

What is Palliative Approach to Care (PAC)?

Three core domains that must be present:

1. Mortality acknowledgement

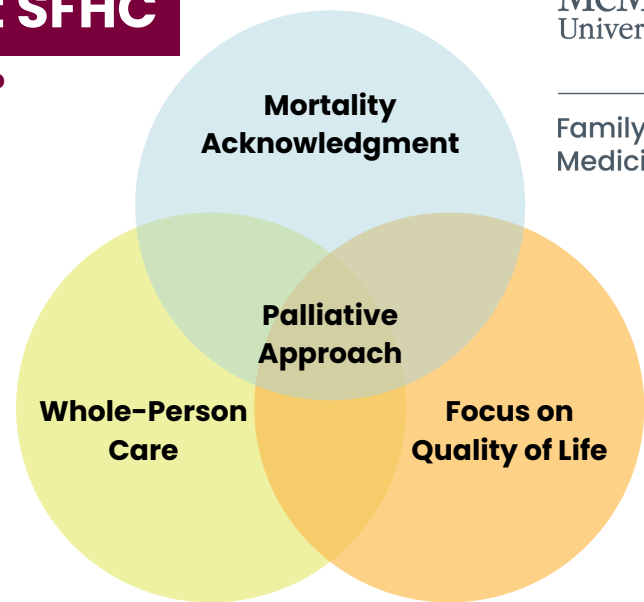
Recognizing and integrating the reality of mortality into care planning and decision-making.

2. Whole-person care

Addressing physical, psychosocial, emotional, spiritual, and existential needs.

3. Focus on quality of life

Prioritizing comfort, well-being, and functional status.



PAC is **not limited** to specialized providers or settings. It can be done:

- By anyone
- Anytime on illness trajectory
- Any setting
- Any disease

How are we currently implementing PAC?

2021 Chart Reviews



Chart reviews were conducted at MFP and SFHC in 2021

79 Deceased patients' charts were reviewed

Key Findings:

- **25%** of patients were assessed as having received a PAC
- **Strongest indicators of PAC** included: Goals of care discussions (53%), Nurse involvement (41%), and Caregiver well-being discussions (15%)
- Use of **structured symptom assessment tools and cultural/spiritual discussions** were rare.

2024 Chart Reviews



Reviewed random sample of SFHC patients who died in 2024

77 Deceased patients' charts were reviewed (59 rostered, 18 orphan patients)

Key Findings:

- The **most common chronic life-limiting illnesses** documented were Cancer (44%), CHF (17%), Frailty (16%) and COPD (12%).
- **47 (77%)** patients were billed with **at least 1 palliative billing code**, although 32% of eligible patients were not billed any palliative codes.
- **38% of people received care from all 3 domains** (25% in rostered, 78% in orphan patients).

Implementation of Palliative Approach

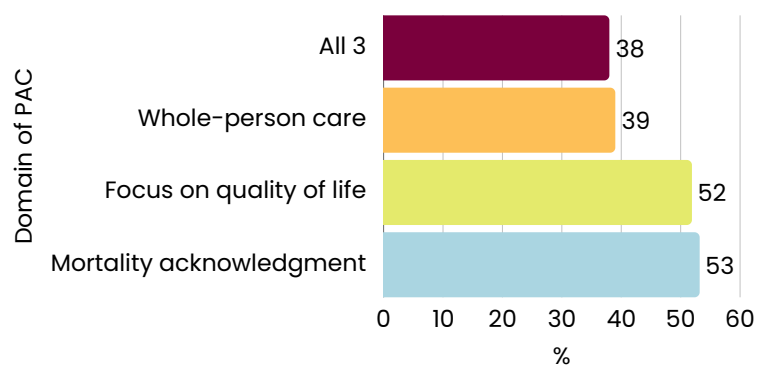


Chart reviews showed that there is a **need for a more standardized and integrated palliative approach to care** in primary care.

How do we feel about implementing an integrated approach to palliative care?

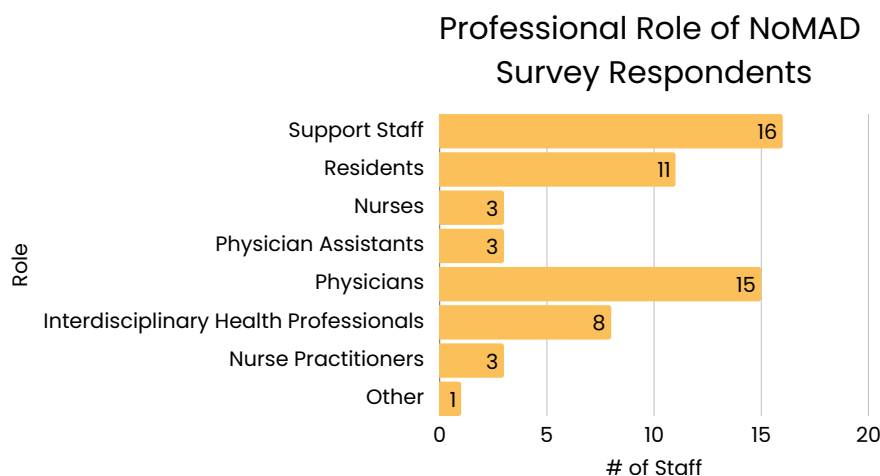
Ahead of implementation of the PAC:

60 staff members

from SFHC Care answered the baseline NoMAD survey and shared their thoughts surrounding the implementation of a PAC at SFHC.

What is the NoMAD survey?

The Normalisation Measure Development questionnaire (NoMAD) is used to assess implementation of an intervention, innovation, new process, etc. from the perspective of the professionals who are directly involved.



Staff members felt positively about:



Supporting Implementation:

Most professionals across roles and years of experience support the implementation of PAC.



Receiving Feedback:

Almost all staff members agreed that receiving feedback as our PAC rolls out could be used to improve future implementation.



Confidence in Colleagues:

Most staff members have trust in their colleagues' ability to implement a PAC, and feel that Clinic Leadership supports PAC implementation.



Openness to Collaboration:

Most staff members showed willingness to work with each other in new ways in order to implement PAC.



Staff members were less confident about:

Perceived Value:

Nearly all respondents see the value of PAC, but some are uncertain of what this means for their specific role.



Implementation Awareness:

Many staff members understand how implementing PAC may change the nature of their work, but not all--especially those in their early and later career.



Gaps in Shared Understanding:

Not everyone agreed that there is a shared understanding of a PAC, especially with regards to how some professional roles can be involved.



Training & Resource Concerns:

Confidence in the currently available training and resources surrounding PAC was mixed.

How will we address staff member's concerns?

- As implementation of PAC rolls out, we will emphasize **inclusive participation among staff** by tailoring the process to actively involve **all professional roles**
- Working towards **gaining a shared understanding of the Palliative Approach** for all staff members will be a major focus of implementation
- Implementation of the Palliative Approach to Care will ensure that **training is comprehensive**, and that **resources are high-quality and accessible**.