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

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www.eupace.eu
Overview

PACE background and project aims

“PACE Steps to Success” intervention

Evaluation Cluster RCT

Expected outcomes
Palliative care for older people
a huge public health and clinical challenge
particularly in care homes and for people with dementia
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 (nursing homes, in care for older people, long term care facilities).

**PACE has three sub-studies**
1. Mapping palliative care structures and policies in care homes across Europe
2. Assessing 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 dying and staff’s behaviour

**First results of PACE sub-study 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 representing the country was drawn. All residents that died over a period three months prior were included. Questionnaires with validated measures of quality of care and quality of dying were filled in by the nurses involved in the care, the IFP, and a next of kin.

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

**Quality of dying measured by the EOLD-CAD (End of Life in Dependent Scale - Conform) while Dying judged by the nurses**

**Conclusion**
Facilitors between nurse intervention in quality of dying need to be further explored to allow them use them in improvement.
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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*
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 (2 months)
Implementation (6 months)
Consolidation (4 months)
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
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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
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TIMING

- Trial starting between Sept 2015 and March 2016
  - 12 months trial
  - Measurements until month 17
- First results expected in 2017
Acknowledged

This project has received funding from the European Union’s Seventh Framework Programme for research, technological development and demonstration under grant agreement no. 603111.