



EMBEDDING PALLIATIVE APPROACHES TO CARE SPREAD COLLABORATIVE

Evaluation Results Summary

Embedding Palliative Approaches to Care (EPAC) is a proven, adaptable model that helps staff in long-term care (LTC) support residents and their families who would prefer to receive end-of-life care at home.¹ The EPAC model supports: earlier identification of residents who could benefit from a palliative approach to care; conversations about goals for living and for care; and the creation and implementation of comprehensive, resident-centred care plans. EPAC aims to change culture so that what residents want at the end of their lives is discussed and honoured, and all who are affected by the death of a resident have access to support.

Working with EPAC innovator Jane Webley (former Regional Lead, End-of-Life Program, Vancouver Coastal Health), the Canadian Foundation for Healthcare Improvement’s August 2018 - September 2019 EPAC spread collaborative supported seven teams from five provinces and one territory. More than 200 staff from 22 LTC homes received training, tools, coaching and support to implement the EPAC model. More details about EPAC and the collaborative teams are available via [CFHI’s website](#).

Teams participating in the EPAC collaborative embraced improvement and change methodologies, and experienced gains in the timing and frequency of goals of care (GOC) conversations, death in the location of choice and quality of experience of care. Table 1 provides summary results from the EPAC collaborative.

EPAC Goals	Key Findings
Early and frequent goals of care (GOC) conversations (n=409 residents)	<ul style="list-style-type: none"> Trends in timing of GOC conversations indicated staff were effectively identifying residents at high risk of having unmet palliative care needs and prioritizing their GOC conversations as the percentage of residents with documented GOC more than 26 weeks before death gradually declined during the collaborative. 89% of residents had documented GOC conversations at the time of death and 62% had their GOC conversation reviewed at least once.
Respecting Resident’s choice for location of care (n=409 residents)	<ul style="list-style-type: none"> During the collaborative, 81% of residents died at home. For the 19% of residents who died in hospital, the length of time between the most recent GOC conversation and time of death was double that of those who died at home. During the collaborative, there were 120 hospital visits by 91 residents. In 72% of these visits, the resident returned home without being admitted to the hospital.
Improved quality of life for residents (n=409 residents)	<ul style="list-style-type: none"> All seven teams reported improvements to the quality of life for residents through increased and improved communication and conversations about GOC, death and dying. Residents and families provided positive feedback about the teams’ compassionate approach to palliative care. They reported that they were comfortable asking questions and making decisions about resident care, and that a safe and supportive environment was created.
Quality improvement (n=27 staff)	<ul style="list-style-type: none"> Teams integrated palliative care into everyday practice by developing new orientation materials, integrating palliative care discussions into existing processes, using common assessment tools and checklists and having palliative medication order sets for physicians. 74% of all improvement objectives set by teams were met and a further 22% were partially met during the collaborative period. Teams identified strategies for sustaining their progress by continuing to provide education and training on GOC conversations, reviewing organizational policies based on lessons learned from the collaborative and engaging residents and families in resident care.

Table 1 summary results from the EPAC collaborative

Next Steps

Ten of the 22 participating EPAC homes joined CFHI’s [Momentum Challenge](#) – a program that brought together teams from completed CFHI collaboratives and supported them in sustaining and spreading their improvement projects even further.

EPAC collaborative teams have also been invited to join [LTC+: Acting on Pandemic Learning Together](#) – a CFHI and Canadian Patient Safety Institute program that is supporting long-term care and retirement homes to learn from each other during the COVID-19 pandemic and strengthen their pandemic plans.

¹ For some people, including the residents who were part of the EPAC collaborative homes, their home is their long-term care home.