Comparing the effectiveness of palliative care for elderly people in long term care facilities in Europe and in Switzerland

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Thank you

To program «Research in Palliative Care» with

the support of the Gottfried and Julia Bangerter

Rhyner and Stanley Thomas Johnson Foundations

To all nursing homes: staff; physician, relatives; administrative...

And to all collaborators.....

| LTCF | PACE 1 Descriptive | Pace 2 Intervention |

PACE FP7 EU -funded project 2014-2019

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
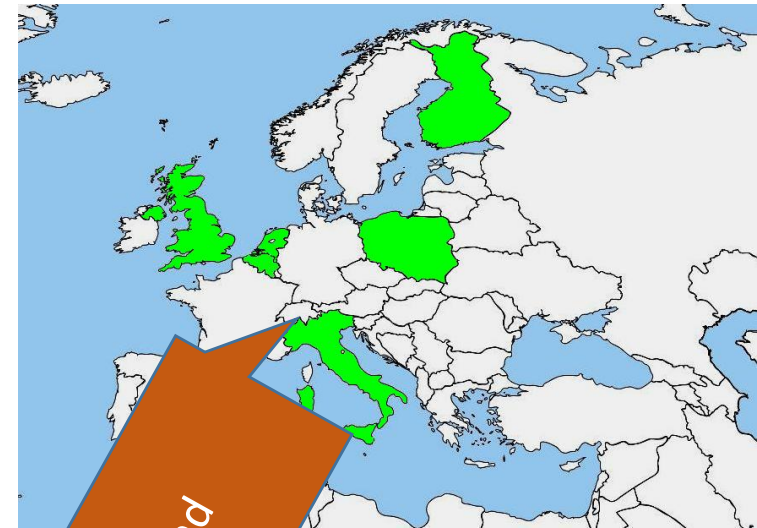
And Switzerland

Figure 6: LTCFs as Place of Death

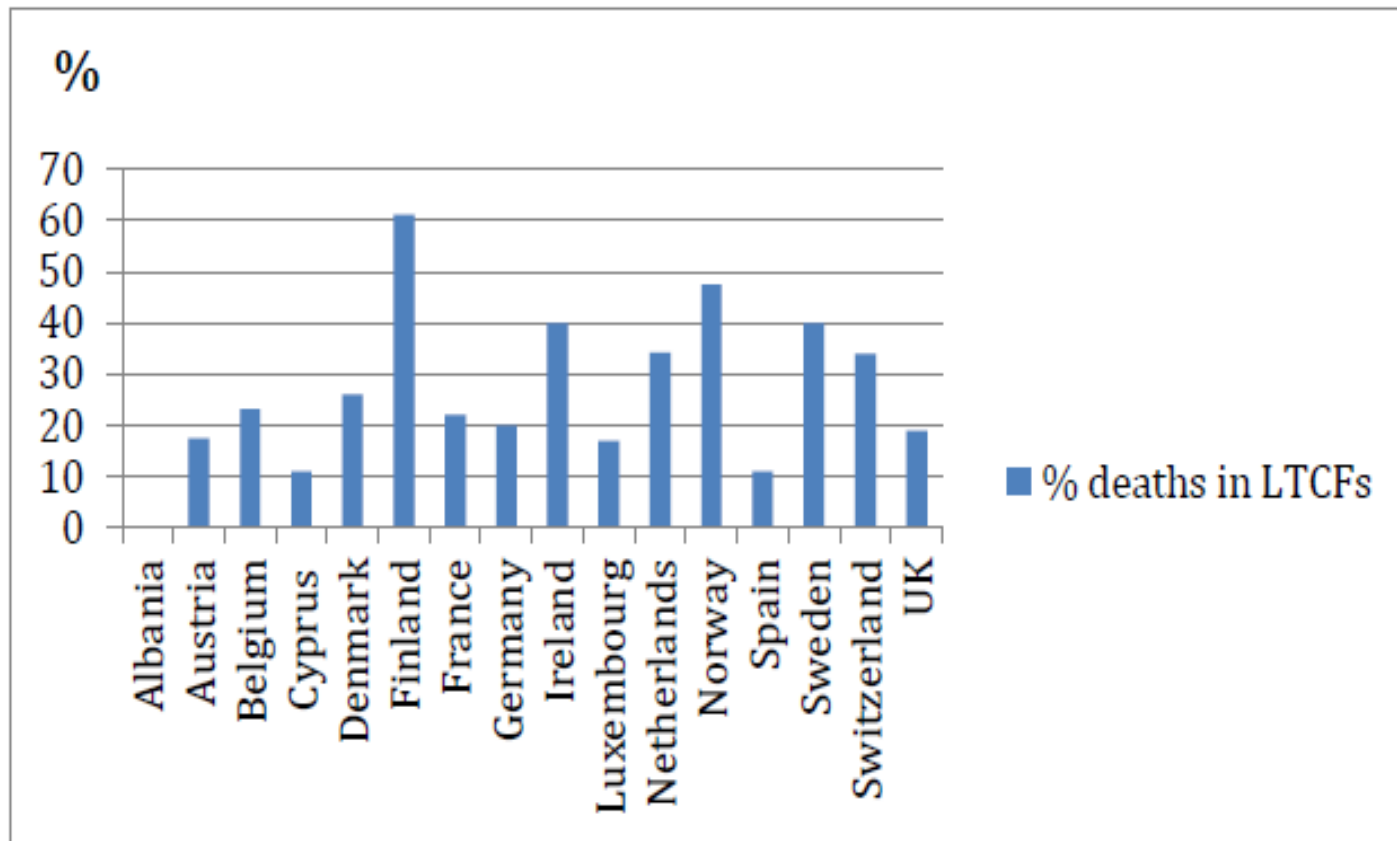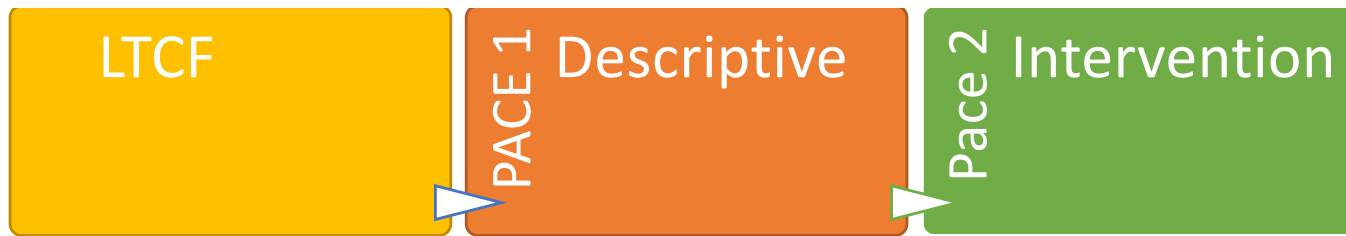| LTCF | PACE 1 Descriptive | Pace 2 Intervention |

- # Cross-sectional study of deceased residents

  Every care home reports all deceased residents (in and outside the facility) over a past three month period

  Structured after-death questionnaires on quality of care and quality of dying

- # Cross-sectional study of staff

  Knowledge and attitudes

Staff member

Relative

Treating physician/G

Deceased resident in last three months
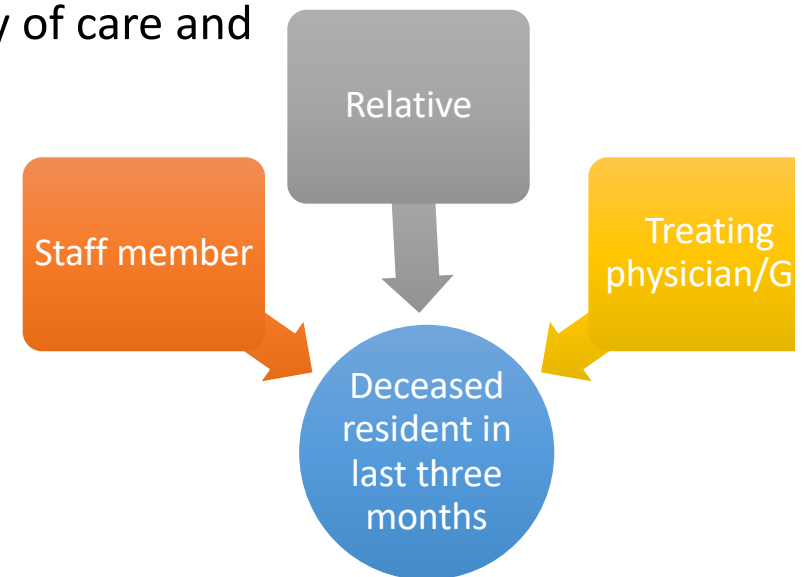
Primary Outcome

- **EOLD-CAD:** End-of-Life in Dementia Scale Comfort Assessment while dying completed by staff

- **QOD-LTC**: Quality of Dying in Long Term Care completed by staff

- **Knowledge Construct of the Palliative Care Survey completed by staff**

Quality of dying and quality of end-of-life care of nursing home residents in six countries: An epidemiological study

Lara Pivodic[1], Tinne Smets[1] iD, Nele Van den Noortgate[2],
Bregje D Onwuteaka-Philipsen[3], Yvonne Engels[4], Katarzyna Szczerbińska[5],
Harriet Finne-Soveri[6], Katherine Froggatt[7], Giovanni Gambassi[8, 9],
Luc Deliens[1] and Lieve Van den Block[1]; on behalf of PACE

Characteristics of patients

10EMS VD_FR et 6 TI

	BE (N = 291)		FI (N = 269)		IT (N = 200)		NL (N = 222)		PL (N = 311)		ENG (N = 91)		CH (N=90)		P Value
Age at time of death, median (IQR)	88	(83–92)	86	(82–91)	87	(81–91)	87	(83–92)	83	(74–89)	89	(85–94)	88.7	(71-101)	<0.001
Gender, female, n (%)	174	64	169	64	136	68	138	67	195	64	66	78	52	59	0.38
Underlying cause of death, n (%) <0.001															
Cancer	30	11								5	13	16	11	15	
Cardiovascular disease (excl. CVA)	71	25								51	3	4	27	36	
Stroke/CVA	30	11								15	9	11	1	1	
Dementia	61	22								8	22	27	15	20	
Respiratory disease	38	13								4	10	12	8	10	
Other	53	19								17	26	31	29	32	
Resident had dementia, n (%)	183	63								68	53	60	54	61	<0.001
Functional status 1 month before death (BANS-S), median (IQR)b	19	(15–22)								(20–25)	18	(14–21)	18	(14–21)	<0.001
Place of death, n (%)															
Nursing home	227	83								80	71	82	79	88	0.014
Length of stay in nursing home, n (%)															<0.001
Up to 6 months	55	19	80	30	68	34	49	22	163	53	26	30	24	27	
6–12 months	33	12	20	8	21	11	18	8	23	8	8	9	9	10	
1 year or more	200	69	166	63	111	56	153	70	122	40	54	61	57	63	
Respondent for resident, n (%)															
Nurse most involved in care	245	85	251	94	197	100	97	44	212	70	36	40	88	98	
Other staff most involved in care	45	16	15	6	1	1	123	56	92	30	53	60	2	2	

90 patients
88.7 years old
61% had dementia
36% dies from CVD
88% died in NH

67 % stayed more than 1 year

Dementia Scale Comfort Assessment while dying (EOLD-CAD)

Better score 42

Legend: Total score, Physical distress, Dying symptoms, Emotional distress, Well-being

Categories: BE (N=291), FI (N = 269), IT (N = 200), NL (N = 222), PL (N = 311), ENG (N = 91), CH (N=90)
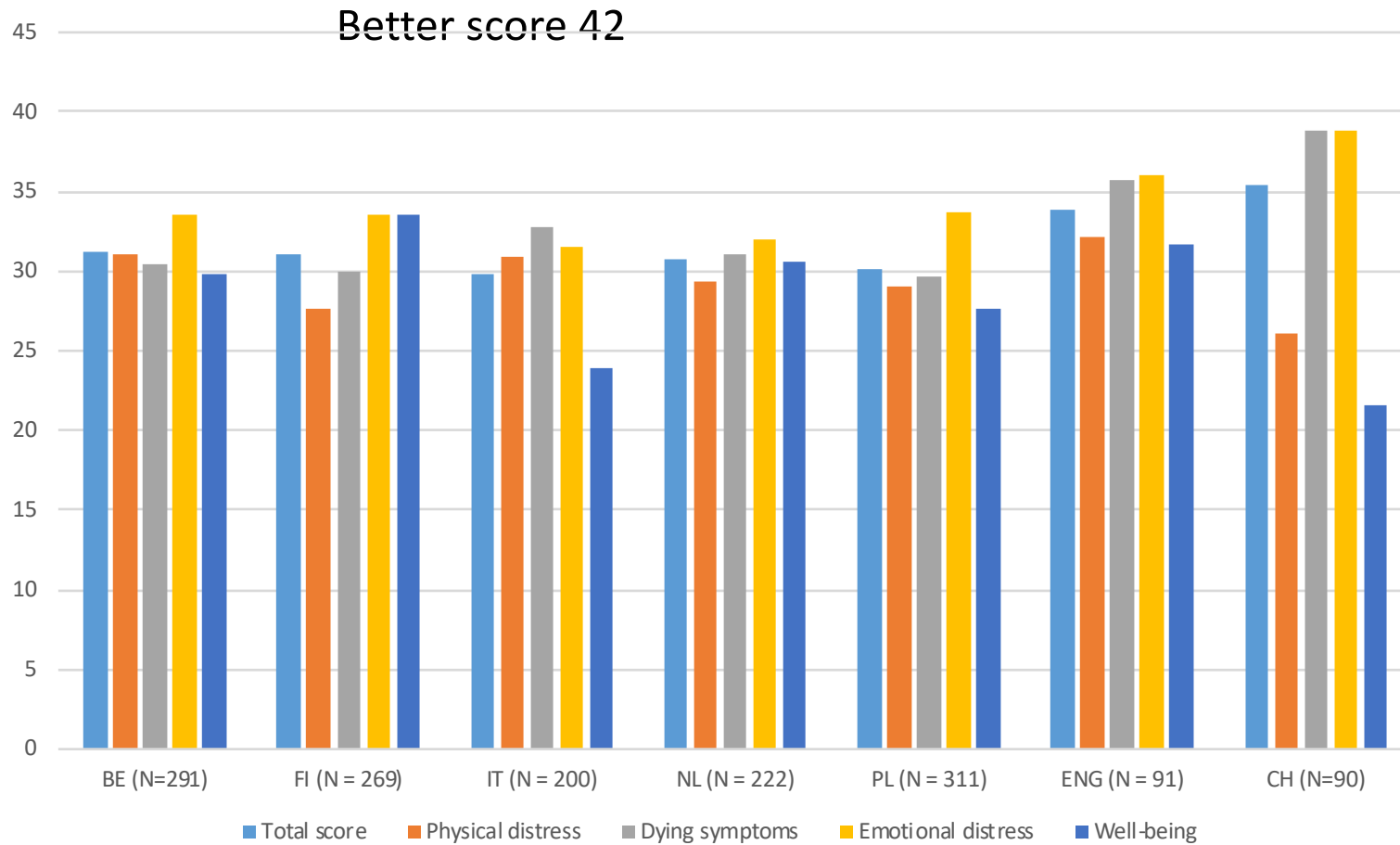
Quality of Dying in Long Term Care completed by staff

Better score 55

QoD-LTC
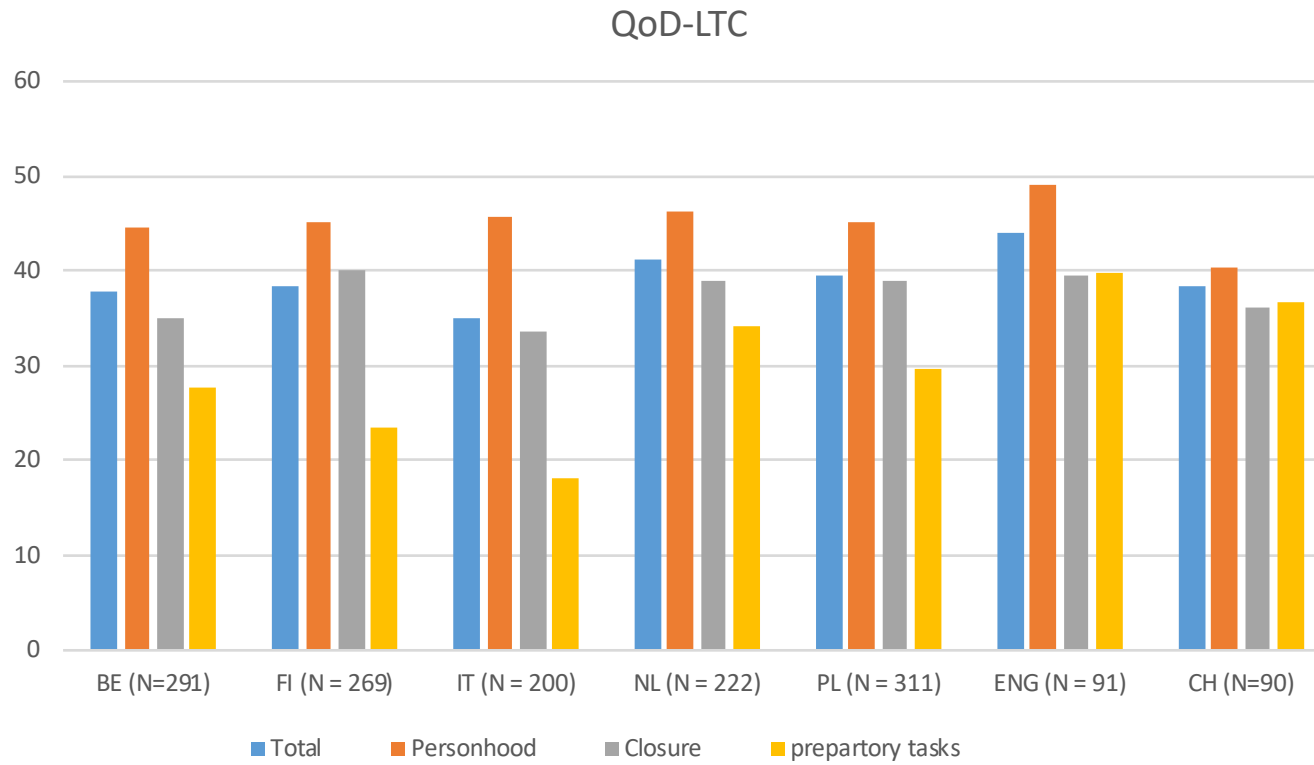
The palliative care knowledge of nursing home staff: The EU FP7 PACE cross-sectional survey in 322 nursing homes in six European countries

Characerics of the nurses

	Belgium (n = 559)		Netherlands (n = 440)		England (n = 152)		Finland (n = 559)		Poland (n = 399)		Italy (n = 166)		CH (n=669)		p value *
Age															<0.001
17–35	224	40.4	128	29.5	61	41.2	141	25.9	67	17.1	86	55.5	177	27.2	
36–50	201	36.3	165	38	46	31.1	207	38.1	207	52.9	59	38.1	272	41.8	
>50	129	23.3	141	32.5	41	27.7	196	36	117	29.9	10	6.5	202	31	
Gender (female)	495	88.6	412	94.3	139	92.7	527	95.8	371	94.2	107	67.3	561	84	<0.001
Registred nurse	262					46	26.4	164	41.1	156	99.4	139	21		<0.001
Formal training in palliative care	390	74.3	263	60.3	80	54.4	324	59	235	60.9	90	56.3	274	41	<0.001
Number of years working in direct resident care															<0.001
Less than 10 years	223	42.3	148	34.7	92	63.4	236	43.9	167	45.3	108	73	252	38.9	
More than ten years	304	57.1	278	65.3	53	36.6	301	56.1	202	54.7	40	27	396	61.1	

41% formal training in PC
21% are nurse

AS	340 (50.9%)
ASSC	106 (15.9%)
IDE	139 (20.8%)

Knowledge Construct of the Palliative Care Survey
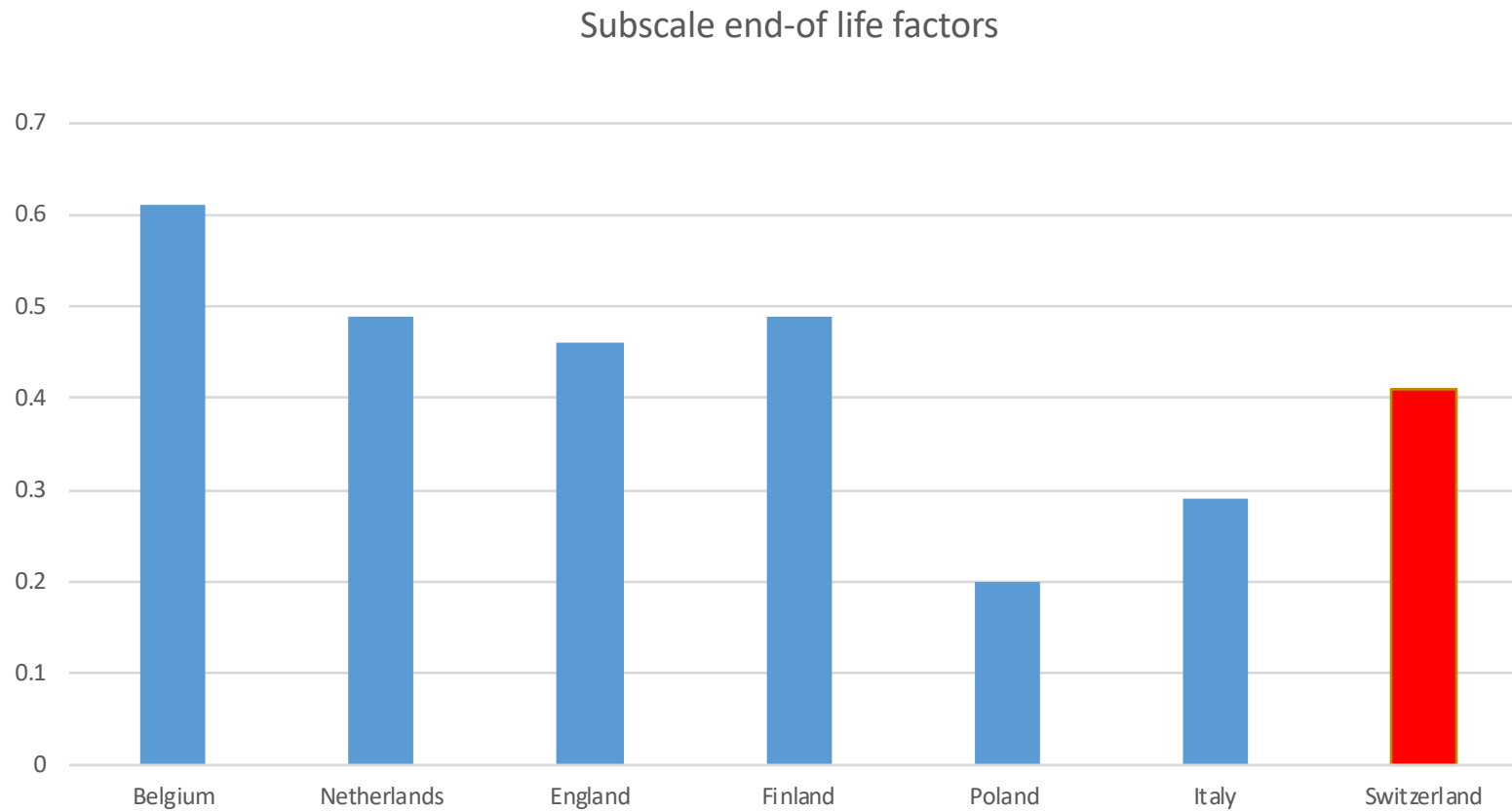
Subscale end-of life factors
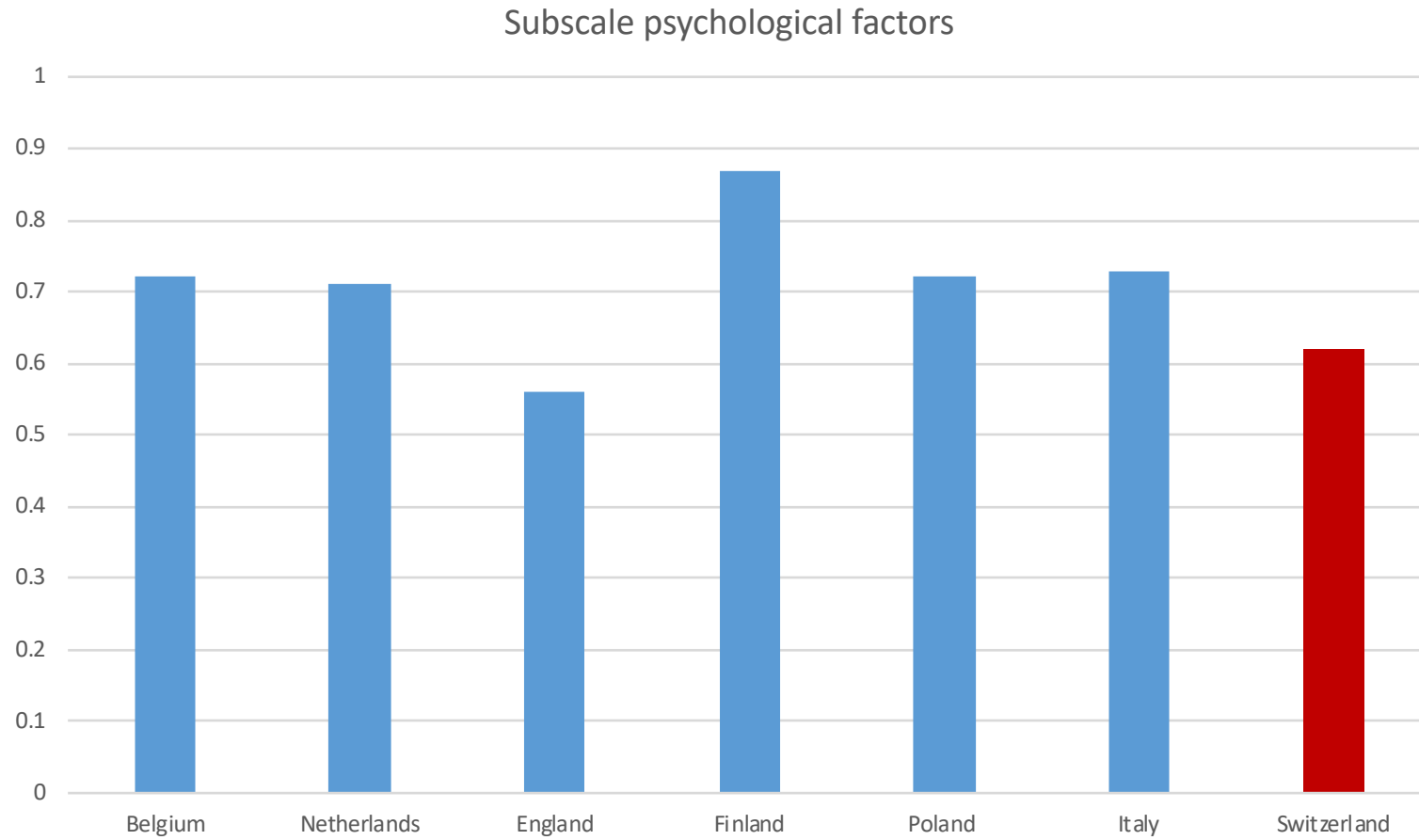
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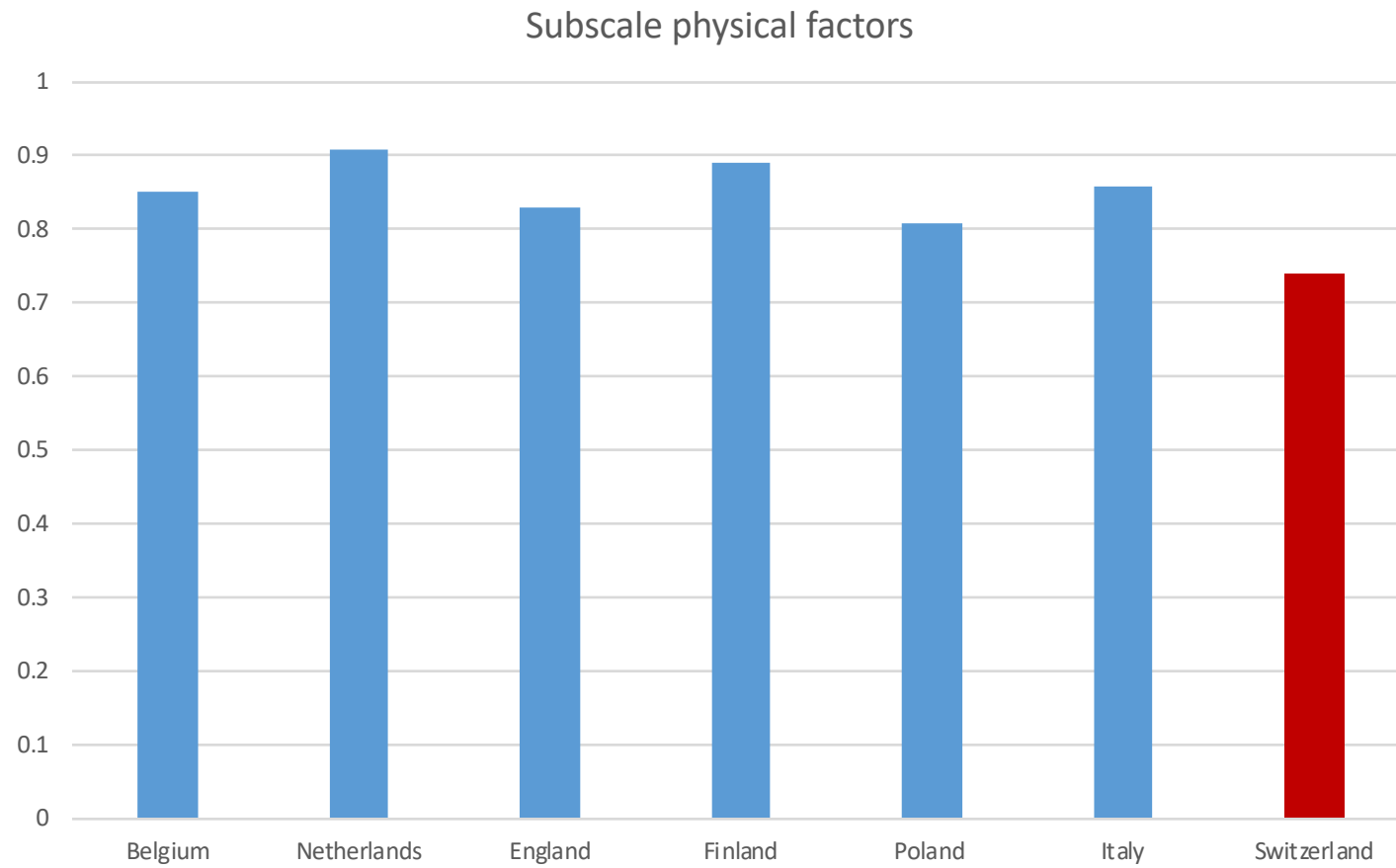
JAMDA

journal homepage: www.jamda.com

Original Study

Physician Visits and Recognition of Residents' Terminal Phase in Long-Term Care Facilities: Findings From the PACE Cross-Sectional Study in 6 EU Countries

Check for updates

M.G. Oosterveld-Vlug PhD [a,*], H.R.W. Pasman PhD [a], M. ten Koppel MSc [a], H.P.J. van Hout PhD [b], J.T. van der Steen PhD [c,d], D. Collingridge Moore MSc [e], L. Deliens PhD [f], G. Gambassi PhD [g], M. Kylänen PhD [h], T. Smets PhD [f], K. Szczerbińska PhD [i], L. Van den Block PhD [f], B.D. Onwuteaka-Philipsen PhD [a], on behalf of PACE

In Switzerland

- The number of physician visits to residents (median) :
  - in the last 3 months of life :6
  - in the last week of life :2

- Recognition that the resident was in the terminal phase: 59.0%

- Residents in these countries had palliation as main treatment goal the least :71%

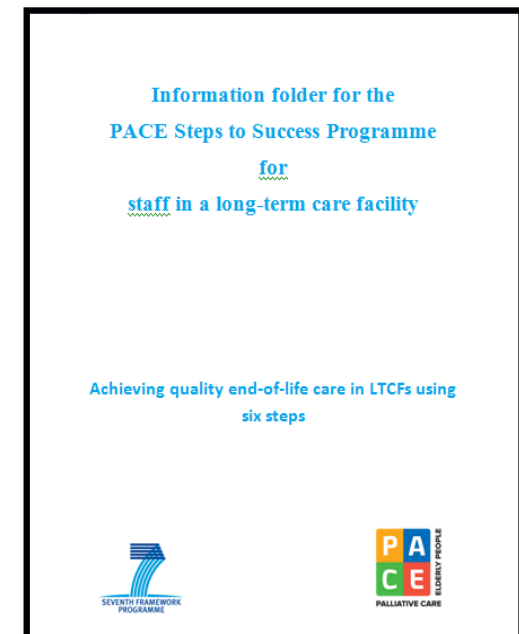- Very experimented physician but few have a formal training in PC

PACE Steps to Success intervention

- Based on a UK intervention

- 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
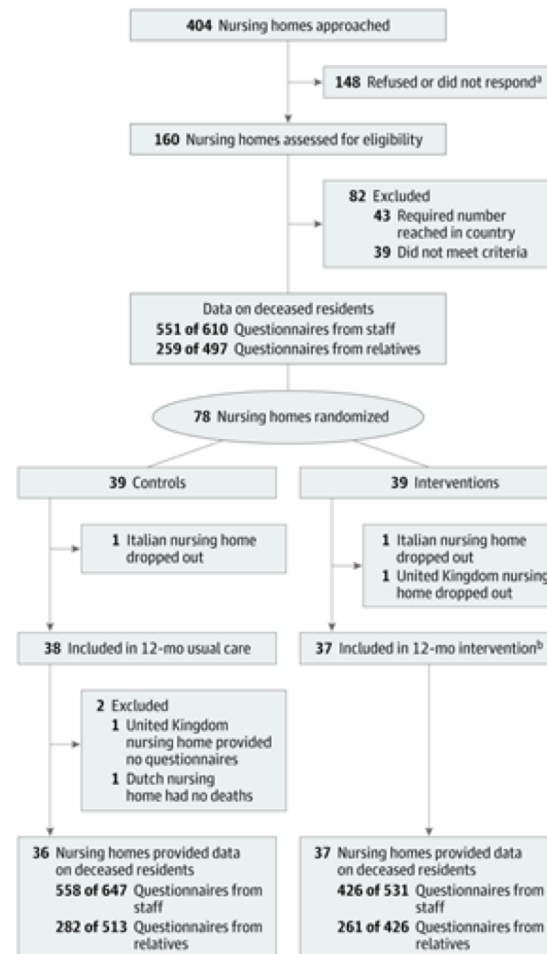
- Implemented in 7 countries BE, CH, FI, IT, NL, PL, UK

Information folder for the
PACE Steps to Success Programme
for
staff in a long-term care facility

Achieving quality end-of-life care in LTCFs using six steps

Evaluation of a Palliative Care Program for Nursing Homes in 7 Countries
The PACE Cluster-Randomized Clinical Trial

Lieve Van den Block, PhD; Elisabeth Honinx, MSc; Lara Pivodic, PhD; Rose Miranda, MSc;
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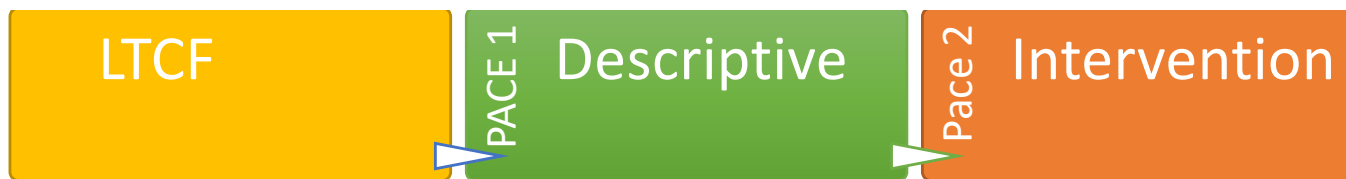
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Residents' comfort in the last week of life did not differ between intervention and control groups
Staff in the intervention group had statistically significantly better knowledge of palliative care than staff in the control group, but the clinical difference was minimal

| LTCF | PACE 1 | Descriptive | Pace 2 | Intervention |

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Why these results?

The program might be too complex with too many components to be implemented within a 1-year time frame.
The implementation of the intervention might have been suboptimal in some nursing homes
The different intervention components and the primary outcome measure—comfort in the last week of life—did not match perfectly

| LTCF | PACE 1 Descriptive | Pace 2 Intervention |

In conclusion

- There is some place for improvement
- How can education improve the care of the patient?
- It's possible to participate to some EU studies
- Importance to have the money for the data management….
- Possible to do some research in nursing home, even multicentric