

PACE EU FP7 **improving quality of palliative** **care in care homes in Europe**

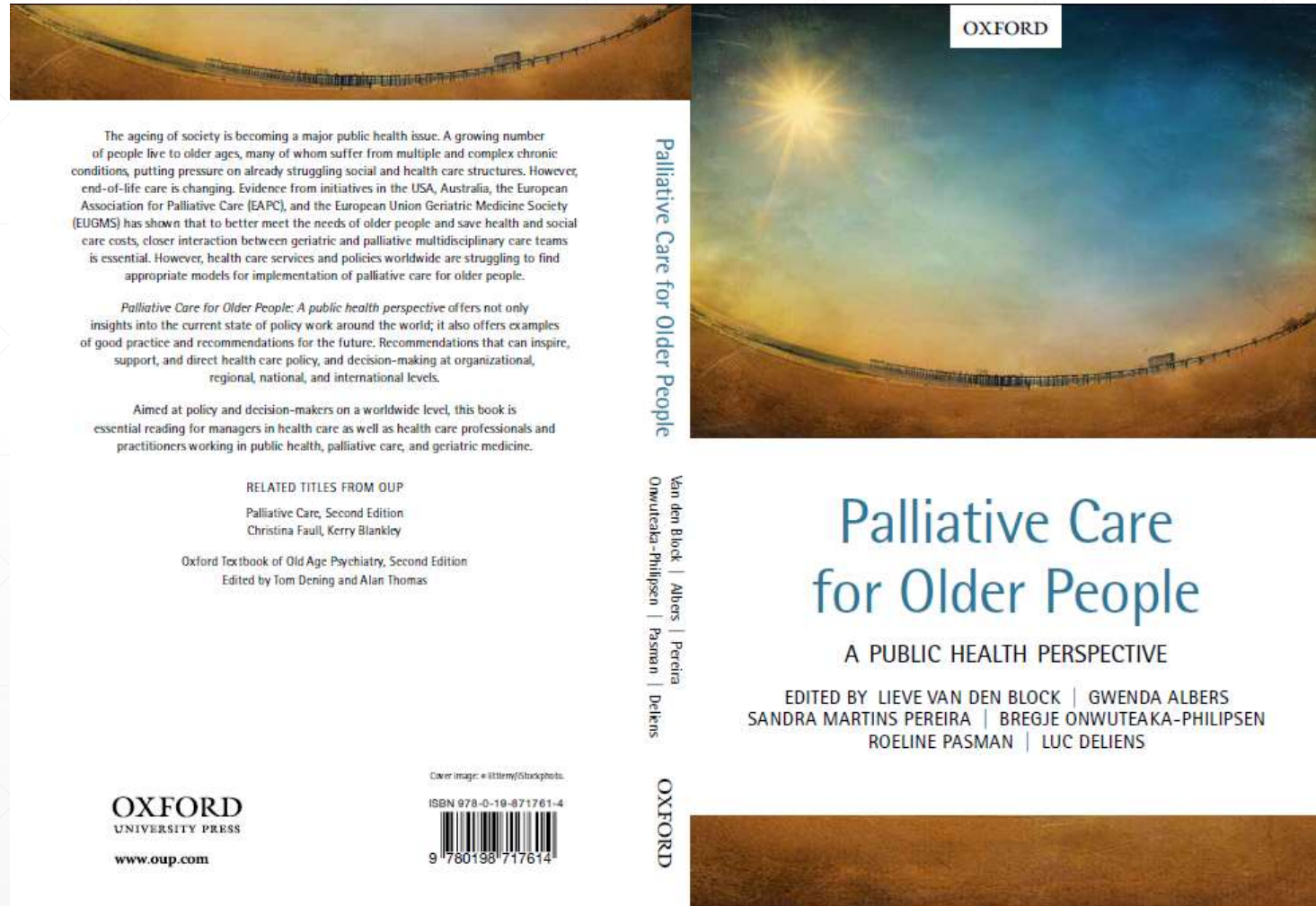
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Overview



Palliative care for older people a huge public health and clinical challenge particularly in care homes and for people with dementia



The ageing of society is becoming a major public health issue. A growing number of people live to older ages, many of whom suffer from multiple and complex chronic conditions, putting pressure on already struggling social and health care structures. However, end-of-life care is changing. Evidence from initiatives in the USA, Australia, the European Association for Palliative Care (EAPC), and the European Union Geriatric Medicine Society (EUGMS) has shown that to better meet the needs of older people and save health and social care costs, closer interaction between geriatric and palliative multidisciplinary care teams is essential. However, health care services and policies worldwide are struggling to find appropriate models for implementation of palliative care for older people.

Palliative Care for Older People: A public health perspective offers not only insights into the current state of policy work around the world; it also offers examples of good practice and recommendations for the future. Recommendations that can inspire, support, and direct health care policy, and decision-making at organizational, regional, national, and international levels.

Aimed at policy and decision-makers on a worldwide level, this book is essential reading for managers in health care as well as health care professionals and practitioners working in public health, palliative care, and geriatric medicine.

RELATED TITLES FROM OUP

Palliative Care, Second Edition
Christina Faulk, Kerry Blankley

Oxford Textbook of Old Age Psychiatry, Second Edition
Edited by Tom Dening and Alan Thomas

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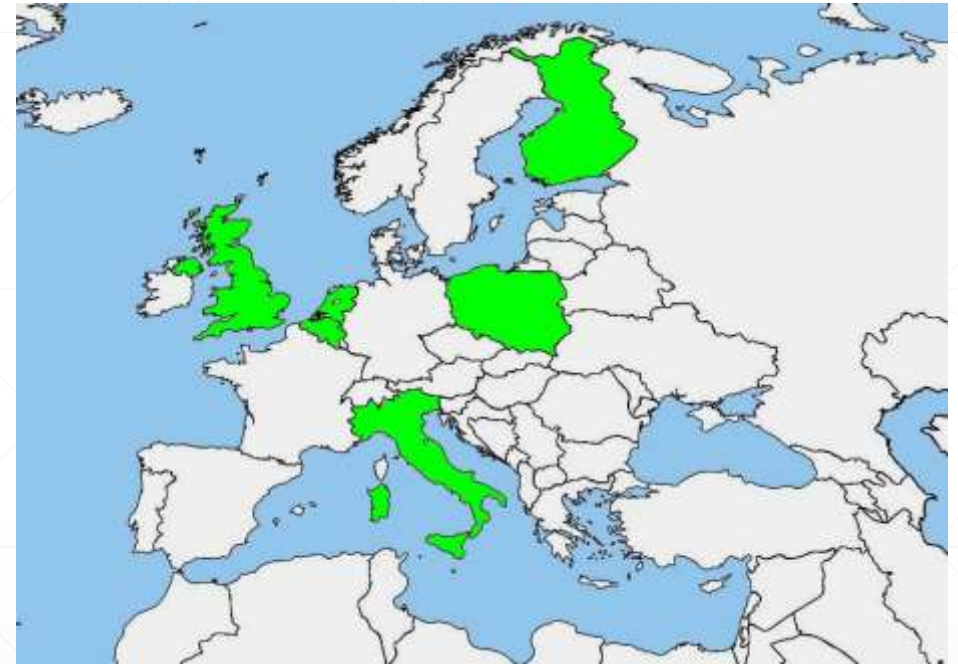
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PACE FP7 EU -funded project 2014-2019 **LONG TERM CARE FACILITIES – NURSING & CARE HOMES**



1. Mapping palliative care structures in care homes in Europe (EAPC Taskforce)
2. Describing and comparing quality of end-of-life care and quality of dying in 6 EU countries (cross-sectional study)
3. Randomised controlled cluster trial to integrate palliative care
“PACE Steps to success” intervention



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Need to better understand quality of palliative care and quality of dying in care homes in Europe

PACE is an EU-funded FP7 project studying palliative care for older people in different types of care homes in Europe (ie nursing homes, homes for older people, long term care facilities).

PACE has three substudies

- 1) Mapping palliative care structures and policies in care homes across Europe
- 2) Describing and comparing quality of care at the end of life and quality of dying in six EU countries, and exploring the structural characteristics related to better outcomes
- 3) Evaluate the effect of an innovative palliative care intervention in care homes on quality of care, quality of dying and staff competences

First results of PACE substudy 2 on quality of dying are reported



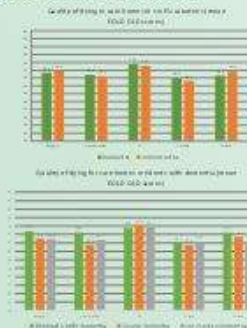
Method: cross-sectional study of deceased care homes residents in Belgium, Finland, Italy, the Netherlands, Poland and the United Kingdom

In each country, a sample of care homes representative for the country was drawn. All residents that died over a past three-month period were identified. Questionnaires with validated measures for quality of care and quality of dying were filled in by the nurse most involved in care, the GP, and a next of kin.

**Deceased residents in BE, FI, NL, PL, UK
Number of people with dementia**



Quality of dying measured by the EOLD-CAD (End-of-Life in Dementia Scale - Comfort while Dying) judged by the nurses



Higher scores = better quality of dying

Conclusion

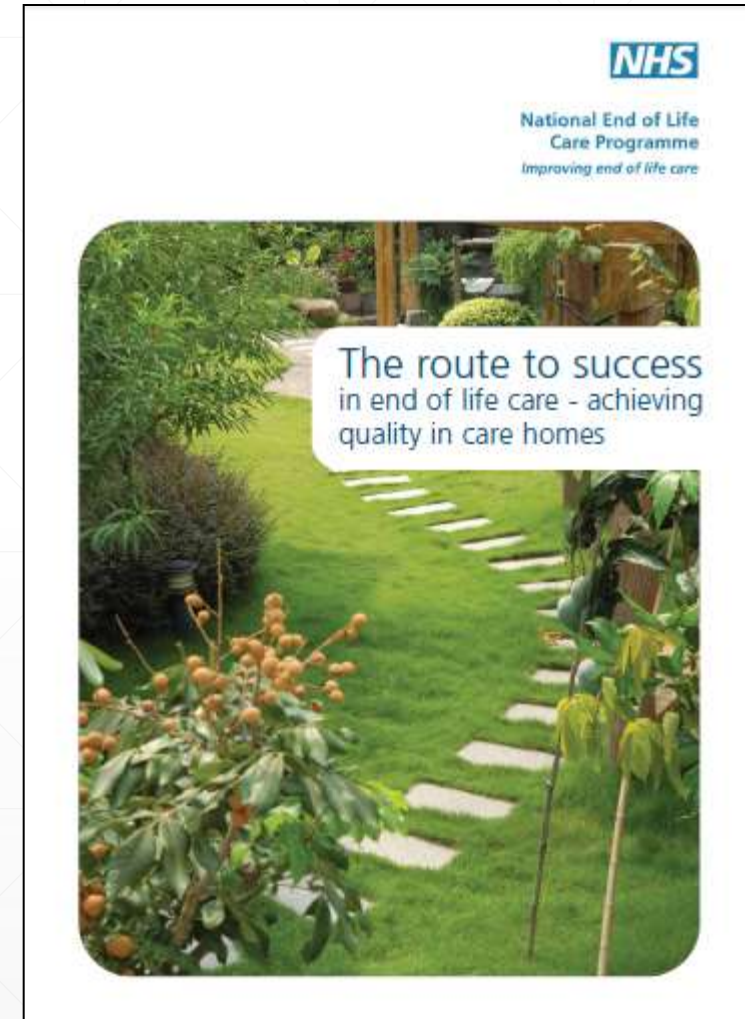
Variations between countries in quality of dying need to be further explored. In all countries there is room for improvement.

Overview



PACE Steps to Success intervention

1. Based on a **UK** intervention
2. “Route to Success and Six Steps to Success” specifically developed for care home context
 - **Nurses and care workers** delivering care (with limited PC training)
 - Complex prolonged **trajectories**, multi-morbidities, dementia, pending death not always recognised
 - “**weak context**”: high staff turnover, low educated personnel, lack of multidisciplinary input





PACE Steps to Success Key components

PACE Coordinators
Country trainers
One year of implementation

6 steps

1. **Advance care planning** discussions
2. **Mapping changes** in resident condition during monthly meetings to help anticipate dying and providing the necessary quality of care in the last phase of life
3. Coordination of care using a **supportive/palliative care register** during monthly multidisciplinary meetings, with staff, GPs
all residents are discussed with particular attention to those thought to be in last year of life includes DNR form discussions



6 steps

4. Symptom management with focus on **pain and depression** (PAINAD, Geriatric Depression Scale, Cornell Depression Scale in case of dementia, as screening tools)
5. Dying – **Care in the last weeks/days of life** – integrated care plan using ‘last days of life’ checklist
6. Care **after death**: reflective debriefing



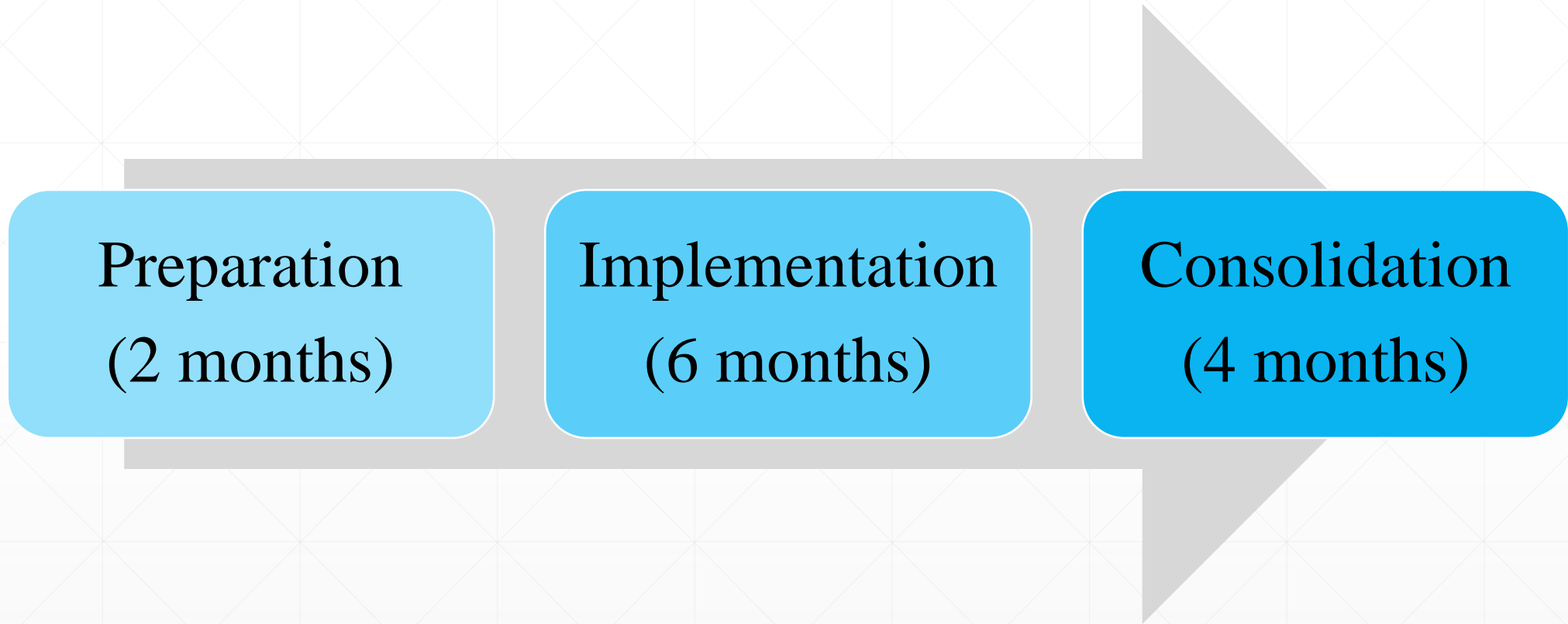
Who is involved? A **whole system** intervention

1. **Country trainers**: 1 -3 trainers per country, supported by International Trainer Jo Hockley
2. Care home manager
3. **PACE Coordinators** assigned in the care home (eg 1 per 30 beds)
4. Care home staff
5. GPs
6. Families

For all residents, with and without dementia



Process of implementation



Preparation

Introduction of programme to care homes (staff, family, GPs)
Provide training for PACE Coordinator(s)

Led by:
Country trainer

Implementation

Introduce 6 steps

Led by:
Country Trainer
with PACE
Coordinator(s)

Consolidation

Ongoing support

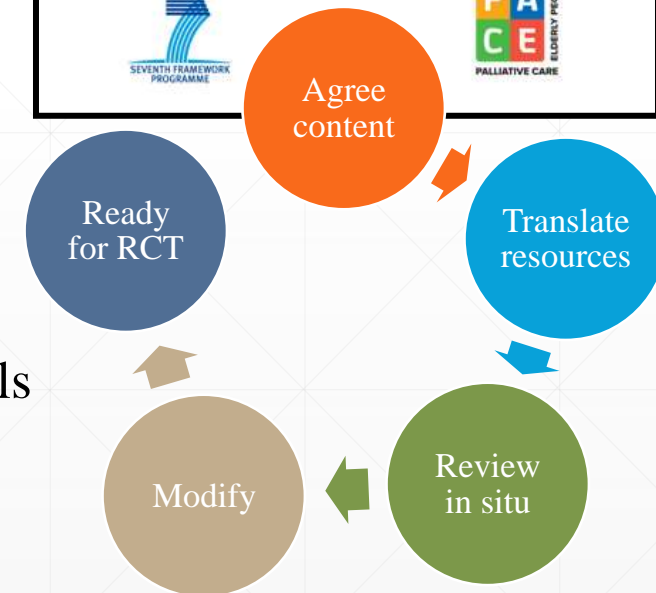
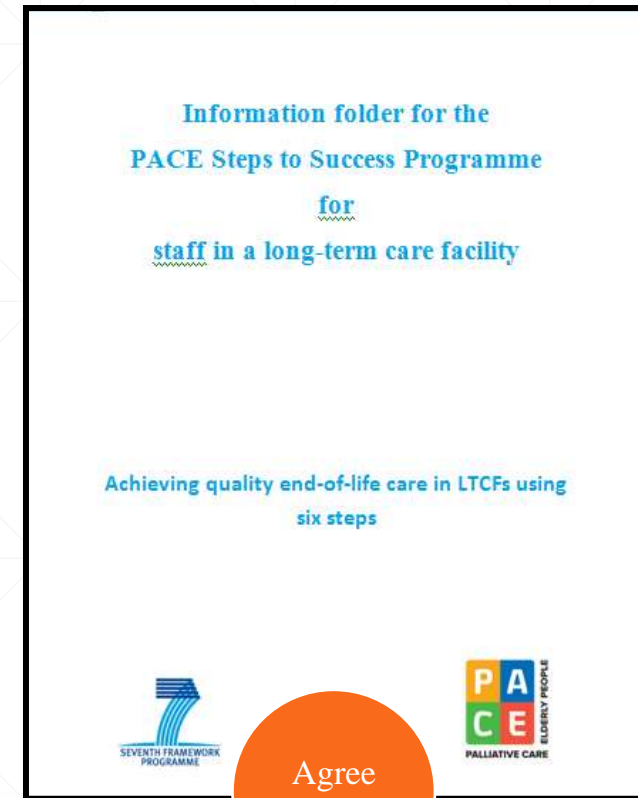
Led by:
PACE Coordinator(s)
supported by Country
trainer

Resources

- Care home staff: Information Folder
- Care home PACE coordinator: Information Folder
- Care home PACE coordinator: Tools Folder
- Country Trainer: Information Folder
- Country Trainer: Tools Folder
- 2 day training programme for Care home PACE Coordinators

Cross cultural adaptation:

- Iterative process through consortium meetings, teleconferences, e-mails
- Implementation process review



Overview



Cluster RCT across 7 countries

- Comparing PACE steps to success with care as usual
- Random allocation of care homes intervention or control
- Per country, 6 intervention and 6 control homes:
 - 1) GP responsible for medical care and social/nursing care provided onsite
 - 2) explicit motivation of Board of Directors, to free time for PACE coordinators
- Mixed method quantitative and qualitative evaluation
 - **EFFECTIVENESS** evaluation @ baseline, after 13 and 17 months:
 - residents' quality of dying, quality of care: after-death questionnaires to staff, GP, relative
 - facility staff: knowledge and attitudes questionnaire
 - **PROCESS** evaluation: RE-AIM framework (reach, efficacy, adoption, implementation, maintenance)
 - **COST**-effectiveness

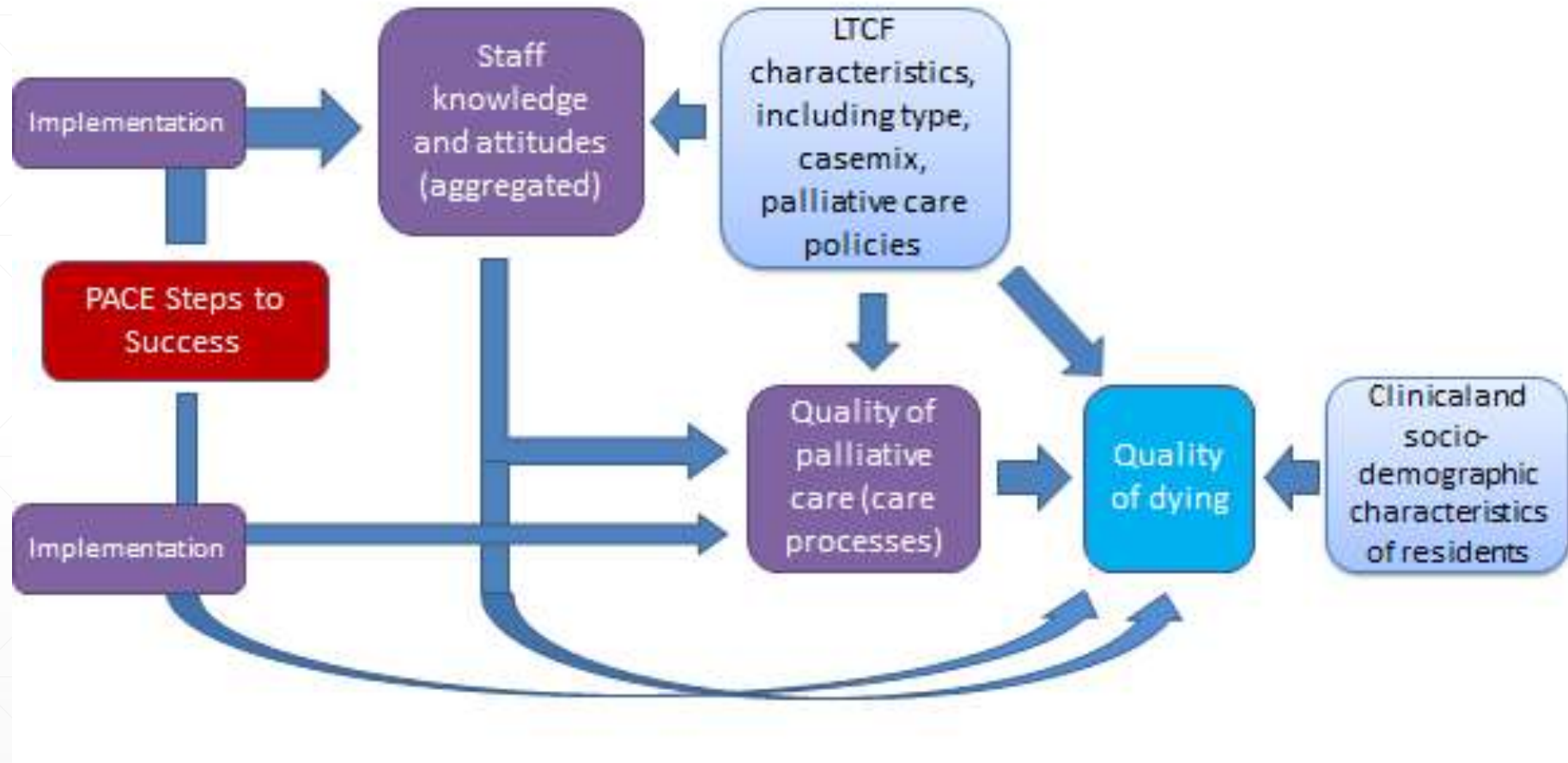
Overview



TIMING

- Trial starting between Sept 2015 and March 2016
 - 12 months trial
 - Measurements until month 17

- First results expected in 2017



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Logic model PACE intervention

