Development And Integration Of A Palliative Approach To Care (PAC) Strategy In Four Long Term Care Sites In British Columbia, Canada

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Objective

To evaluate the implementation of an integrative palliative approach to end of life care (IPEOL) pilot project in long term care (LTC) facilities

Methods

- Case study evaluation

Recruitment

- Research team distributed information letters; interested participants contacted research team
- *Sample* : site leadership, care providers, clinical and professional staff, direct care staff, family council

Data Collection & Analysis

- Interviews and focus groups collected on: care practices, facilitators & barriers, education, satisfaction, confidence and comfort with PAC and resulting changes in care approach
- Interpretive thematic analysis; data was transcribed, coded, and compared: (**A**) pre/post, (**B**) project/control

IPEOL Project

2015 Development
July - December Development phase with *multi-professional team*

2016 Implementation
January Implementation phase in LTC sites
June – September T1 data collection

2017 Implementation
December Implementation complete

2018 Data Collection
May T2 data collection

Sample included: ● 4 Project Sites ● 1 Control Site

We acknowledge **SALTY team** for it's contributions to this study. The research is funded through a Late Life Issues grant from CIHR, in partnership with Michael Smith Foundation, Nova Scotia Health Research Foundation and Alzheimer Society of Canada.

IPEOL Project Resources

- Onsite Link Palliative Care Nurse (one day/week)
- Connection to Palliative Physician
- Palliative Rounds (*developed during implementation)
- L.E.A.P. Education Sessions
- Toolkit: Poster, Early Identification, Guide to Goals of Care, Conversation Guide, & Letter to Physician

Results

	Site 1	Site 2	Site 3	Site 4	Site 5 - Control
Context	Small, urban, owned & operated	Large, urban, affiliate	Small, rural, owned & operated	Medium, rural, affiliate	Small, urban, owned & operated
PAC awareness T1	Increased *through early ID	None	Little, if any	Increased *through early ID	private death, comfort & pain management
PAC awareness T2	Increased *RN/LPN/ staff	None	Some *RN/LPN only	Increased *RN/LPN only	N/A
Communication T1	Earlier, clearer *interprofessional, with families	Open, direct *interprofessional, with families	Open, direct *interprofessional, with families	Earlier ID *with families	Inconsistent; No strategies with families
Communication T2	Effective *RN/LPN & families	Effective *RN/LPN & families	Effective *RN/LPN & families	Effective *RN/LPN & families	N/A
Tools used	Poster, Early ID, Conversation Guide, Palliative Rounds	Poster, Early ID, Conversation Guide, Palliative Rounds	Poster, Early ID, Conversation Guide	Poster, Early ID, Conversation Guide	N/A

Themes

"Sometimes Talking is Enough"

"Talking to other residents and families, [staff are] more prepared and comfortable – they understand the different stages of palliative now… that's been the biggest impact in terms of quality of care." (FC)

"Start Earlier in Our Thinking"

"it's been rewarding in that we're preparing people up to the end and not sort of jumping in at the last minute… we're not caught off guard… we are getting better at spotting the warning signs." (Dir of Care)

"Time as Barrier to Embeddedness"

- Capacity of leadership to support the tools in daily practice
- Greater staff (especially direct care) exposure to education and tools led to greater embeddedness

Outcomes

- **Communication** was identified as the biggest barrier at T1 and IPEOL project's conversation tool decreased these conflicts at T2; this also related to staff's shifts in awareness and identification of PAC, leading to increased conversation with families.
- **Barriers** to implementation were **time** and **gaps in educational opportunities** between direct care and professional staff