

Evaluation of provincial initiatives in palliative care: a baseline assessment of pre-implementation patient perspectives

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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; as 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

	A	B	C	D	E	All Sites
Age	73.50	84.33	67.83	76.17	75.00	75.37
Time since Dialysis initiation (months)	43.5	46.25	20.00	63.25	17.5	38.10
Gender (% male)	66.67	50.00	50.00	66.67	66.67	60.00
Race (% Caucasian)	100.00	50.00	100.00	83.33	100.00	86.67

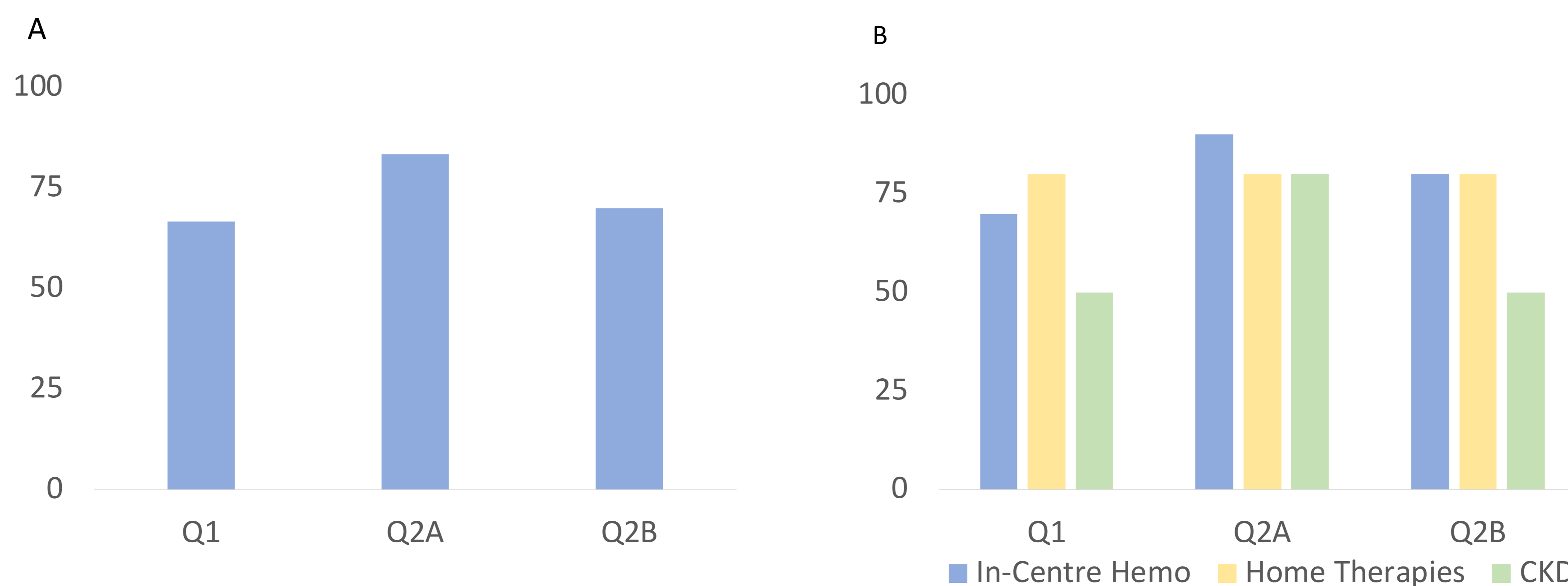


Figure 1. % of Patients who reported having advanced directives (Q1), considered treatment plans (Q2A), and had ACP Discussions (Q2B) across all HAs (A) and stratified by dialysis modality (B).

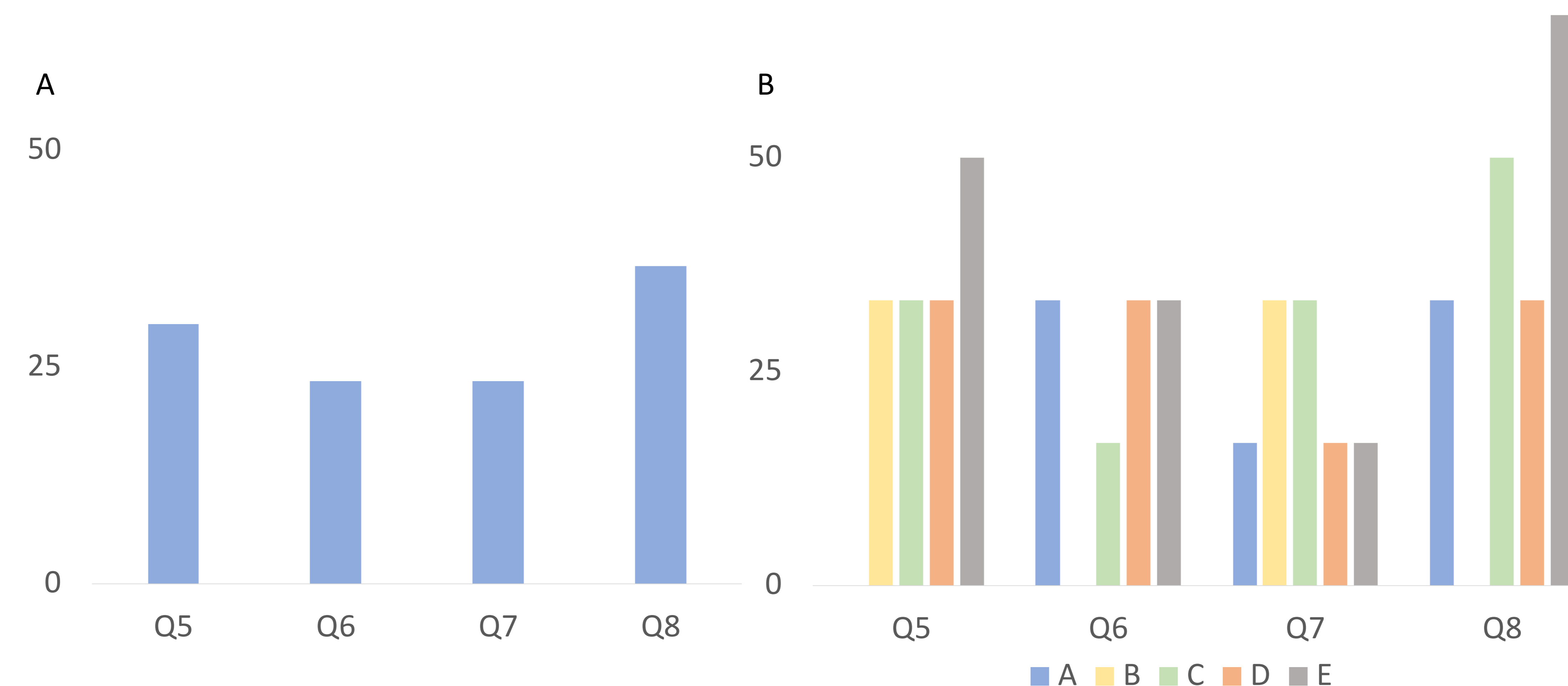


Figure 2. % of patients reporting ACP discussions with doctors across all HAs (A) and stratified by HAs A-E (B).

Questions? Please contact:

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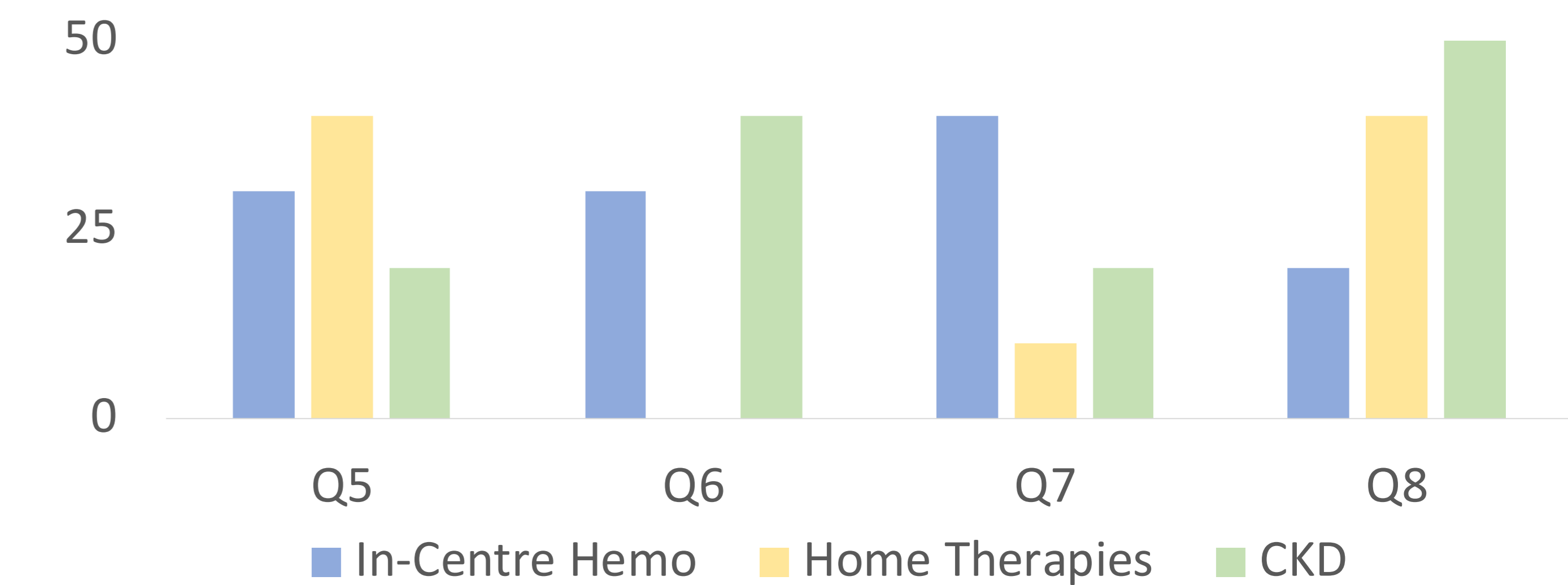


Figure 3. % of patients reporting ACP discussions with doctors stratified by dialysis modality.

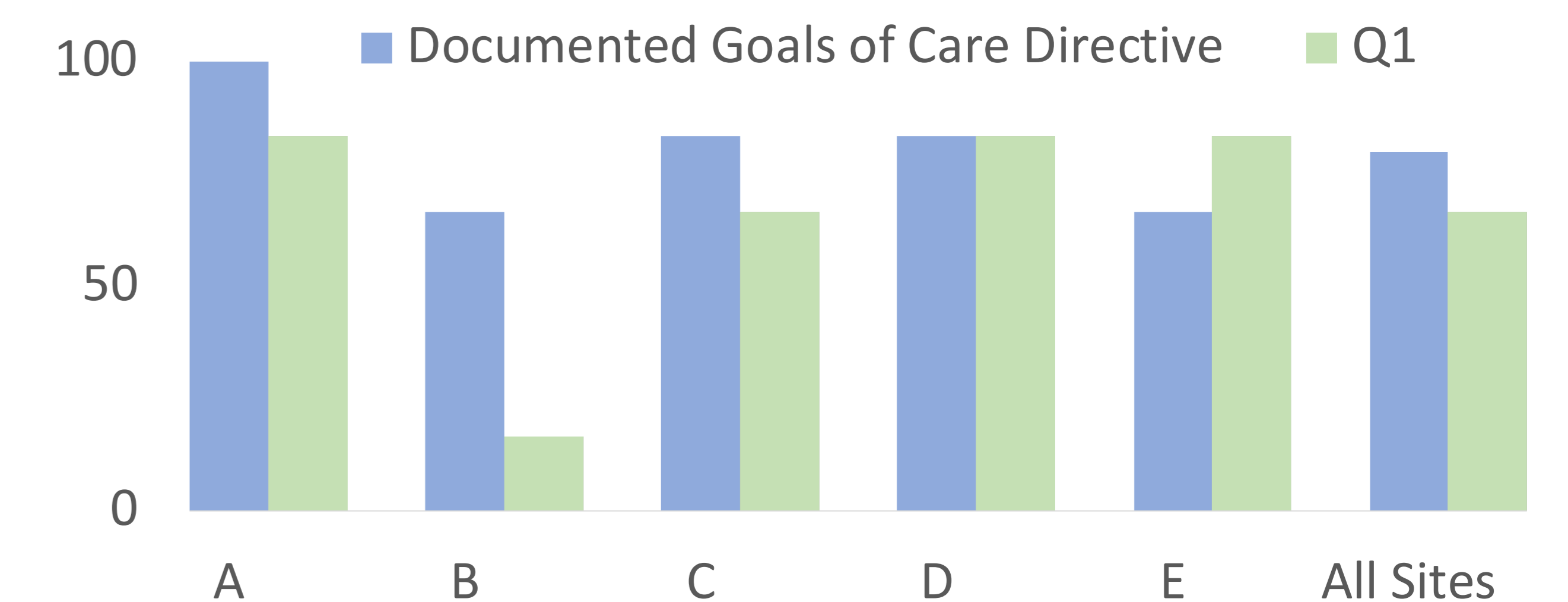


Figure 4. % of patients reported having ACP Directives (Q1) compared to Goals of Care Directive documented in patient chart.

Summary & Conclusion

- The formal baseline assessment of patients suggestions 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.

Acknowledgements

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Bibliography

Heyland, D. K., Dodek, P., Lamontagne, F., You, J. J., Barwich, D., Tayler, C., ... & Enns, B. (2012). The development and validation of a questionnaire to audit advance care planning (ACP). *BMJ supportive & palliative care*, 2(2), 175-176.