with doctors across all HAs (A) and stratified by HAs A-E (B).

Figure 3. % of patients reporting ACP discussions with doctors stratified by dialysis modality.

Figure 4. % of patients reported having ACP Directives (Q1) compared to Goals of Care Directive documented in patient chart.

Summary & Conclusion
• The formal baseline assessment of patients suggests that there are opportunities for improvement in the quality and timing of ACP discussions with kidney patients across all BC HAs.
• Only 30% of patients had detailed discussions with their health providers about life-sustaining therapy or palliation in case of a life-threatening condition; this varied across HAs.
• While most patients did not find ACP discussions to be difficult, they would prefer if providers initiated discussion at multiple time points and had more time to provide information.
• We aim to evaluate patient perceptions 1 year post-provincial palliative care initiative implementation, in order to guide further quality improvement initiatives.

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Bibliography