

# SPACE Evaluation Report: Baseline

## Specialist Palliative Care in Aged Care Project



## Background

More older Australians are dying in residential aged care (RAC). Under the Australian Government's *Comprehensive Palliative Care in Aged Care Measure*, funding has been allocated to provide new and innovative approaches and expansion of existing models to improve palliative and end-of-life care coordination for older people living in RAC.

Clinical Excellence Queensland is leading implementation of the Specialist Palliative Care in Aged Care (SPACE) Project across Queensland. The aim of the project is to improve equitable access to specialist palliative care for older people residing in RAC. Fifteen Hospital and Health Services are being supported to develop and implement contextually appropriate models of care aligning with core service principles. Models include proactive palliative care needs rounds, mobile in-reach teams, telehealth consults, telephone support, interprofessional education and case-based learning.

## Evaluation approach

A Type 1 effectiveness-implementation hybrid design has been selected to evaluate the effectiveness of the SPACE Project while observing and evaluating the implementation. Mixed methods data collection is being undertaken, with quantitative and qualitative data collected to evaluate implementation, clinical, and service outcomes. We are using the Consolidated Framework for Implementation Research (CFIR) to evaluate the context in which the SPACE Project is being implemented to identify barriers and enablers to implementation.

The aim of the evaluation is to answer two key questions:

- Was the project implemented as intended and if not, why not? (*Implementation evaluation*)
- Was the project effective in achieving intended outcomes? (*Effectiveness evaluation*)

## Evaluation scope

This evaluation report covers reporting period 1: October 2020 to March 2021. The data collected constitutes baseline data. Pre/post comparisons will be provided in subsequent reports to evaluate whether the project has led to improvement.

This evaluation will assess aggregated statewide results only. HHS project teams may undertake their own local evaluations.

## Results

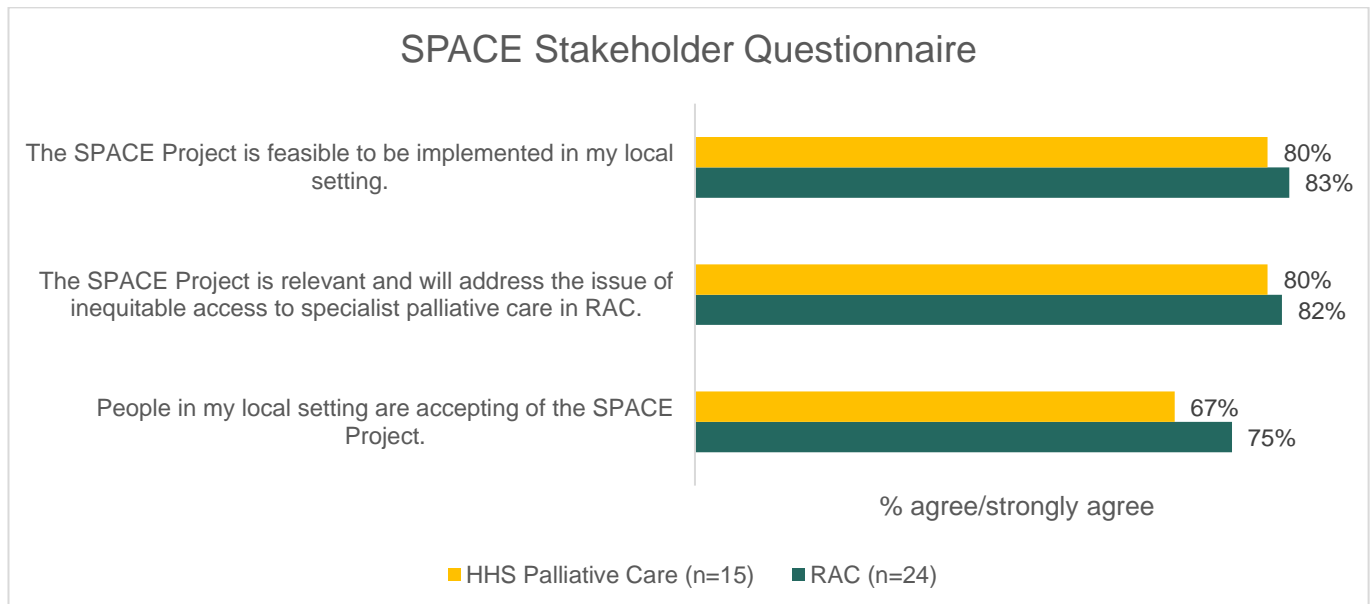
### Implementation evaluation

#### Adoption, penetration

- All 15 eligible HHSs accepted funding to implement the SPACE Project
- By the end of the reporting period, implementation had commenced in 14 of 15 eligible HHSs. Implementation was delayed in one rural/remote HHS due to changes in the local palliative care workforce and recruitment delays.
- 67% of all RAC providers in Queensland were impacted by SPACE in the reporting period.

## Acceptability, appropriateness, feasibility

The *SPACE Stakeholder Questionnaire* was administered to palliative care service and RAC representatives in each of the fifteen participating HHSs to assess perceptions of the project. Results indicate both RAC and palliative care stakeholders are supportive of the project.



## Fidelity

The project has been delivered as planned, with one exception. Project commencement was delayed in one rural/remote HHS due to staffing changes. This HHS will commence implementation in FY21-22.

The other 14 HHSs submitted service profiles demonstrating how their SPACE model aligns with the SPACE service principles.

## Costs

To date, the project has been delivered within budget.

## Context

*SPACE Stakeholder Questionnaire* respondents were asked about barriers and enablers to implementing SPACE in their local setting. These responses, as well as project meeting minutes and status updates, were coded, organised, and characterised according to the domains and constructs of the *Consolidated Framework for Implementation Research*.

## Key enablers

- RAC providers and HHS palliative care services recognise and prioritise the need to improve access to and delivery of palliative care in RAC.
- Each HHS was given the autonomy to develop and implement a model appropriate for the local context while aligning with a set of consistent core service principles.
- A Community of Practice has been established to connect HHS SPACE teams across the state with each other, as well as relevant Queensland and national services and programs such as PallConsult,



SPaRTa (Specialist Palliative Care Rural Telehealth Service), PEPA (Program of Experience in the Palliative Approach), and ELDAC (End of Life Directions in Aged Care).

- SPACE teams in HHSs with existing RaSS (RAC Acute Support Service) teams have collaborated with RaSS and leveraged the positive relationships between RaSS and local RAC providers.

### **Key barriers**

- There were some delays to recruitment within HHS SPACE teams.
- RAC providers are subject to competing demands, including lockdowns due to COVID-19, norovirus, and influenza; the COVID-19 vaccination program; and responding to recommendations from the Royal Commission into Aged Care Safety and Quality. COVID-19 lockdowns have also prevented HHS SPACE teams from conducting face-to-face visits to RAC facilities.
- There are a number of organisations, projects, and programs supporting the aged care sector. This can be confusing or overwhelming for RAC providers.
- Some HHS palliative care stakeholders felt additional resources – such as senior medical support, administrative support, and after hours and weekend support – was required.
- There is a high turnover of staff in RAC resulting in variable knowledge of and engagement with the project.

### **Implementation strategies**

The Central Project Team is employing implementation strategies to address the identified barriers and leverage enablers. These include using evaluative and iterative strategies; adapting and tailoring to context; developing stakeholder interrelationships; training and educating stakeholders; engaging consumers; and using financial strategies.

## **Effectiveness evaluation**

### **Increased opportunities for people to receive care and die in their place of choice**

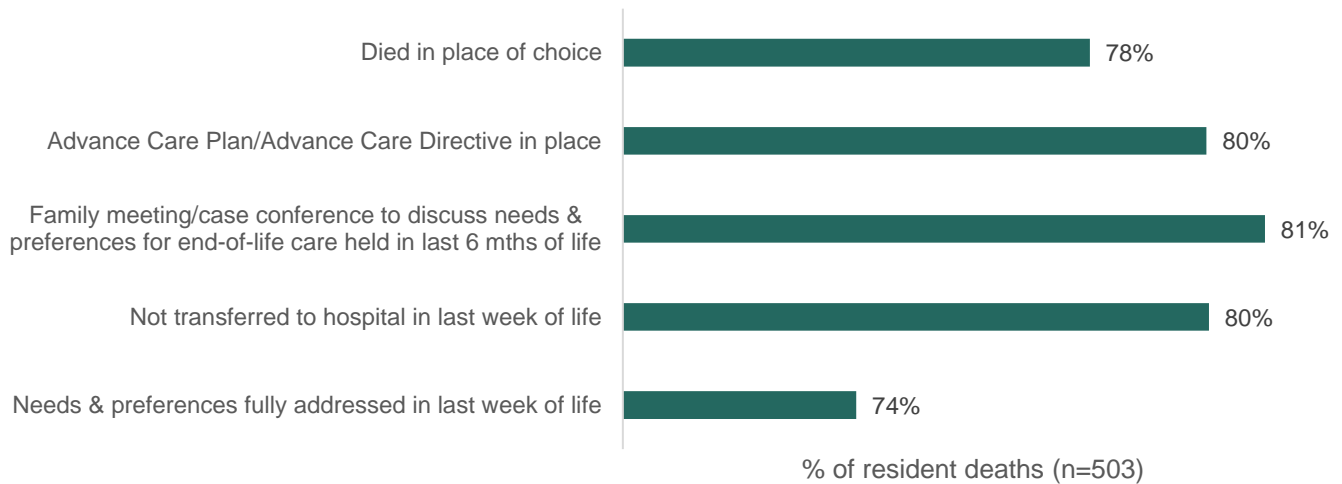
#### **Advance Care Planning Documentation**

84% of public and private RAC facilities (n=397) submitted documentation to the Office of Advance Care Planning (ACP) in 2020. A total of 6875 complete ACP documents were submitted, which represents approximately 16% of RAC beds in Queensland.

#### **Residential Aged Care Post Death Questionnaire**

The *Residential Aged Care Post Death Questionnaire* was completed by RAC clinicians who were asked about the last five resident deaths in their facility.

## RAC Post Death Questionnaire



The main reasons for residents' end-of-life needs and preferences not being fully addressed were no advance care plan; staff lacking the confidence, knowledge, or skills required; and conflict regarding goals of care.

### Increased capacity, capability, and confidence of Queensland RAC providers to provide safe, culturally sensitive, high quality end-of-life care

The *Palliative Care Knowledge and Confidence Assessment Tool* was completed by 982 RAC staff members from 127 facilities. The questionnaire identified that the biggest knowledge gaps in RAC staff are:



Knowing how to contact services for advice or help in caring for residents with complex end-of-life care needs



Ability to have Advance Care Planning discussions with residents and their families



Ability to have discussions regarding end-of-life care with residents and their families



Ability to recognise bereavement risks for a resident's family and to access support if necessary



Ability to quickly locate quality information about providing end-of-life care

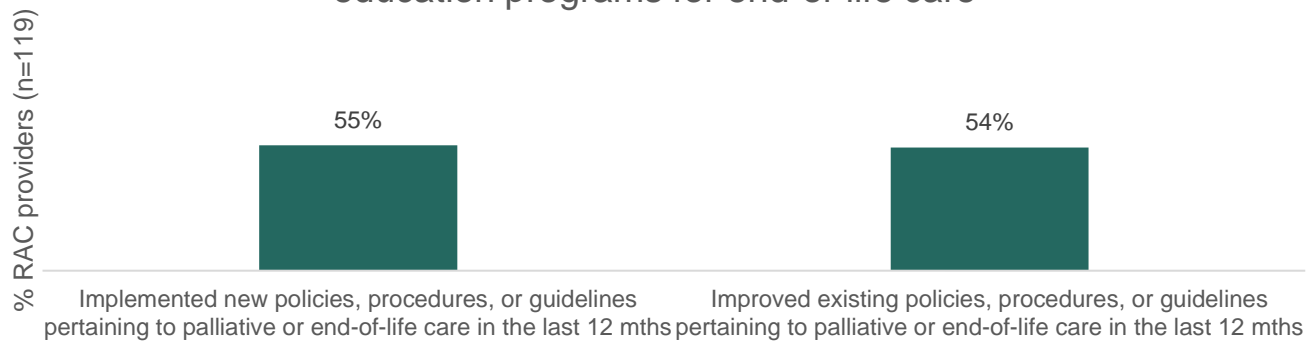


Ability to provide culturally appropriate end-of-life care

### RAC providers have embedded policies, procedures, and quality improvement and education programs for end-of-life care

The *RAC Palliative Care Organisational Questionnaire* asked RAC managers whether they had implemented or improved policies, procedures, or guidelines pertaining to palliative or end-of-life care in the past year. Just over half of the respondents had done so.

## RAC policies, procedures, and quality improvement and education programs for end-of-life care



### Resident and staff stories

Client now has a good regime in place that includes her getting sub-cut meds prior to dressing changes and techniques within the dressing change that align with Palliative Care Therapeutic guidelines.

Family and carers are invited to attend the routine telehealth follow ups to have their voices/concerns heard and to ensure all involved are aware of plan of care and reasons for this instead of staff having differences of opinions and techniques differing depending on staff on shift.

One facility, after completing their post death evaluations, provided feedback that they got a lot out of doing the post death evaluations. It has led them to consider that their completion of ACP is not as good as they thought. They identified there may be some issues with how the documents are stored. They have increased their engagement with the ACP team - booked advance care planners to attend one day per week.

Personal Care Worker provided feedback that the workshop had helped her to understand the difference between palliative care and end of life care and that the workshop was very relevant to her every day work and that she will use her learnings to change how she looks after her palliating residents.

### Conclusion

Evaluation of the first six months of the SPACE Project demonstrates the implementation approach has been successful. The Central Project Team is effectively employing implementation strategies to overcome barriers and leverage enablers for project success. The RAC questionnaires have provided HHS SPACE teams with valuable insights to inform project implementation and education planning.

In the next phase of the project HHS SPACE teams will continue to scale-up and embed services around the state. The Central Project Team will continue to provide tailored support to these teams while undertaking periodic data collection and analysis to monitor the project's impact and determine if SPACE leads to improved outcomes for aged care residents across Queensland.