

ASSESSING GAPS IN PALLIATIVE & END OF LIFE CARE (PEOLC): SURVEY RESPONSE ANALYSIS

October 2015

Context

The Seniors Health Strategic Clinical Network conducted a five minute, online, two-part survey to assess physicians' views of the gaps in care for palliative and end-of-life care (PEOLC) and care for those living with dementia (PLWD) within a primary care setting.

Participation was voluntary, the survey was sent via an e-newsletter to all registered Alberta Medical Association (AMA) general and family physician members in July 2015. The survey remained opened for two weeks, from June 23rd to July 9th. Of the 4035 members, 458 physicians responded to the PEOLC section of the survey (response rate 11.4%).

The PEOLC part of the survey was designed by the Enhanced Primary Care working group, formed for the implementation of the new Alberta Framework for PEOLC. The purpose of the Enhanced Primary Care working group is to:

- 1) Support primary care practitioners to identify a life limiting illness for patients in their care, determine appropriate supports, and timelines to begin PEOLC discussions
- 2) Support patients to maintain a therapeutic relationship with their primary care practitioner that enables continuity of care and to live as well as possible until the end of life.

The follow definition was provided to survey participants to frame the survey and to ensure all were using the same contextual definitions to complete the survey:

Palliative Care: Palliative care aims to improve the quality of life for patients and families facing the problems associated with a life-limiting illness through the prevention and relief of suffering by means of early identification, comprehensive interdisciplinary assessments and appropriate interventions

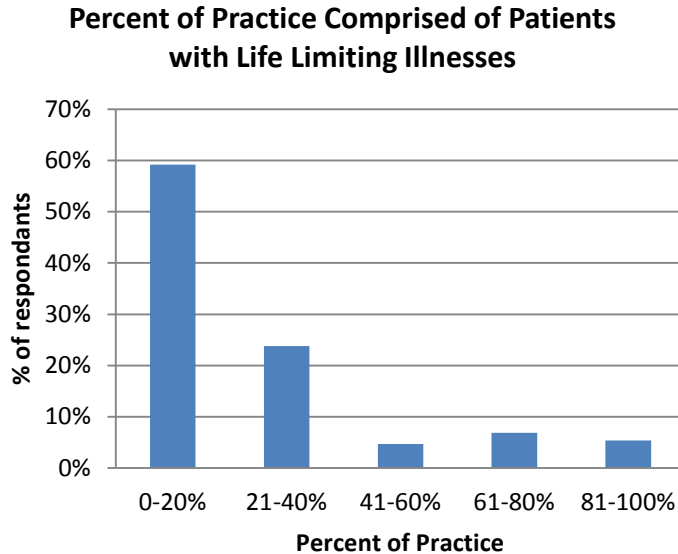
End-of-life: End-of-life care is care provided to patients and their families when they are approaching a period of time closer to death, which may be exemplified by an intensification of inter-disciplinary services and assessments such as anticipatory grief support, and pain and symptom management

The premise is that PEOLC is a continuum of care from the time of diagnosis of a life limiting illness through to the time of death and into bereavement.

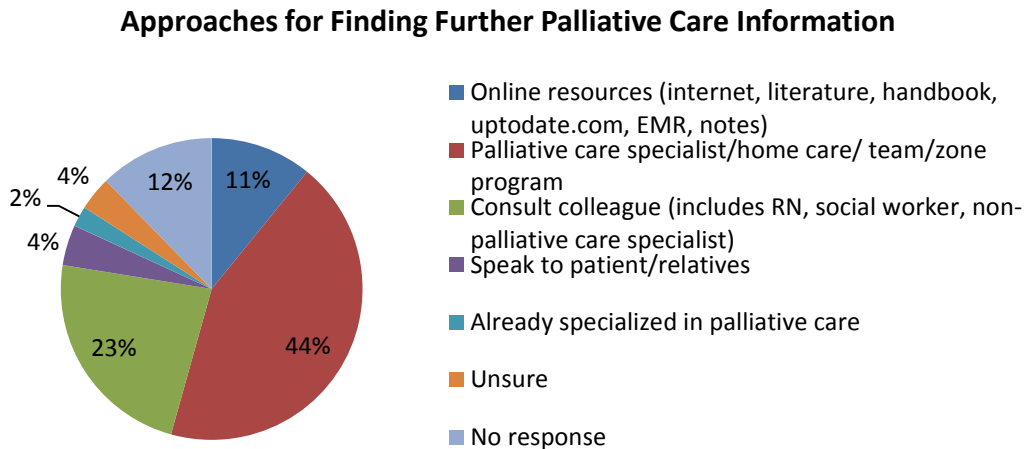
This report is an analysis of the responses provided by the respondents examining physician perspective on gaps in care of PEOLC in the primary care setting or Part 1 of the survey.

ANALYSIS

1) What percentage of your practice is comprised of patients with a life limiting illness?



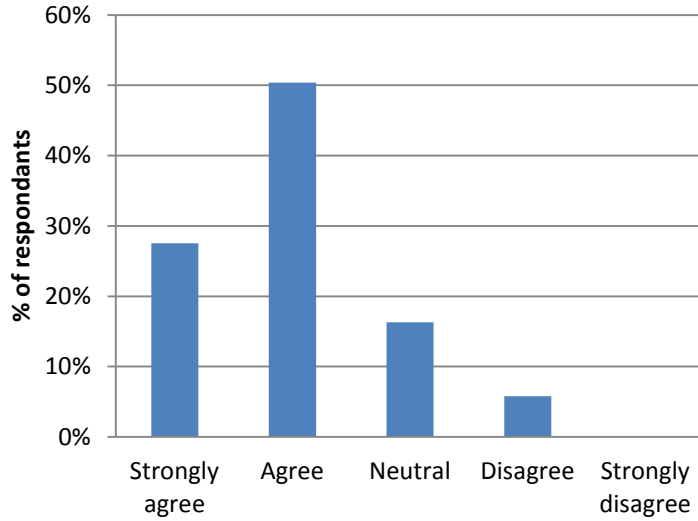
2) If you were uncertain about whether a person requires a palliative approach, where would you go to find further information?



3) Please indicate the extent to which you agree or disagree with the following statement:

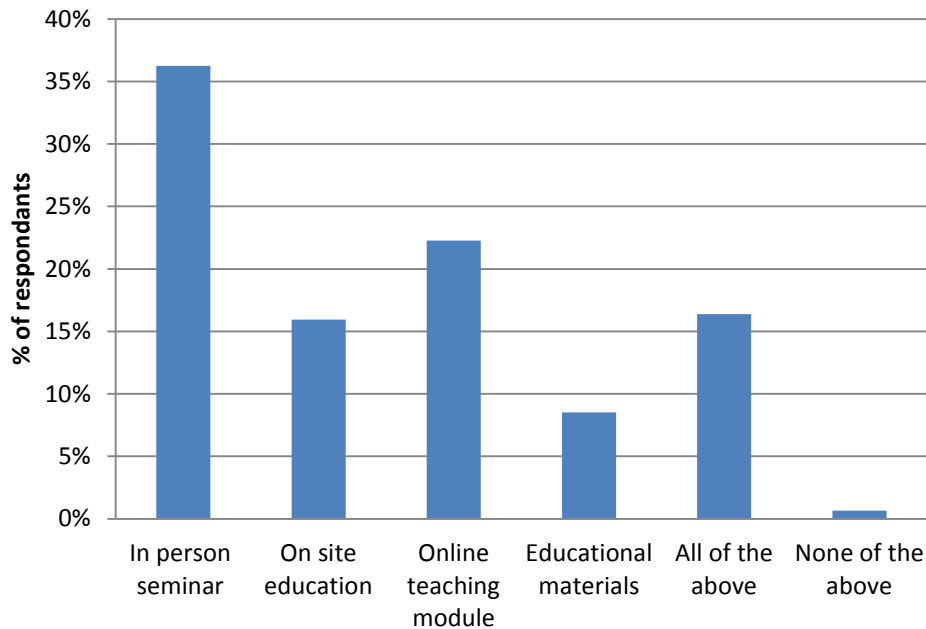
It is a priority for me to improve my skills in palliative and end-of-life care

Identified the Need to Improve PEOLC Skills



4) What type of palliative education would you prefer?

Type of PEOLC Education Preferred



5) What supports would allow or enhance your ability to provide palliative & end-of-life care for patients in your practice?

| SUPPORTS | RANKING |
|---|----------------|
| Access to increased home care supports (more than 4 visits daily from the home care team such as nursing/personal care/PT/OT) | 1 |
| Increased supports to stay in the home (eg. Access to equipment) | 2 |
| Aid in ease of transitions from care facilities (eg. Home to hospital to home, care facilities, or hospice) | 3 |
| Provincial 24/7 on-call support from palliative care specialists | 4 |
| Specific listing of palliative care specialists in your geographic area that manage certain life limiting illnesses | 5 |
| Increased ability to complete home visits | 6 |
| Literature (pathways/website/video) to support ability to have advance care planning conversations (ie: Goals of Care) with patients at the diagnosis of a life limiting illness to develop short term and long term care plans | 7 |