



**Can further education of
facilitators in palliative care
increase the proportion of
expectedly dying patients
who receive assessment of
their oral health during
their last week of life?**

An educational intervention in Värmland/ Sweden

Quality indicators for palliative care in the end of life, e.g.

- Documented assessment of the oral health
- Documented pain assessment
- Documented doctor – patient/ intimates conversation about transition to end-of-life care

According to The National Board of Health and Welfare in Sweden

Targetlevels for the individual indicators

- Documented assessment of the oral health:
≥ 90%
- Documented pain assessment:
= 100%
- Documented doctor - patient conversation about transition to end-of-life care:
≥ 98%

How do caregivers know if they reach these target levels?

- Requested to record in the **Swedish Register of Palliative Care** how caregiving at the end of the patient`s life has been
- Register data on **current level** of indicators, **development** over time and **coverage** ratio for recorded death in specific time period

Register data for Värmland

- Region in western central Sweden
- $\approx 280\ 000$ inhabitants, 16 inhabitants/km²
- Records from **year 2016** showed results way beyond target levels for **all indicators above**
- **Assessment of oral health chosen follow-up indicator to judge effect of facilitator program**, because low starting level and criteria not changed since 2012

What to do about it?

- Värmland's **council for palliative care** given task to improve the results
- The **council's group for education in palliative care** decided on a **facilitated peer education program**, meaning:
- Train-the-trainer → Teach one, reach many
- Considered inexpensive, effective way to reach workplaces providing end-of life care in region

How it was done – Enrollment to program

- Enrollment **started 2017**(ongoing since then)
- Open for **all** health care professionals
- Resulted in group of facilitators almost exclusively consisting of **nurses**
- From municipal housing, home-care teams, hospital wards, other clinical hospital units like ICU and dialysis to primary care

How it was done - Education

- Facilitators` education **offered in IV parts**
Nov 2017 – Nov 2018
- Only **part II mandatory**

Start when 69 future facilitators enrolled

- **Part I:** Halfday lecture, basic knowledge in assessment tools, interventions, symptom control according to **Swedish National Guidelines for Palliative Care**
- **Part II:** Web-based program by **Institute for Palliative Care at the University of Lund/ Sweden**, for further education

- **Part III:** Half day workshop with Q&A and patient case discussions to test and confirm the aquired knowledge
- **Part IV:** Whole day lectures and discussions, further advanced level, including use and usage of the Swedish Register of Palliative Care

How many facilitators educated Nov 2017 – Nov 2018?

- **118 facilitators** had **completed at least mandatory part II** of the educational program by end of Nov 2018
- **78 (66%) of those** had completed web-based education (**part II**) and **part III** lecture day
- **32 (27%)** had completed **all parts** of the program

Did it make a difference?

Period	Proportion assessed	Proportion not assessed	Proportion unknown if assessed	Total amount registered deaths	Coverage ratio
2016 Nov- 2017 Feb	34 %	51 %	15 %	590	65 %
2017 March- 2017 June	35 %	51 %	14 %	533	63 %
2017 July-2017 Oct	34 %	50 %	17 %	525	63 %
2017 Nov- 2018 Feb	46 %	42 %	12 %	614	66 %
2018 March- 2018 June	50 %	39 %	12 %	518	63 %
2018 July-2018 Oct	51 %	41 %	9 %	509	56 %
2018 Nov -2019 Feb	51 %	37 %	9 %	482	49 %

Note

- Data collected from the **Swedish Register of Palliative Care** the **4th of March 2019**
- Registration possible for **180 days** from day of death
- → This data kan still **change**

Did it make a difference? We just can't tell

- **Cannot be determined** if the program increases the proportion of expectedly dying who receive assessment of their oral health during their last week of life
- Due to **low coverage ratio**
- and **short time passed** since program started

Not over and done with

- **Not** a completed **project** but new **way of working** with development of palliative care in Värmland
- **Takes time** for facilitators to pass on knowledge, implement new routines at workplaces
- **Ongoing** enrollment and education to **compensate** for facilitator **dropout**

Happening in spring 2019

- Further education of facilitators in **use and usage** of the **Swedish Register of Palliative Care**
- **Follow-up** by questionnaires **to**, and register data **from**, the facilitators' **workplaces**