Addressing whole systems to improve patient's clinical care: Evidence from long term care settings

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Background

- Ageing population + rising incidence of dementia and complex co-morbidities;

- LTC facilities important place of residence and care for a sector of older population;

- A place of living and dying;

- Increased interest in care for dying people in LCTFs

- Limited evidence of impact of interventions (Hall et al 2011)

- **How** is palliative care being developed in these settings?

How do we move from evidence-based medicine to evidence-based practice?

$$SI = f(E, C, F)$$

Outline

- Long term care facilities as whole systems
  - EAPC Taskforce on Palliative Care in Long Term Care Settings for Older People

- Frameworks for change
  - Ferlie and Shortell (2001) levels of change
  - PARiHS framework for implementation (Kitson et al 2008)

Long term care settings

- A collective institutional setting where care is provided for older people who live there, 24 hours a day, seven days a week, for an undefined period of time;

- The care provided includes on site provision of personal assistance with activities of daily living;

- Nursing and medical care may be provided on-site or by nursing and medical professionals working from an organisation external to the setting.

EAPC Taskforce on Palliative Care in Long Term Care Settings for Older People

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2010-2013

Austria
Belgium
France
Germany
Ireland
Italy
Netherlands
Norway
Portugal
Spain
Sweden
Switzerland
United Kingdom

EAPC

Purpose of Taskforce

Aim

To identify and map the different ways of developing palliative care in long term care settings across Europe.

Objectives:

- To define long term care settings for older people and the nature of palliative care in these settings
- To identify practice development initiatives being undertaken to develop the provision of palliative care in long term care settings for older people
- To map palliative care initiatives across different countries
- To create a compendium of good practice interventions

Taskforce work

- Phase 1: Country context
  - the older population,
  - nature and types of long-term care settings,
  - wider funding and regulatory context
  - key drivers for change

- Phase 2: Identification of range of initiatives
  - typology of interventions

	Summary
Types of LTCFs	Provision at 2 levels: • high dependency • low dependency. Third tier in hospitals (Fr/Ger)
Status of LTC providers	Mixed economy of providers • public, • not for profit • private exists in most countries.
Funding for Long Term Care	Mixed sources: • public provision through health and social care funding • personal funds from individuals, (private insurance, or own capital/income; family contributions) Means testing of funding also occurs

Whole system:
A multi level approach to change

Ferlie & Shortell (2001)	EAPC Taskforce typology
Individual	Individual (staff, family, resident)
Group / team	Group / Team
Organization	Organization
Larger System /Environment	Regional / Networks
	National

Level of Change	Initiative	Example
Individual • **Resident** • **Family** • **Staff**	• Assessment tools • Communication interventions • Education • Leadership development • Clinical assessment tool development	The Savera Scale for terminal phase (Belgium) A guide on palliative care for family of people with dementia. (Netherlands)
Group/team	• Inter-professional education • Inter-professional rounds	Guide for decision making to withdraw or withhold treatments (France)
Organisation	• Shared working between palliative care and LTCFs • Specialist palliative care units in LTCFs • Organisational development	Pain free nursing homes (Norway)
Regional/ Network	• Regulation • (Inter)-professional networks	SARquavitae networks of care project (Spain) Hospice and palliative Care Plan in Tyrol (Austria)
National	• Legal frameworks • National Strategies • Funding policies • Quality developments: standards and guidelines	National End of Life Care Strategy (UK: England, Scotland)

Two whole system examples

- Bergen Red Cross Nursing Home – national project site (Norway)

- Six Steps to Success (England)

Bergen Red Cross Nursing Home – national project site (Norway)

Level of Change	Initiative
Individual Resident, Family, Staff	• Use of MOBID-2 pain assessment tool • 'The final days and hours' leaflet
Group/team	• Teach the teachers 4 sessions (12 days over 1 year); commitment to role out in own setting. 10% of Norwegian municipalities now involved
Organisation	• Teach the teachers • Voluntary services to be developed in all nursing homes
National	• National centre of excellence (3000 participants at conferences, seminars etc per year)

Six Steps to Success (England)

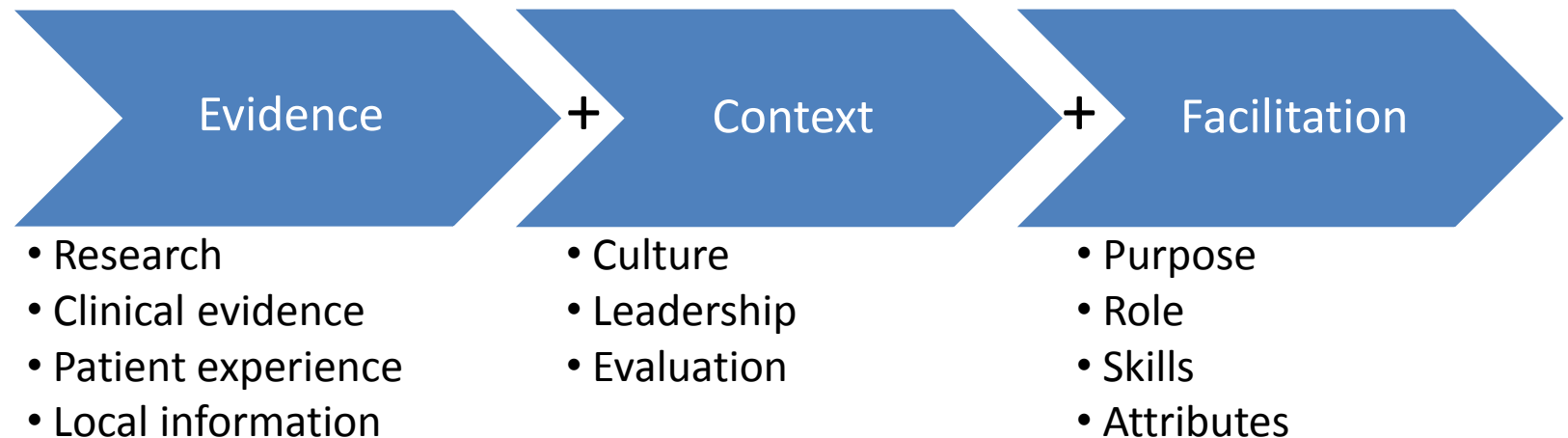| Level of Change	Initiative
Individual Resident, Family, Staff	• Workshop style training for staff – 6 steps • Use of assessment tools (physical, psychological, spiritual) embedded
Organisation	• Champions from LTCFs • Programme of structured organisational change
Regional/ Network	• Supported by regional end of life care facilitators
National	• National framework for end of life care • Strategy and implementation programme • Linked to national quality markers in care homes/end of life

PARIHS framework

Promoting Action on Research Implementation in Health Services

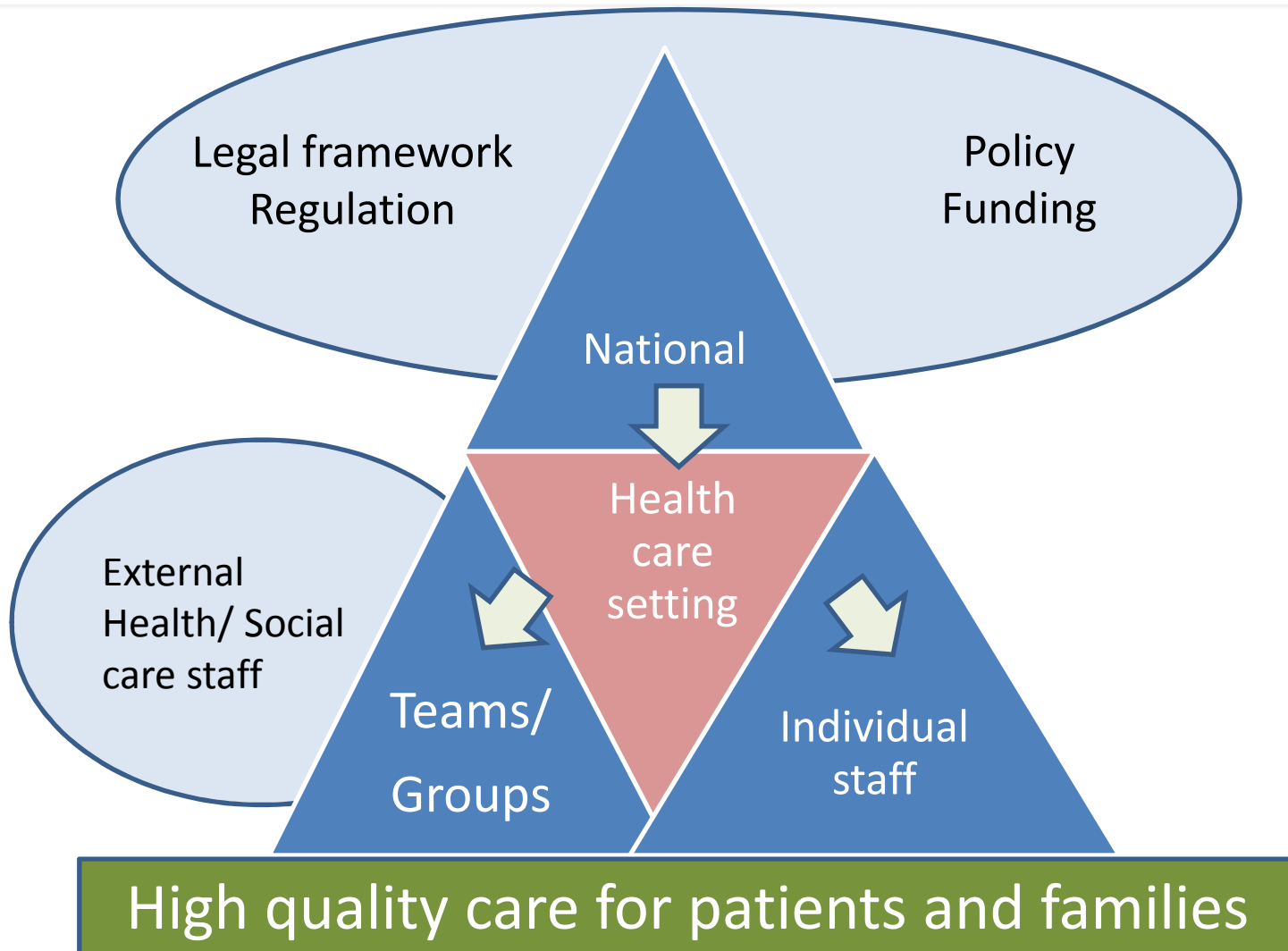- Evidence, context and facilitation important (Kitson et al 2008)

SI = f (E, C, F)

Sucessful Implementation =

Evidence	+	Context	+	Facilitation
• Research • Clinical evidence • Patient experience • Local information		• Culture • Leadership • Evaluation		• Purpose • Role • Skills • Attributes

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Whole system change

In conclusion

- Long term care facilities are whole systems (as are all settings of care)

- To improve clinical care using a whole systems approach:

  – Good evidence

  – Awareness of context within and external to setting of care where evidence is to be used

  – A clear implementation (facilitation) process

Thank you

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Further information

- Ferlie, E.B., and S.M. Shortell. (2001) Improving the quality of health care in the United Kingdom and the United States: a framework for change. *Milbank Quarterly* 79(2): 281–315.

- Kitson A, Rycroft-Malone J, Harvey G, McCormack B, Seers K, Titchen A. (2008) Evaluating the successful implementation of evidence into practice using the PARiHS framework: theoretical and practical challenges. *Implementation Science.* 3: doi: O.86/748-5908-3-

- Full Taskforce report on EAPC website

www.eapcnet.eu/Themes/Specificgroups/Olderpeople/Longtermcaresettings.aspx

- Summary of Taskforce work

Reitinger E, Froggatt K Brazil K Heimerl K, Hockley J, Kunz R, Morbey H, Parker D, Husebo BS. Palliative Care in Long-term Care Settings for Older People: Findings from an EAPC Taskforce. *European Journal of Palliative Care. 20(5):251-253*

- Website for dissemination of good practice examples

www.lancs.ac.uk/shm/research/ioelc/projects/eapc-taskforce-ltc