Erie St. Clair End-of-Life Care Network
Hospice Palliative Care Education Blueprint

Education Blueprint Development and Implementation

Evaluation Report

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Glossary of Terms

Term	Definition
Average (+/-)	Average is calculated as the mean score ; +/- = standard deviation, which is the average distance between individual scores from the overall average score.
CAPCE	Comprehensive Advanced Palliative Care Education
CCAC	Community Care Access Centre
COPD	Chronic Obstructive Pulmonary Disease
DNR	Do Not Resuscitate
EOL/ EOLC	End of Life / End-of-Life Care
ESC EOLCN	Erie St. Clair End-of-Life Care Network
ESAS	Edmonton System Assessment Scale
LHIN	Local Health Integration Network
LTC	Long-Term Care
NP	Nurse Practitioner
OSCMC	Ontario Cancer Symptom Management Collaboration
OT	Occupational Therapy
OTN	Ontario Telehealth Network
PCR	Palliative Care Resource
PPS	Palliative Performance Scale
PPSMC	Palliative Pain and Symptom Management Consultant
RT	Respiratory Therapy
SRK	Symptom Response Kit
SWO PPSMCP	Southwestern Ontario Palliative Pain and Symptom Management Consultation Program
PSW/HSW	Personal Support Worker/ Home Support Workers
RN/ RPN	Registered Nurse/ Registered Practical Nurse
WIFN	Walpole Island First Nation
WRCC	Windsor Regional Cancer Centre

Education Blueprint Evaluation Executive Summary

Erie St. Clair End-of-Life Care Network
Hospice Palliative Care Education Blueprint

INTRODUCTION

The Erie St. Clair End-of-Life Care Network has secured funding for several initiatives aimed at creating and supporting an integrated hospice palliative care system in this region. One of these initiatives is a multi-year framework for palliative / end-of-life care education consisting of the following initiatives:

1. **Volunteer Education:** Implementation of strategic volunteer education planning sessions; training programs to enhance the scope of volunteer training (e.g., Hands on Care training, Story Telling Project,) and promotion of the 'Share the Care' model to support informal caregivers/ volunteers***.***
2. **Cultural Education:** Working with First Nation representatives to identify the palliative care needs of this community develop strategies to meet these needs and to assess the training needs of health care providers working within the Walpole Island First Nation community.
3. **Skill Specific Education for Care Providers:** Implementation of two education programs to build capacity for palliative care: Physical Skills Education (pain and symptom management for community-based nurses: Year 1) and ER Avoidance Education (chemotherapy/radiation therapy side effects management education; Year 2). In addition, in Year 1, Community Resource Education sessions were delivered to increase awareness of available community resources and services.
4. **Nursing Guidelines for End-of-Life Care in Long-Term Care Settings Homes:** Training to support the implementation of EOL Care Nursing guidelines across all ESC Long-Term Care Homes.
5. **Expansion of Video-Conferencing Capacity:** Development of video-conferencing sites to support education across the system, including training of in-house support for video-conferencing operation.

A comprehensive evaluation of the Education Blueprint was undertaken, examining both outcomes (summative evaluation) and development and implementation (formative evaluation). The evaluation report provides detailed information about the methods and results. This report describes the development and implementation of the Education Blueprint.

EVALUATION METHODS

Evaluation objectives across all of the components of the Blueprint were aimed at:

i) Providing feedback on planning/ training sessions
ii) Identifying impacts associated with education
iii) Describing the development and implementation of initiatives
iv) Describing progress to date

A mixed methods approach (quantitative and qualitative) was used to achieve the objectives of this evaluation. Sources of information included:

- ***Feedback surveys*** completed by education participants to obtain reactions to the sessions (Volunteer training sessions, physical skills sessions, nursing guidelines for end-of-life care sessions); responses rates ranged from 73 -89%.

- ***Follow-up surveys*** to assess impacts of the education (physical skills, nursing guidelines for end-of-life care education programs); response rates ranged from 30-41%.
- ***Individual and focus group interviews*** with participants and managers (physical skills), managers to gather in-depth information on impacts and with initiative organizers to assess impacts and describe development and implementation (volunteer education, cultural education, expansion of videoconferencing capacity and the overall Blueprint initiative); in total 36 individuals participated in the evaluation interviews.

KEY FINDINGS AND CONCLUSIONS

Volunteer Education

- A total of 46 individuals participated in volunteer planning sessions; 51 individuals participated in various sessions aimed at volunteers.
- Training and information sessions (Hands on Care, Share the Care) were viewed positively; participants held favourable reactions to various aspects of these sessions including supporting resource material. Suggestions were made regarding improvements to delivery and potential topic areas for inclusion.
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- A partnership was formed with the Victoria Order of Nurses (VON) to deliver the Story-Telling Project; VON provided a coordinator to deliver the training and the Education Blueprint provided funding for resource materials.
- Cross-Sector Volunteer Planning sessions were well received; they were described as a significant opportunity for bringing all the sectors together to identify common needs, challenges, sharing of ideas, and solutions.
- Key impacts associated with the volunteer initiative have included: enhanced volunteer training, improved recruitment and retention, improved credibility of volunteers, and standardization of training and care.
- A number of factors were identified as facilitating the development and implementation of the volunteer training events: funding support, dedicated leadership and project management, and effective session facilitation. Challenges have included; tight timelines, lack of clarity/ understanding of in-kind contributions, limited follow-up support available, particularly for Share the Care, and limited local human resources to plan and prepare training events.
- Strategies for further implementation were suggested, including the need for clarity regarding in-kind contributions and continued opportunities for networking and planning.

Conclusions: The potential for enhanced training and concomitant enhancements to volunteer confidence, comfort, and performance are great. One of the most significant outcomes of this initiative has been the involvement of a broad range of stakeholders across sectors in the strategic planning of volunteer training in this region. Excitement was generated regarding the potential for shared training and resources as it was believed that this will have a significant impact on improvements to volunteer training across sectors and across the region. Further evaluation efforts might consider direct impacts of the training sessions on objective changes to volunteers practice (i.e., an examination of the ways in which volunteer work changes).

Cultural Education

- Two meetings were held to develop relationships within the Walpole Island First Nation (WIFN) community and 15 members of this First Nation's community are currently participating in the Fundamentals of Hospice Palliative Care education program

(PPSMCP). Seven members of the WIFN community were individually interviewed to identify palliative care/ end-of-life care needs and gaps.

- A major accomplishment has been the development of relationships with Walpole Island First Nation leaders and health professionals. These relationships have facilitated the identification of the palliative care needs of the First Nation population, strategies to address these needs as part of the Education Blueprint and those that could be addressed through the PPSMCP.
- Introduction/ delivery of the Fundamentals of Hospice Palliative Care Education program on Walpole Island for PSWs represents a significant opportunity to fill an identified gap and is the first palliative care specific education program that has been delivered on Walpole Island. The availability of funding and support from Chief Joseph Gilbert were identified as facilitating the introduction of Blueprint organizers into this First Nation Community.
- Initiative specific and service delivery challenges were identified: time constraints, the slower pace of activity within the First Nation community, limited system capacity for palliative care and socioeconomic challenges that hinder optimal palliative care, and the cultural relevance of the Fundamentals program (content and delivery).
- Key to ongoing capacity building will be opportunities for exploring the relevance of the Fundamentals program for the WIFN community.
- Needs and gaps in palliative care within the WIFN community were identified specific to resources for institutional care (retirement home, LTC) and better supported home care.

Conclusions: Significant headway was made in establishing relationships with First Nation's leaders and health professionals on Walpole Island. This process of relationship building will take time and will be critical for continued support and sustainability. Resolution of the issues associated with the Fundamentals program will be important to developing the trust of the First Nation leaders and health care providers so that continued capacity building can occur.

Skill Specific Education

- A total of 242 community-based frontline workers participated in the Physical Skills education program; 207 attended the Community Resources Education sessions.
- The Physical Skills sessions were well received by survey respondents; very few participants provided negative ratings and at least half of the respondents were able to identify changes to their knowledge and assessment and management skills.
- Interview participants described the Physical Skills sessions as largely review, particularly for those with previous palliative care education, and did not significantly impact practice change.
- The Community Resource Education session was described as most useful and the one in which participants learned the most "new' information.
- Overall, the sessions were described as a good opportunity to network with nurses from other agencies and share common experiences, challenges, and potential solutions, however, there were suggestions that this education did not need to be mandatory; it would have been preferable to target the Physical Skills sessions to new learners or to have basic and advanced levels to reflect existing capacity.
- Additional suggestions were made for improving the content, additional topic areas, learning supports and resources and the learning environment. Education delivered in conjunction with team meetings was a preferred format for delivery of education.

Conclusions: A number of positive impacts were associated with these sessions, including improved pain and symptom assessment and management and increased awareness of

available community support services. However, these perceptions were in contradiction of those managers and nurses who were interviewed; these individuals perceived that there was limited new information, thus they believed the sessions should not have been mandatory. Generally, there was much support for more palliative / end-of-life care education, for standardization of education, and ensuring that all community nurses are familiar with key palliative care concepts; both survey respondents and interview participants suggested additional topic areas that would be beneficial. Greater collaboration with the provider agencies around topic areas, scheduling, formats, and eligibility criteria may ensure greater "buy in" and support for future education.

Nursing Guidelines for End-of-Life Care in Long-Term Care Settings

- The Nursing Guidelines for End-of-Life Care education program was delivered to 62 individuals representing 16 LTC homes in the region.
- The sessions were well received by survey respondents; ratings of various aspects of the sessions and the session leader were positive.
- The nursing guidelines were also well received; intuitively they make sense, create a common language and common goals for end-of-life care thus creating consistency in care (standardized care, provide direction for less experienced staff) and are easy to use.
- The guidelines are being used with most/ almost all residents or at least some residents who were at end-of-life. Some homes have not yet implemented the guidelines because of competing initiatives (e.g., the implementation of the MDS-RAI), but they have plans in place to do so in the near future.
- Key practice changes resulting from this initiative were related to use of the standardized tools (PPS, ESAS), use of the admission review check list, use of the EOL care pamphlet which has opened dialogue with family members, and increased knowledge regarding the signs and symptoms of impending death. Health system improvements include improved quality of care in long-term care, standardized end-of-life care, and improved communication among providers.

Conclusions: Overall, this education program was well received and positively evaluated by participants. The training assisted participants to change their practice/ use the nursing guidelines. Homes have been challenged to implement the guidelines and in-house training by time constraints and competing initiatives. However, the guidelines are viewed as a priority and many homes have plans in place to implement them in the near future. Many benefits (impacts) have been associated with the use of the guidelines; they have the potential to increase quality of life for residents and quality of end-of-life care in long-term care through the use of standardized assessment tools, provision of a common language with which to describe end of life, and development of consistent/ standardized care plans.

Expansion of Video-Conferencing Capacity

- The expansion of video-conferencing capacity is currently in progress in two sites, one in Windsor, the other in Sarnia.
- A number of factors facilitated the development and implementation of this initiative including: Windsor Hospice's history of providing education, existing network infrastructure (Windsor site), dedicated project management support, partnership and mentorship across sites and support at all levels (Blueprint and site-specific leadership, IT, OTN).
- Challenges to date have included delays created by technological issues, tight-time lines, and planning for installation in a building that is not yet built.
- Key lessons learned in the implementation of this initiative have included: the importance of utilizing existing experience and having basic IT support available, acknowledging that

installation takes time, the need to ensure equipment is compatible across the system, and planning for use.
- Strategies to sustain use were identified reflecting the importance of ongoing funding, champions, IT and administrative support, and promotion.

Conclusions: The major objective of this videoconferencing initiative was to have one site fully operational by the end of the first funding year. Technical delays external to and beyond the control of project organizers have prevented the achievement of this objective. Information and resource sharing between sites has facilitated implementation at the Sarnia site. This experience as well as additional lessons learned, particularly the importance of dedicated project management and technical support can be used to facilitate successful expansion across the region. Leveraging of existing infrastructures, particularly as related to technological supports will assist in the selection in additional sites. Although videoconferencing has yet to be utilized for education, there is much anticipation that it will greatly impact accessibility to education across sectors and across the region and that travel cost savings will be realized. Important strategies for ensuring sustained use of the equipment were identified in this evaluation. Strategies related to planning for marketing and promotion, identification of key champions for its use and availability of IT and administrative support will also be important to facilitating initial use and success. When operational, opportunities to gather feedback from users on technology performance (sound and picture quality), satisfaction, comfort, benefits, and suggestions for improvement can be used to inform further development and implementation of this initiative.

Evaluation of the Overall Education Blueprint

- Across all of the initiatives of the Education Blueprint, various information, education, and planning sessions were delivered with 581 individuals in attendance.
- Development and implementation of the blueprint were facilitated by: existing information on education needs and gaps; existing and new infrastructure; financial support; effective leadership, and good communication, support at all levels; project management support and forced deadlines.
- Challenges to implementation included: short timelines, lack of existing infrastructure, relationships and champions in some areas, technological and personnel issues impeding completion of the video-conferencing initiative, competing projects, nursing layoffs, and limited cross-sector involvement.
- Key lessons learned that will assist with continued implementation have highlighted the importance of champions, funding commitment, dedicated human resources, support at all levels, networking and partnerships, leveraging existing structures, effective communication strategies, and evaluation.
- Suggestions for improvements and further implementation of the blueprint included: better admin support and financial accounting system, continued leveraging of programs and the need for: increased cross county and sector collaboration, more skill specific education, strategies to ensure knowledge transfer, greater emphasis on a systems-level approach, continued leadership and promotion and the need to clarify responsibilities regarding in-kind contributions.
- Although the short time makes it difficult to demonstrate improved competency at a system level, early impacts were identified related improved quality of care, increased access to palliative care education and capacity building for health care providers and volunteers, enhanced relationships/ partnerships for education, improved coordination and integration of education; increased participation of the volunteer sector and increased awareness of palliative care issues across the system.

CONCLUSIONS: Based the results of this evaluation the following conclusions can be made:

- The ESC EOLCN Education Blueprint has accomplished a great deal in a short period of time. Overall objectives were largely achieved and those that were not were beyond the control of Blueprint organizers (e.g., technological delays with the videoconferencing installation). A number of important training/ education programs were held for volunteers and frontline workers in the community and long-term sectors. The sessions were generally well attended and well received. Although there were some challenges experienced in implementing these initiatives, some unique to the specific programs (e.g., the mandatory nature of the Skills Specific sessions) and others common across all program (e.g., tight lines, competing priorities), changes in practice and benefits to care recipients and their families, care providers and the health system were identified. Major achievements identified across the initiatives of the Blueprint highlight the support for more palliative / end-of-life education in this region and the importance of relationship and partnership building, opportunities for networking across sectors and across the region to share ideas and resources, and inclusion of all key stakeholders in planning and decision making in order to maximize education strategies, including leveraging existing infrastructure and resources for capacity building.

- The need for enhanced palliative care is well documented in the published literature and there is much support for education as a strategy to improve care. The initiatives of the Education Blueprint have the potential to have a significant impact on palliative care across the region. The Blueprint provides an opportunity to provide a coordinated, integrated, and standardized approach to education. This type of approach to palliative care education is unprecedented in southwestern Ontario, and most likely the entire province. This evaluation has identified a number of important and practical strategies for sustainability and further development, many of which will further enhance education efforts (e.g., planning for shared implementation of volunteer education, exploring how existing education programs meet the needs of the WIFN learners, building skill specific education on existing capacity, mentorship support for ensuring practice change and greater inclusion of the long-term care, complex continuing care, and acute care sectors). Increasing capacity for palliative care across the continuum of care by ensuring the consistent use of assessment tools, common language, and care models will serve to support and enhance other initiatives of the ESC EOLCN aimed at enhancing palliative care (e.g., the expansion of Palliative Consultation Teams across the region).

- This evaluation identified many factors that facilitated and challenged the development and implementation of education programs. Attention to these factors as well as identified lessons learned will serve to inform and maximize education efforts going into Year 2 of this initiative. Similarly, this evaluation identified factors that facilitated and challenged application of education to clinical practice. Attention to these factors as well as strategies identified by evaluation participants to support knowledge transfer (e.g., resource materials, mentorship and follow-up support) will also serve to support education efforts going into Year 2.

Evaluation Limitations: The identified impacts associated with the training provided as part of the Education Blueprint were largely self-reported by key stakeholders and anecdotal; objective measures of impacts (i.e., performance/ outcome indicators providing empirical evidence of practice changes and impacts) while difficult to develop would provide validation of the qualitative data generated by this evaluation.

Evaluation of the Overall Education Blueprint

Executive Summary: Development and Implementation of the Education Blueprint

Introduction: A formative evaluation focusing the development and implementation of the overall Blueprint was conducted.

Evaluation Methods: The evaluation objectives were to: i) describe progress to date ii) describe the process of developing and implementing the blueprint; iii) identify potential impacts associated with this education framework. ***Initiative tracking:*** A record of the number of sessions held and attendance were maintained for each of the initiatives. ***Focus group and individual interviews*** were conducted with individuals who were involved in developing the education blueprint to obtain in-depth information about its development and implementation and potential impacts to date.

Key Findings

Initiative Tracking: Across all of the initiatives of the Education Blueprint, various education sessions were delivered with 581 individuals in attendance. A total of 46 individuals participated in volunteer planning sessions; 51 individuals participated in various sessions aimed at volunteers. Two meetings were held to develop relationships within the WIFN community and 15 members of this community are currently participating in the Fundamentals education program. A total of 242 community-based frontline worker participated in the Skills Specific education program; 207 attended sessions on community support services. The Nursing Guidelines for End-of-Life Care education program was delivered to 62 individuals representing 16 LTC homes in the region. The expansion of video-conferencing capacity is currently in progress in two sites, one in Windsor, the other in Sarnia.

Facilitating Factors: Development and implementation of the blueprint were facilitated by: existing information on education needs and gaps; existing and new infrastructure; financial support; effective leadership, and good communication, support at all levels; project management support and forced deadlines.

Challenges to implementation included: short timelines, lack of existing infrastructure, relationships and champions in some areas, technological and personnel issues impeding completion of the video-conferencing initiative, competing projects, nursing layoffs, and limited cross-sector involvement.

Key lessons learned that will assist with continued implementation have highlighted the importance of champions, funding commitment, dedicated human resources, support at all levels, networking and partnerships, leveraging existing structures, effective communication strategies, and evaluation.

Suggestions for improvements and further implementation of the blueprint included: better/more administrative support and financial accounting system, continued leveraging of programs and the need for: increased cross county and sector collaboration, more skill specific education, strategies to ensure knowledge transfer, greater emphasis on a systems-level approach, continued leadership and promotion and the need to clarify responsibilities regarding in-kind contributions.

Impacts: Although the short time makes it difficult to demonstrate improved competency at a system level, early impacts were identified. ***Client/ caregiver related impacts*** included improved quality of care and greater support for caregivers. ***Care-provider related impacts*** included increased access to palliative care education; increased capacity for palliative / end-of-life care; increased support for more education and increased awareness of available community supports. ***Health system related impacts*** included increased education; enhanced relationships/ partnerships for education; improved coordination and integration of education; increased participation of the volunteer sector; enhanced volunteer capacity for palliative care and increased awareness of palliative care issues across the system.

1.0 Introduction

In addition to evaluating the individual initiatives that comprise the ESC EOLCN Education Blueprint an evaluation of the overall Blueprint was planned. This formative evaluation focused on the development and implementation of the initiative.

2.0 Evaluation Objectives and Methods

An overall evaluation of the ESC EOLCN Education Blueprint was planned that would achieve the following objectives:

i) Describe the progress in implementing the ESC EOLCN education blueprint and the number of individuals participating in the various initiatives:
   - What initiative plans have been achieved? Which plans are still in progress?
   - How many participants have attended the various education initiatives?

ii) Describe the process of developing and implementing the various education initiatives that make up the blueprint:
   - What factors facilitated the development and implementation of the blueprint?
   - What were the challenges associated with implementation and what are the potential strategies to overcome these?
   - What are the lessons learned in the development and implementation of the blueprint?
   - What are suggestions for improvement? For sustainability? For expansion to other counties?
   - What are potential next steps for the EOL education in this region (year 2 plans for each initiative, overall)?

iii) Identify potential impacts associated with this education framework:
   - What are client/ caregiver (volunteer, informal, family) impacts are associated with this initiative?
   - What care provider impacts are associated with this initiative?
   - What health system impacts are associated with this initiative?

Sources of Information: To meet the above evaluation objectives the following sources of information were employed:

Initiative Tracking: Records were maintained on the progress of each activity/ component of the blueprint and the number of individuals attending each education/ training session.

Interviews with the ESC EOLCN Education Blueprint Organizers: Focus group and individual interviews were conducted with individuals who were involved in developing the education blueprint to obtain in-depth information about its development and implementation and potential impacts to date. The interview guide (presented in Appendix A was distributed to participants prior to the interview for review.

A focus group interview was conducted with 5 individuals on Friday March 27, 2009 via teleconference; it was 77 minutes in length. One individual participated in an individual telephone interview; this interview was 34 minutes in length. In total 6 individuals participated in these interviews.

Data Collection and Analysis: The evaluation consultant conducted this focus group interview, which was audio-recorded and transcribed. Interview data analysis was consistent with recommended practices for qualitative data.[1]

3.0 Results

The following is a summary of the progress with the implementation of the Education Blueprint and highlights and main themes that emerged from the interview with those involved in the development and implementation of the ESC EOLCN Education Blueprint.

3.1 Objective I: Describe progress to date

Table 1 summarizes the progress of the implementation of the ESC EOLCN Education Blueprint in terms of the number of education/ training sessions provided or planning meetings held and the number of individuals in attendance. Across all of the initiatives of the Education Blueprint, various information, education, and planning activities were delivered, with 581 individuals in attendance. A total of 46 individuals involved in volunteer education came together across 3 planning sessions to develop plans for increasing palliative care education in the volunteer sector; in total, 51 individuals participated in various volunteer focused education programs. Two meetings were held to develop relationships within the WIFN community and 15 members of this First Nation's community are currently participating in the Fundamentals of Hospice Palliative Care education program that is being delivery on Walpole Island. The Physical Skills Education sessions (consisting of 2 half day sessions) were delivered, with 242 community-based frontline workers in attendance. Two Community Resources Education sessions were delivered with 207 individuals in attendance. The Nursing Guidelines for End-of-Life Care in Long-term Care Settings education program was delivered across 3 sessions to 62 individuals representing 16 LTC homes in the region. The expansion of video-conferencing capacity is currently in progress in two sites, one in Windsor, the other in Sarnia.

Table 1: Education Blueprint: Initiative Tracking

Initiative/ Event	Number of Sessions/ Meetings	Total Number in Attendance
Volunteer Education		
Volunteer planning events	3 sessions (Chatham, Sarnia, Windsor)	46
Hands On Training sessions	1 session (Windsor Hospice)	9
Share the Care information sessions	2 sessions (Chatham, Sarnia)	42

[1] Patton, M.Q. (2002). *Qualitative Evaluation and Research.* Thousand Oaks, CA: Sage.

Initiative/ Event	Number of Sessions/ Meetings	Total Number in Attendance
First Nation Education		
Meeting with Walpole Island First Nation Leaders	2 meetings	4
WIFN Needs and Gaps Survey	7 individual interviews	7
Fundamentals of Palliative Care Education	Ongoing	15
Skill Specific Education	2 sessions (2 half-day workshops each)	242
	2 sessions focused on community support services	207
Nursing Guidelines for End-of-Life Care in LTC	3 sessions (Windsor, Sarnia, Chatham)	62 (16 LTC homes)
Expansion of Video-Conferencing Capacity		
Installation in progress:	The Hospice of Windsor & Essex County Sarnia Site	n/a

3.2 Objective II: Development and Implementation of the Education

Facilitating Factors

Blueprint organizers identified a number of factors that have facilitated the development and implementation of the Education Blueprint; these factors are summarized in Table 2.

Table 2: Summary of the Factors Facilitating the Development and Implementation of the Education Blueprint

Facilitating Factors:

- Proposal built upon existing information
- Existing infrastructure
- Financial support
- Development of new structures for education
- Effective leadership and good communication
- Good support at all levels
- Project management support
- Short delivery time forced action

- ***Proposal built upon existing information:*** Work on a previous Aging at Home proposal included an informal needs assessment, so the educational needs in this area were already identified before the development of the blueprint. As a result, much of the necessary preparatory work for the blueprint was already completed before the project began by the education advisory committee. Previous work on the survey gave the group more credibility and provided the group with a means to seek input from the network members.

  "When all the stakeholders got together we talked about what is it that we'd like to, what was our dream list, and things like that, so there was a lot of work, preparatory work in my opinion done that helped us when we got together to develop the blueprint."

- ***Existing infrastructure**:* The blueprint was able to rely on an existing end-of-life care network structure, which greatly improved the feasibility of implementation, especially over a short time frame.

- ***Financial support**:* The LHIN provided sufficient financial support for the delivery and implementation of the blueprint. The LHIN was credited with having the vision to support palliative care education at a time when no other LHINs in the province were supporting palliative care education to this extent.

- ***Development of new structures for education:*** The funding of the Education Blueprint enabled the creation and work of the Education Committee, a subcommittee of the ESC EOLCN standing committee. This committee is responsible for system-wide end-of-life care education; this unique structure was viewed as a positive force with respect to the Education Blueprint.

- ***Effective leadership and good communication**:* Leadership within the ESC EOLCN was able to forge the relationships with the LHIN to assist with the proposal process. A dedicated project manager was able to take the lead on the project to ensure that objectives were met. There was a sense of commitment among team members, and good communication among participants.

  "I think the fact that we had the fearless leader, in that she took the lead and she made it happen. She was very instrumental in guiding us in to developing that blueprint as it ended up."

- ***Good support at all levels**:* The right stakeholders participated in the advisory group for the development of the Blueprint; this input helped develop credibility for the group. There was good representation of the appropriate stakeholders among this group, including volunteers, RNs, and pastoral care. The project had buy in at all levels, including approval from the Executive Committee and the LHIN. Support and input received from the advisory committee and local councils was also helpful. The Executive Committee granted team members authority to make decisions, which allowed the team to execute the project more quickly.

  "Everyone was involved throughout the network on every level in the process of developing the proposal; that really made folks aware of what was happening, so there wasn't a huge education process. We were explaining what we were doing, why we

were doing it, and had buy in at all levels. That was really, really helpful, and it also provided structure [and] it provided really great avenues in communication…We were able to communicate where we were along our milestones." [Focus Group]

- ***Project management support:*** Recruitment of a project manager further facilitated development and implementation of the blueprint.

- ***Short delivery time forced action:*** While the short timeline of the project created some issues, it also helped facilitate a quick delivery as team members were forced to work against quick deadlines.

Challenges

A number of challenges were identified by blueprint organizers related to the development and implementation of the Education Blueprint; these challenges are summarized in Table 3.

Table 3: Summary of the Factors Challenging the Implementation of the Education Blueprint

- Short timelines
- Lack of an existing infrastructure in some areas
- Lack of existing relationships in some areas
- Lack of education champions in some areas
- Technological and personnel issues related to the video-conferencing initiative
- Competing projects
- Nursing layoffs impacted attendance at the Physical Skills training session
- Limited cross-sector involvement

- ***Short timelines****:* Although the short time lines for this project were also identified as a positive factor that moved the initiative forward, the short timeline for development and implementation also posed some significant challenges to planning and implementing objectives. As much time was needed to plan events, much of the actual implementation work was done in the weeks leading up to Year 1 deadline. The short timeline also created resource shortages for other programs as members devoted much time to the Education Blueprint.

  "We had about 8 months to make this happen, and so that was very challenging in that it took an incredible amount of resources out of the system.... I was spending an incredible amount of time on this specific project and it didn't allow me to continue some of the other projects that were scheduled, so it really did have an impact, the timing had an impact on my program."

- **Lack of an existing infrastructure in some areas:** Development and implementation was slower in areas where there wasn't an existing structure, especially because there

was a lack of existing leadership or personnel in these areas who could be responsible or accountable for the work. One example of this was for the volunteer sector.

“I’m thinking of the volunteer work, if we had a structure we could just sort of go right to the people in that structure, and they would carry the leadership on the project. Well, that structure was in disarray and those people hadn’t met. So we had to kind of build that group back up again and at the end of the day it worked very well....where we were missing structures, I found the work slower to get off the ground because we had nobody to attach the work to, or to do the work.”

- ***Lack of existing relationships in some areas**:* Prior to the project, the team had no connections inside the First Nations’ community. Because of this, it took time to cultivate these relationships and develop buy in/ support for this network.

  “First Nation’s would be an example, we didn’t have a close connection inside the community, and by virtue of what we were trying to do we really wanted and needed the leverage that were through the efforts of people inside the community.”

- ***Lack of education champions in some areas:*** Work was slow to move forward in some organizations that did not have a champion for palliative care education.

  “When we do training for other people inside the organization, we need sponsorship inside that organization because we’re working at an arm’s length, and we can’t represent ourselves inside the organization. We need sponsorship people inside the organization who will champion work and will represent at a senior level the work in order to help get the work off the ground.”

- ***Technological and personnel issues related to the video-conferencing initiative:*** Challenges related to video conferencing capabilities (technical issues configuration problems) and personnel changes slowed the implementation of this initiative; these challenges were things that organizers had no control over.

- ***Competing projects**:* An additional challenge was that multiple projects were being implemented simultaneously, such as the implementation of the MDS-RAI in LTC homes and training within the CCAC regarding the Client Health and Related Information System (CHRIS), which created scheduling problems and challenges for participants who had competing priorities. Although LTC homes were able to participate in the training sessions regarding the nursing guidelines for end-of-life care, implementation of the MDS-RAI prevented them implementing the guidelines in conjunction with the training; this will take longer than anticipated.

- ***Nursing layoffs impacted attendance at the Physical Skills training session:*** Lower attendance at the second session of the Physical skills training session was attributed to nursing layoffs within the provider agencies that were occurring at the same time. Some of the participants at the session had been notified just that morning that they were being laid off.

  “The mood of people in general wasn’t particularly good. Some of them had been told that day. They were mandated to attend the education when they knew that the following Monday they wouldn’t have a job.“

- ***Limited cross-sector involvement:*** It was noted that the acute care, long-term care, hospice and complex continuing care sectors were largely neglected in the Education Blueprint (and specifically from the Skills Specific education program). For a truly integrated and coordinated education plan these sectors should be involved in both planning and participation.

Key Lessons Learned

Blueprint organizers were asked to identify lessons learned in the development and implement of this initiative; these are summarized in Table 4.

Table 4: Summary of the Key Lessons Learned in the Development and Implementation of the Education Blueprint

Lessons Learned

- Importance of champions
- Funding commitment as essential
- Need for dedicated human resources
- Support at all levels is essential
- Momentum is maintained with effective communication strategies
- Evaluation to inform further development and implementation
- Networking and partnerships are key
- Importance of leveraging existing structures

- ***Importance of champions:*** Identifying champions and cultivating relationships within partner organizations, such as the CCAC and First Nations, are key to success. It was also very helpful to identify key leads from the advisory committees.

- ***Funding commitment:*** Without funding commitment an integrated and coordinate approach to education is not possible. Funding *"drives the process"* to implement this type of initiative.

- ***Need for dedicated human resources***: The work of project leaders and the project management team were instrumental to making this initiative successful. Human resources dedicated to the project can support a large amount of work done in a short period of time.

  "I don't think it could have happened without that dedication of specific resources."

- ***Support at all levels is essential:*** Support from the network system structure was essential during implementation.

- ***Momentum is maintained with effective communication strategies**:* It was very important and beneficial to keep everyone involved with the project well informed during the implementation process; solid communication plans were in place and served to keep stakeholders involved and motivated.

“Communication vehicles and plans, being able to communicate. I think that was key as well, keeping everyone informed of what’s going on and what’s happening, and keeps them energized around the process.”

- ***Evaluation to inform further development and implementation*: ** Evaluation was viewed as important for informing further development and implementation of the blueprint.

  “Evaluation is a fundamental component that would validate…and provide direction for future projects.”

- ***Networking and partnerships are key:*** The project has strengthened existing relationships and partnerships and facilitated building new ones. As a result of this initiative several partnerships for other projects have been created. Networking has resulted in better targeting of education efforts and as a result new groups were identified for education. Networking to share resources has prevented duplication of efforts, as for example with regards to the video conferencing initiative in which one site mentored and shared resources with the other site and partnerships with VON to move the Story Telling program forward.

  “The VON for example, have some grant money and they’ve hired a coordinator for the story telling project. So once we’d heard that, it was just wow, that’s perfect. We developed a partnership with them that we share the resources, so rather than us trying to work on our own on the story telling, we talked with them... and then we looked at how we could complement one another in that project.”

- **Importance of leveraging existing structures:** The ESC EOLCN provided the structure to facilitate this initiative; without this type of structure development and implementation of the blueprint would have been very difficult.

  “A lesson I learned is the importance of having that structure of our end of life care network initially to help facilitate all of this.”

Suggestions for Improvements, Sustainability and Further Development

Blueprint organizers were asked to identify continued needs related to palliative / end-of-life care in this region, suggestions for improvements, sustainability, and further development and expansion of the Education Blueprint; these suggestions are summarized in Table 5.

Table 5: Summary of Continued Needs, Suggestions for Improvements, Sustainability, Further Development and Expansion of the Education Blueprint

- Better/more administrative support and financial accounting system
- Consideration of time constraints
- Continued leveraging of programs
- Need for increased collaboration across the county and across sectors

- Equalization of resources within Erie St. Clair
- Continued need for specific skills education
- Need for strategies to ensure knowledge transfer
- Identification of accountabilities for education
- Greater emphasis on a systems-level approach
- Continued leadership
- Continued outreach and promotion
- Need to identify responsibilities regarding in-kind contributions

- ***Better administrative support and financial accounting**:* Several additional resources are necessary to make the initiative successful in the future. These include more administrative support and a better internal system for financial management, as one participant noted that they had issues paying vendors and getting timely reimbursements. Administrative support has already been approved and built in for the second year of the project. Related to this was the need to ensure a more comprehensive budget for expenses. For example, expenses for teleconference calls were not included in the initial budget for this initiative.

- ***Consideration of time constraints**:* Because time constraints were problematic in the first stage of the project, having the necessary time to implement the blueprint will help the project to be more successful in the future.

- ***Continued leveraging of programs:*** It was noted that although education programs exist across the region, continued efforts are needed to leverage these programs so that they are accessible in a coordinated manner.

  "One of the key things that we found that education is available and training resources do exist across Erie St. Clair, with respect to hospice palliative care education, but there lacks the leadership and structure and coordination across the system to leverage programs and resources. So without this project we don't have that leadership, and we still have a ways to go, this is where I think we're going in to year two."

- ***Need for increased collaboration across the county and across sectors**:* In some areas there is a lack of communication between groups; current education is mostly delivered locally, so there is not much cross-county or cross-sector collaboration. It was noted that acute care, long-term care, and complex continuing care sectors need to be more actively involved in education initiatives. Continued efforts at creating linkages and partnerships will serve to ensure a more system-wide approach to education.

  "Current education is largely locally delivered so there's not a great deal of cross sector or cross county sharing at this point."

- ***Equalization of resources within Erie St. Clair:*** It was noted that geographically, the project's resources should be distributed more broadly; education efforts need to be targeted evenly across counties.

- ***Continued need for specific skills education:*** There is a continued need for skills education in this region, particularly related to pain management.

- ***Need for strategies to ensure knowledge transfer:*** It was noted that more attention is need to ensure the sustainability of gains made to date, particularly as related to ensuring that knowledge gained is transferred to practice. It was suggested that building in mentorship and practical components will contribute to knowledge transfer.

  "That kind of education where you have sustained transfer of knowledge practice, it requires more than a 3 hour session."

- ***Identification of accountabilities for education:*** Related to ensuring that practice/ performance is improved as a result of education, is the need to determine who is ultimately responsible ensuring that knowledge gained in education programs is used to improve practice (individual, organizational, or system accountabilities).

- ***Greater emphasis on a systems-level approach:*** It will be necessary to take a more system-level approach, which includes greater coordination and integration of education programs, a better understanding of time constraints, and reinforcement of these throughout the system. Information-sharing and partnering mechanisms will be important to ensuring success at a systems level.

  "I'm looking at it five years down the road, what structure or structures carry this education, who's leading it, who's ensuring that it's happened, what are the mechanisms for transfer of learning, sharing information across sectors, within sectors and across sectors, within counties and across counties. What have we done to strengthen that as a common way of going about your everyday work so that when I develop something, the first thing I ask is who else would benefit from this."

- ***Continued leadership*:** It was emphasized that sustained leadership will be important over the next few years to achieve all of the blueprint objectives; without this the potential for the blueprint to fail is great.

- **Continued outreach and promotion:** Increasing awareness of the education blueprint and associated benefits through presentations to various LHINs and at palliative care conferences was viewed as an important strategy for expanding use of the blueprint in other areas of the province. Moreover it was suggested that within the region there needs to greater promotion of existing programs, for example resources and education available through the Windsor Hospice.

- ***Need to identify responsibilities regarding in-kind contributions:*** Expressed concerns regarding inadequate funding for some of the volunteer education/ training sessions highlights the need to clarify agency roles and responsibilities regarding in-kind contributions resulting from their partnership with the Education Blueprint.

3.3 Objective III: Identify potential impacts associated with the Education Framework

Although blueprint organizers noted that although implementation has occurred over a relatively short period of time, and though it would be difficult to demonstrate improved competency at a system level, they are able to identify some early impacts that with continued efforts have the potential to have a significant impact on palliative care; these impacts are summarized in Table 6.

Table 6: Summary of Impacts Associated with the Education Blueprint

Client/ Caregiver Related Impacts
- Improved quality of care
- More support for caregivers

Care-Provider Impacts
- Increased access to palliative care education
- Increased capacity for palliative / end-of-life care
- Increased support for more education
- Increased awareness of available community supports

Health System Impacts
- Increased education
- Enhanced relationships/ partnerships for education
- Improved coordination and integration of education
- Increased participation of the volunteer sector
- Enhanced volunteer capacity
- Increased awareness of palliative care issues across the system

Client/ Caregiver Related Impacts

- ***Improved quality of care:*** Quality of palliative care has improved as a result of the education provided through the blueprint. Families are better supported, which decreases their caregiving burden. Residents' issues are identified and handled more appropriately as a result of the nursing guidelines for end-of-life care. Volunteers are better empowered and supported for their work in palliative care.

- ***More support for caregivers****:* The Share the Care initiative has resulted in family and friends are seeking more information on how to be effective caregivers and how to create networks for informal caregivers; lay care providers felt more empowered and a sense of optimism after receiving this information.

Health Care-Provider Impacts

- ***Increased access to palliative care education:*** As a result of the blueprint, frontline workers and volunteers had increased access to education.

- ***Increased capacity for palliative / end-of-life care:*** Care providers are more knowledgeable about key issues around palliative / end-of-life care (e.g., they have a better sense of the distinction between end-of-life care and palliative care), have improved assessment and management skills, particularly as related to pain and symptom management and are more confident and comfortable with managing clients requiring palliative care. Communication among care providers has improved with the use of language and tools.

  "Nurses who are providing the care have tools to help them do it better and easier."

- ***Increased support for more education:*** There has been increased buy-in among care providers for specific education regarding palliative care.

  "We've been hearing, 'this is wonderful'. We learned so much. Can we have more?"

- ***Increased awareness of available community supports:*** Providers are more familiar with available resources and supports within the community and how to access them.

Health System Impacts

- ***Increased education*:** The Education Blueprint has resulted in a large number of people participating in palliative / end-of-life care education.

  "Just looking at the sheer number of people and the number of hours of education that we've accomplished in a short period of time, I think they're fabulous." [Focus Groups]

- ***Enhanced relationships/ partnerships for education:*** The Education Blueprint has been instrumental to improving relationships and partnerships across all of the initiatives; these partnerships will prove instrumental to moving the initiative forward in years 2 and 3.

- ***Improved coordination and integration of education:*** It was noted that although there is much room for improvement, coordination and integration of education across the region has improved as a result of the blueprint.

  "We were really fragmented. I knew things were going on in all the different counties because you'd hear wind of it that they were putting on a one day workshop and you'd hear about that at the last minute. I think this with this blueprint that are able to communicate that much more efficiently and able to share a lot more."

- ***Increased participation of the volunteer sector:*** The education blueprint was credited with increasing the participation and profile of the volunteer sector and ensuring that it is involved in the system of care.

  "I think quite often we struggle to include the volunteer sector in planning and I think with the volunteer program, I think it really strengthened them. It strengthened their involvement and really empowered them in terms of looking at their sector and system planning... it strengthened their own sector and how they are a part of the larger palliative care system."

- ***Enhanced volunteer capacity:*** Volunteer capacity to provide palliative care has been enhanced and volunteers feel that they are better trained. The Share of Care initiative has brought in additional lay people into the system of care.

- ***Increased awareness of palliative care issues across the system:*** There is an increased awareness about palliative care issues and education across all of the sectors that were involved in the project, which has created a network among various care providers. Overall, the profile of palliative care has been improved as a result of the project, and there is a greater emphasis on system needs.

Overall Evaluation Conclusions

Based the results of the evaluation the following conclusions can be made:

- The ESC EOLCN Education Blueprint has accomplished a great deal in a short period of time. Overall objectives were largely achieved and those that were not were beyond the control of Blueprint organizers (e.g., technological delays with the videoconferencing installation). A number of important training/ education programs were held for volunteers and frontline workers in the community and long-term sectors. The sessions were generally well attended and well received. Although there were some challenges experienced in implementing these initiatives, some unique to the specific programs (e.g., the mandatory nature of the Skills Specific sessions) and others common across all program (e.g., tight lines, competing priorities), changes in practice and benefits to care recipients and their families, care providers and the health system were identified. Major achievements identified across the initiatives of the Blueprint highlight the support for more palliative / end-of-life education in this region and the importance of relationship and partnership building, opportunities for networking across sectors and across the region to share ideas and resources, and inclusion of all key stakeholders in planning and decision making in order to maximize education strategies, including leveraging existing infrastructure and resources for capacity building.

- The need for enhanced palliative care is well documented in the published literature and there is much support for education as a strategy to improve care.[2] The initiatives of the Education Blueprint have the potential to have a significant impact on palliative care across the region. The Blueprint provides an opportunity to provide a coordinated, integrated, and standardized approach to education. This type of approach to palliative care education is unprecedented in southwestern Ontario, and most likely the entire province. This evaluation has identified a number of important and practical strategies for sustainability and further development, many of which will further enhance education efforts (e.g., planning for shared implementation of volunteer education, exploring how existing programs meet the needs of WIFN learners, building skill specific education on existing capacity, mentorship support for ensuring practice change and greater inclusion of the long-term care, complex continuing care, and acute care sectors). Increasing capacity for palliative care across the continuum of care by ensuring the consistent use of assessment tools, common language, and care models will serve to support and enhance other initiatives of the ESC EOLCN aimed at enhancing palliative care (e.g., the expansion of Palliative Consultation Teams across the region).

- This evaluation identified many factors that facilitated and challenged the development and implementation of education programs. Attention to these factors as well as identified

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[2] Winn PAS, Dentino AN. Quality palliative care in long-term care settings. J Am Med Dir Assoc. 2005; 6:S89-98.
Whittaker E, Kernohan WG, Hasson F, Howard V, McLaughlin D. The palliative care education needs of nursing home staff. Nurse Educ Today. 2006; 26:501-510.
Sellick SM, Charles K, Dagsvik J, Kelley ML. Palliative care providers' perspective on service and education needs. J Palliat Care. 1996; 12:34-38.
Bradley EH, Cherlin E, McCorkle R, Fried,TR., Stanislav VK, Cicchetti DV, et al. Nurses' use of palliative care practices in the acute care setting. J Prof Nurs. 2001; 17:14-22.

lessons learned will serve to inform and maximize education efforts going into Year 2 of this initiative. Similarly, this evaluation identified factors that facilitated and challenged application of education to clinical practice. Attention to these factors as well as strategies identified by evaluation participants to support knowledge transfer (e.g., resource materials, mentorship and follow-up support) will also serve to support education efforts going into Year 2.

Evaluation Limitations: The identified impacts associated with the training provided as part of the Education Blueprint were largely self-reported by key stakeholders and anecdotal; objective measures of impacts (i.e., performance/ outcome indicators providing empirical evidence of practice changes and impacts) while difficult to develop would provide validation of the qualitative data generated by this evaluation.

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Appendix A

Guide for the Focus Group Interview with Education Blueprint Organizers

The purpose of this interview is to gather in-depth information from the core group involved in developing and implementing the overall ESC Palliative Care Education Blueprint.

Just as a reminder, this initiative had five main components:

- Volunteer Education (volunteer planning event, Hands on Care and Story Telling training sessions, Share the Care information sessions)
- Cultural Education (Walpole Island First Nation community)
- Physical Skills Education
- Nursing Guidelines for End-of-Life Care in Long-Term Care Settings
- Expansion of Video-Conferencing Capacity

We will be discussing the development and implementation of the Blueprint overall.

Development and Implementation:

- What factors facilitated the development and implementation of the education blueprint?
- What were some of the challenges experienced in developing and implementing the blueprint and how can these be overcome in future endeavours?
- What additional supports or resources are needed to make this initiative successful?
- What are some of the key lessons learned from this initiative?
- What did you learn about the key gaps and needs related to palliative / end-of-life care education in this region?
- What did you learn about how palliative / end-of-life care education in this region can be implemented more efficiently?
- What are some suggestions for improving the blueprint as you head in to Year 2 of this initiative?
- What suggestions do you have for sustaining the gains/ relationships resulting from the first year implementation?
- What suggestions do you have for expansion of this blueprint to other counties across the province?

Impact:

I'd like to talk now about the impacts (outcomes) associated with the education blueprint.

- What do you think were some of the major accomplishments to date of this education blueprint?
-
- What are client/ caregiver (volunteer, informal, family) impacts are associated with the blueprint (resulting from the initiatives of the blueprint)?

- What care provider impacts are associated with the blueprint (resulting from the initiatives of the blueprint)?

- What health system impacts are associated with the blueprint (resulting from the initiatives of the blueprint)?

Additional Comments

Do you have any additional comments that you would like to make about this initiative?