

MEDIA BACKGROUNDER

What is the *Embedding Palliative Approaches to Care (EPAC)* collaboration?

The Canadian Foundation for Healthcare Improvement (CFHI) is spreading EPAC, a proven innovation that helps staff in long term care have conversations with residents who could benefit from a palliative approach to care, ensuring their unique needs are met. Through this program, healthcare teams in long term care learn to:

- identify those residents who would benefit from a palliative approach to care,
- discuss goals for care with the resident/ substitute decision maker, and
- develop and implement a comprehensive care plan that is unique to the needs and wishes of each resident.

By spreading this approach, which originated in British Columbia, CFHI aims to increase capacity and capability in the delivery of palliative and end-of-life care in long term care. Among other benefits, the program has been shown to avoid unnecessary trips to hospital in the last months of life.

CFHI is supporting participating provincial health authorities and organizations to adopt and adapt best practices.

This program will run until November 2019.

Where and when will this program be available?

Teams in five provinces and one territory will participate in EPAC. They include:

- Yukon Health and Social Services
- Institute for Continuing Care Education and Research (ICCER), Alberta
- Parkwood Seniors Community, Waterloo, Ontario
- Haliburton Highlands Health Services, Haliburton, Ontario
- Centre intégré universitaire de santé et de services sociaux (CIUSSS) de la Mauricie-et-du-Centre-du-Québec, Quebec
- New Brunswick Association of Nursing Homes
- Western Health, Newfoundland and Labrador

Participating regions are working with their community partners to design their programs.

What is palliative care?

Palliative care is an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.¹

By focusing on care that is guided by a patient's values and best interests, palliative support leads to increased comfort, better quality-of-life and satisfaction with care received.

Why is it better to have palliative care provided in one's home?

Many people express a wish to be cared for in the familiarity and comfort of their own home. A [recent report by the Canadian Institute for Health Information](#) shows that most Canadians would prefer to die at home if they could get the support they need. Other reviews have found that palliative care provided in the home improved the experience, comfort and quality of life for people with chronic and debilitating illnesses, as well as their families.

Why is a program like this needed?

People approaching the end-of-life should have the opportunity to make informed decisions about their care and treatment, in partnership with healthcare professionals and with their families. Good communication between healthcare professionals and people approaching the end-of-life, and their families, is essential and should be sensitive to personal preferences. Providing quality palliative care not only supports the needs of residents, it empowers staff to care for dying residents and grieving families. It also allows homes to meet the expectations of families and the public that quality palliative care is an embedded component of the care available to all residents in long term care.

How was this program selected?

In 2017, CFHI identified 26 innovations from the *Call for Innovations in Palliative and End-of-Life Care*. Eight were selected by an external merit review panel to present at CFHI's 2017 CEO Forum and to receive a CFHI Innovation Award. Of the eight showcased at the CEO Forum, The Daisy Project: Embedding a palliative approach in residential settings was identified as a demonstrated innovation.

From 2012-2017, EPAC (previously known as DAISY) was implemented in 48 long term care homes, including urban and rural sites and homes caring for specialized populations such as acquired brain injury (ABI), Amyotrophic Lateral Sclerosis (ALS) and marginalized persons across Vancouver Coastal Health. The initiative was successful in enabling residents to receive improved end-of-life care at home, avoiding unnecessary hospital transfers and supporting all stakeholders through the experience.

The project team trained leaders and site champions, increasing capacity to deliver a palliative approach to care, increasing confidence to discuss goals of care with the resident or substitute decision maker, and contributing to cross-sector benefits for both acute and long term care. The original initiative achieved a 56 percent decrease in ED transfer rates and a 45 percent reduction in number of days residents spent in acute care in the last three months of life.

How will *EPAC* transform palliative care?

EPAC is part of ongoing efforts by CFHI to ensure high-quality healthcare is delivered to those in need, and to support innovative programs that make the delivery of health services more sustainable. By spreading this innovative approach, CFHI aims to increase capacity and capability in the delivery of palliative care at home and to avoid unnecessary emergency room visits and hospitalizations.

The views expressed herein do not necessarily represent the views of Health Canada.

¹ World Health Organization. Definition of Palliative Care. <http://www.who.int/cancer/palliative/definition/en/>
Accessed September 4, 2018