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Title

RESPECT for person-centred palliative and end-of-life care in Ontario's long-term care homes

Priority 1 (Research Category)

Palliative and end-of-life care

Presenters

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Abstract

Context: Increasingly, more and more Canadians spend their final days in supportive living environments, such as retirement homes and long-term care (LTC) homes. Despite the average life expectancy of 18 months among those living in LTC, and most can benefit from a palliative approach to care, many only receive end-of-life care in the last 2-3 weeks of life. RESPECT (Risk Evaluation for Support: Predictions for Elder life in their Communities Tool) is a risk communication tool powered by a suite of prediction algorithms that estimate individuals' survival (that is, how long someone will live) and designed to support earlier identification of palliative care needs. RESPECT was developed and validated using routinely collected population-level data from home and community care and LTC homes in Ontario.

Objective: To implement and evaluate the use of RESPECT (i.e., barriers and facilitators) in LTC homes for earlier identification of palliative care needs.

Study Design: Qualitative pre-post implementation interviews and focus groups.

Population and Setting: Seven focus groups involving 17 registered staff and 19 personal support workers (PSWs). A total of 22 interviews have also been conducted with 13 health organization leaders and 9 frontline staff.

Outcome Measures: Data collection and analysis are informed by two implementation science frameworks: the Actor, Action, Context, Target, and Time Framework, and the Theoretical Domains Framework.

Analysis: Thematic analysis using established implementation science frameworks.

Results: Barriers to implementation include limited time for training and capacity; limited understanding of the tool and how it can be used to inform decisions and facilitate conversations with residents and/or families; lack of clarity on the processes, timelines, and assigned roles for integrating RESPECT into routine procedures; and staff (especially PSWs') discomfort in knowing residents' life expectancy. Physicians' acceptability of RESPECT is an important determinant of successful implementation, given their key role in communicating residents' prognoses and making medical decisions. Physicians generally feel positive about RESPECT, although many would like more time to observe the tool's accuracy; nonetheless, they can envision themselves using the tool.

Conclusions: Findings from this study suggest a potential role for risk communication tools, like RESPECT, in supporting a palliative approach to care in LTC settings.