

Report on the 2011 SHPCA Survey of Palliative Care Providers

This survey was commissioned by the SHPCA. The items on the survey were adapted from a previous provincial evaluation conducted by Sakundiak (2004) and from documents from the Canadian Hospice and Palliative Care Association, the Centre to Advance Palliative Care in the U.S. and the Victoria Palliative Care Group in Australia.

These data were collected during the provincial conference held on June 2nd and 3rd, 2011 and are based on information from 60 respondents. Response categories were collapsed into agree and disagree. The survey was not a representative sampling of providers from across the province and represents only the persons attending the conference who chose to complete the survey. Nonetheless, the following document highlights perceived gaps in palliative care service that could potentially be addressed through SHPCA education and policy initiatives as well as through health region support.

The majority of respondents felt pain and other symptoms were generally well managed within their health region, although timeliness of pain management seemed to be problematic for more than one quarter of respondents.

Psychosocial support in general was poorly rated overall. Only 48% of respondents felt there was adequate support for patients and families. Almost 70% of respondents reported inadequate levels of psychosocial support for staff. Just over one third of respondents disagreed that spiritual, cultural and ethical values of patients and families were respected, suggesting additional work is needed in these areas.

In terms of programs, several critical issues were flagged. Over 60% of respondents responded that patients and families did not have 24/7 access to palliative care services and an equal proportion indicated that respite services were inadequate to meet the needs of the patients and families they served.

Approximately 60% of respondents agreed there was open and timely communication between providers and patients, while 54% reported open and timely communication between providers. Opportunities to improve communication exist within both of these domains.

Pharmacy support appeared to be available in most settings.

Opportunities for enhancing palliative care teams were evident in the responses. Sixty per cent of respondent indicated that volunteers played appropriate roles in their programs. Just over half of respondents reported access to an ethics consultation service, which provides key support in dealing with difficult end of life issues. A palliative care consultation team was available to 70% of respondents, suggesting that many providers do not have access to consultation series.

In terms of education, 60% reported adequate access to palliative care education for providers, while only 40% believed there was adequate education for patients and families.

Finally, in terms of quality improvement initiatives, less than half of the respondents indicated they were familiar with quality indicators for palliative care in their own programs and a similar proportion felt they had no input into the use of the these indicators.

In summary, there are significant gaps in the quality of palliative care services reported by provided from across the province of Saskatchewan. Most notably, there is inadequate psychosocial support for providers, a lack of 24/7 access to palliative care services for patients and families and inadequate access to respite services. Access to ethics consultation services is not widely available. Education opportunities for providers, but most critically for patients and families, are lacking and represent a deficit in palliative care service. There is significant potential to improve palliative care within Saskatchewan through a concerted effort to address the deficits highlighted in this report.

Quick Stats on Respondents

Age

- 7% were 18-30 years old
- 38% were 31-50 years old.
- 53% were over 50 years old.

Sex

- 5% were male.
- 92% were female.
- 3% did not report.

Employment

- 52% are employed as Registered Nurses
- 15% are employed as Licensed Practical Nurses

- 7% are employed as Health Care aids
- 3% are employed as Physicians
- 2% are employed as Social Workers
- 2% are employed as Pharmacists
- 20% described themselves as Other.

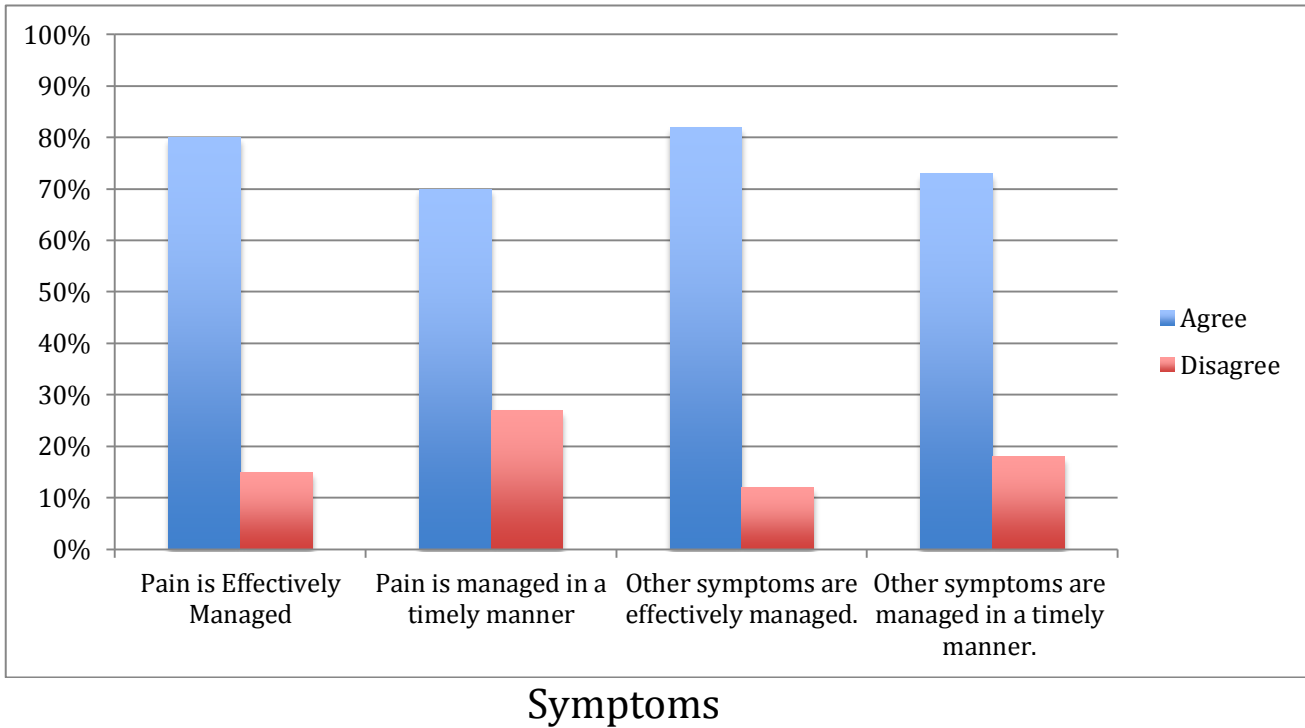
Type of Health Region

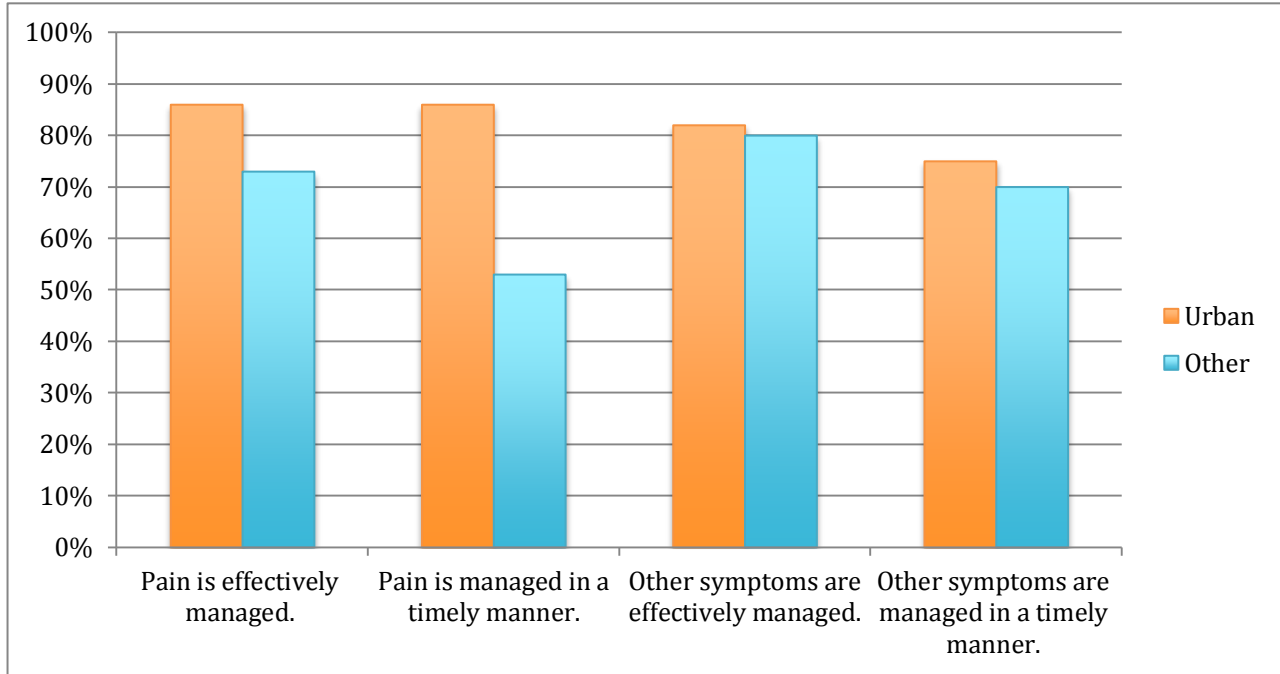
- 47% work in a Rural Health Region
- 47% work in a Urban Health Region
- 3% work in a Northern Health Region
- 3% did not report

Number of Years of Experience in Palliative Care

- 54% have more the 15 years experience
- 20% have 5-10 years experience
- 17% have 2-5 years experience
- 5% have less than 2 years experience
- 4% have 11-15 years experience
- 2% did not report

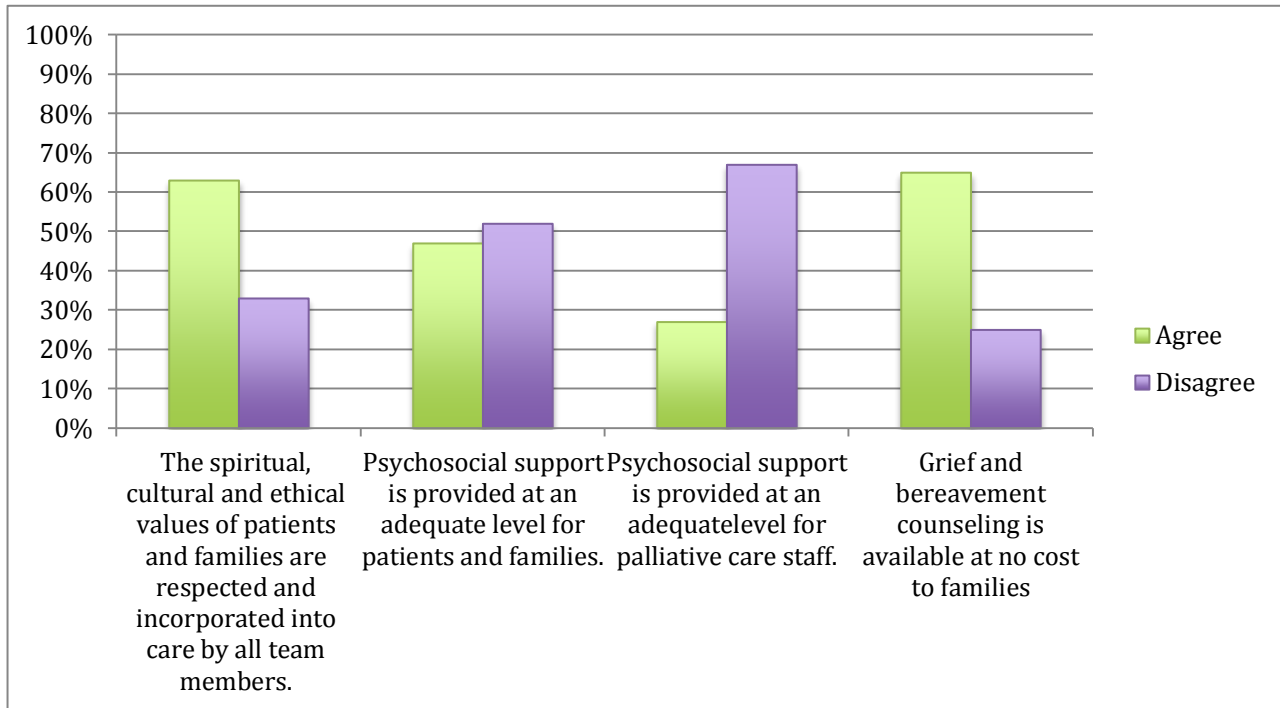
**Figure 1. Responses to Survey Items:
Perceived Quality of Pain and Symptom Management**



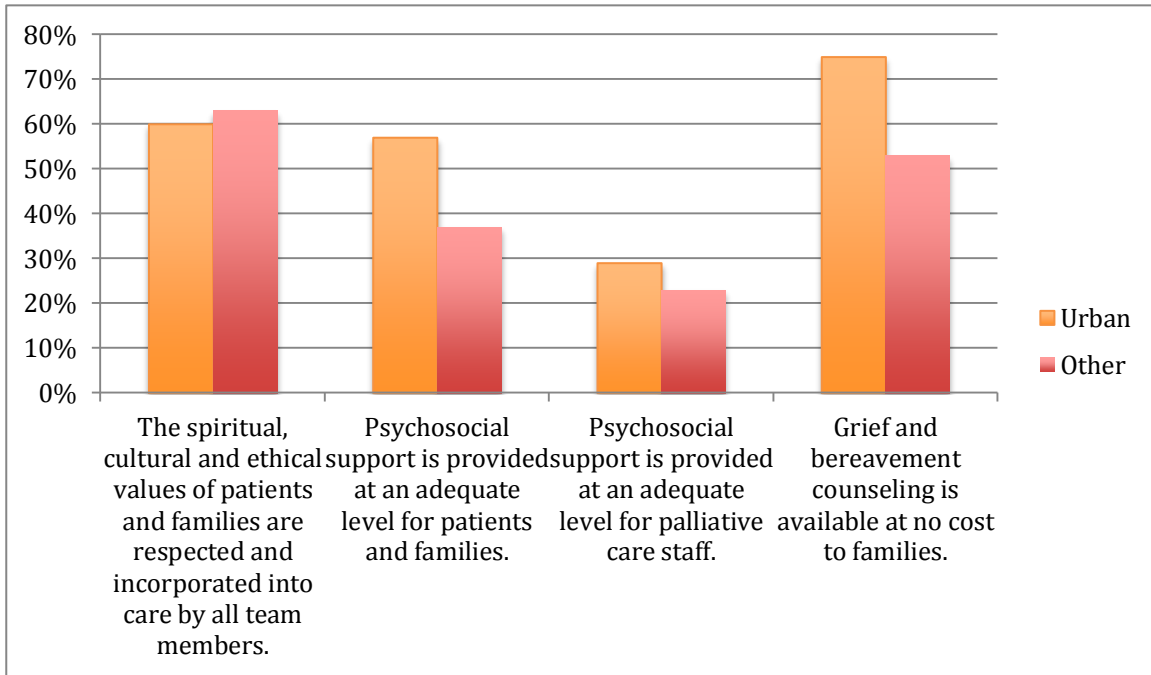


Urban vs. Rural

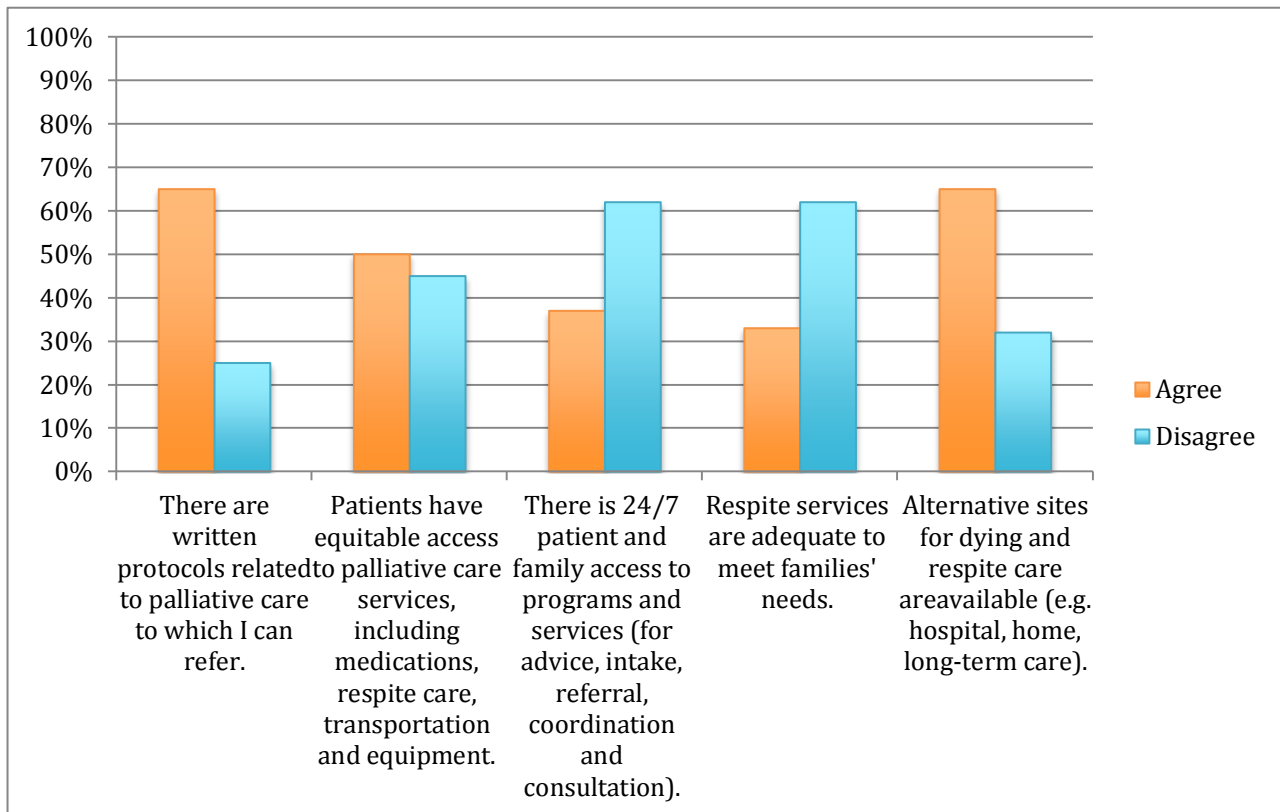
**Figure .Responses to Survey Items:
Perceived Quality of Psychosocial Support**



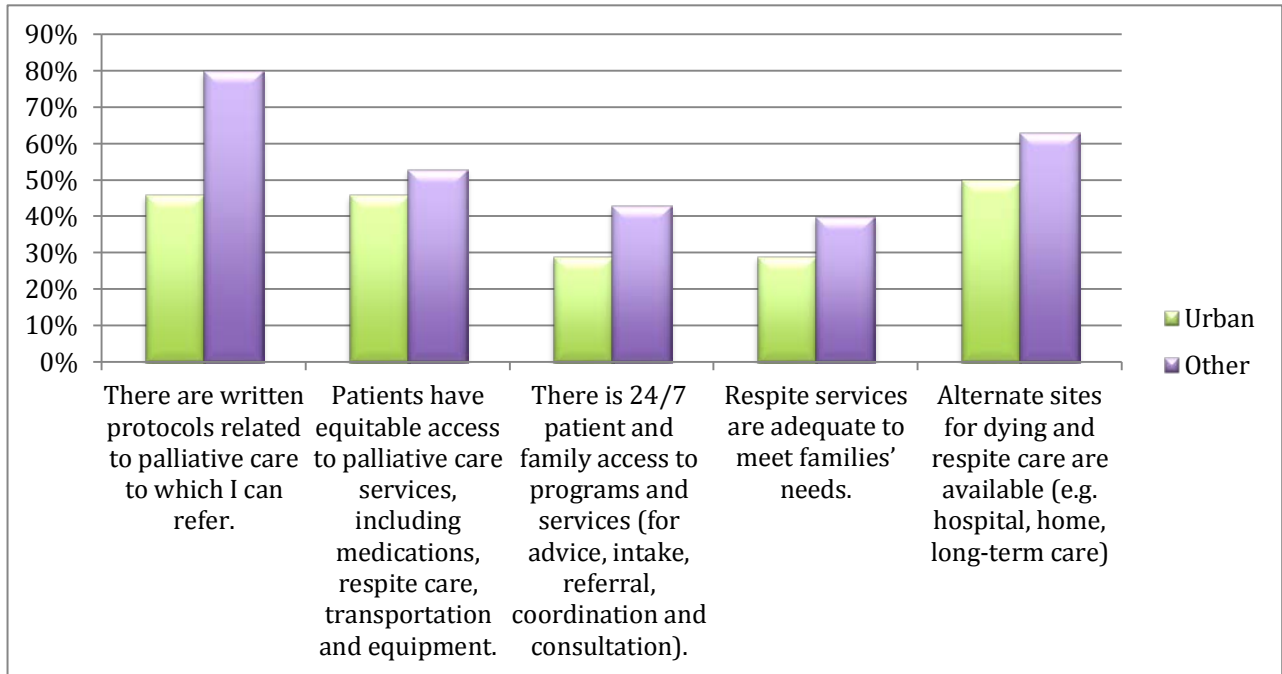
Psychosocial Support



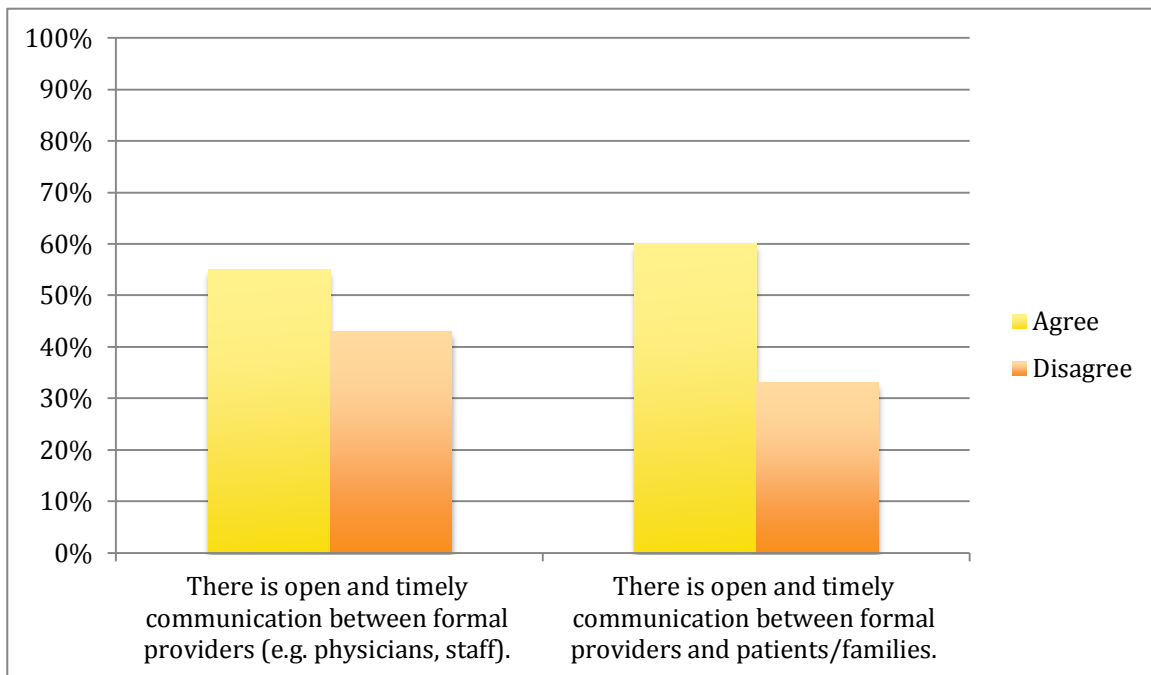
Urban vs. Rural



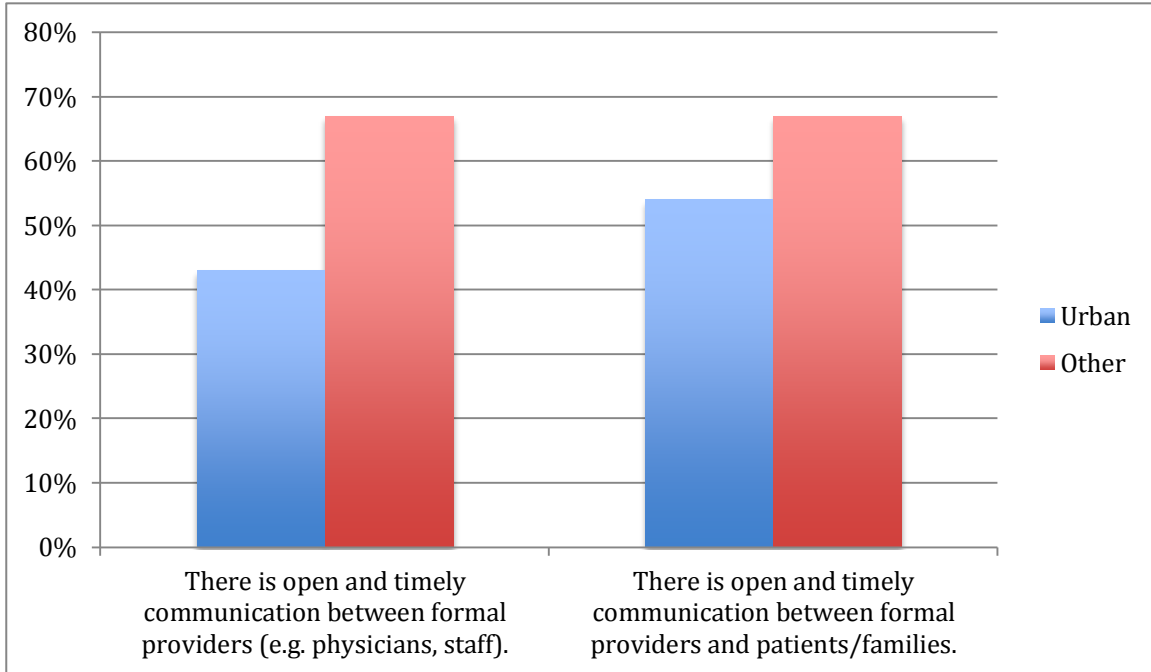
Program



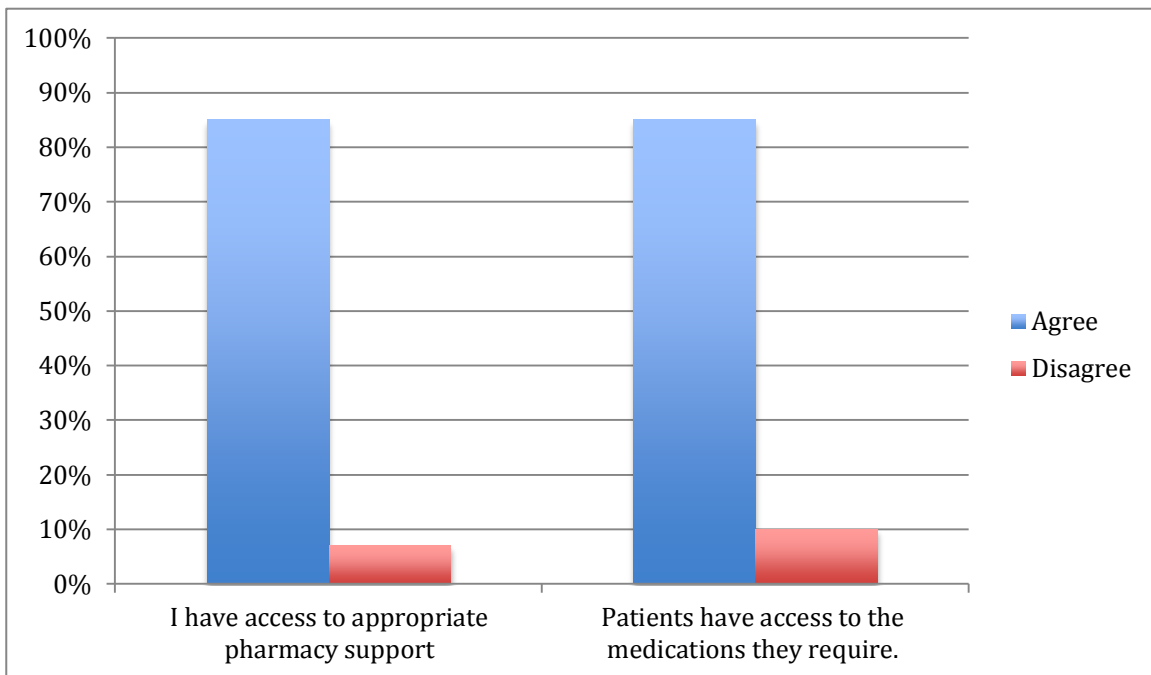
Urban vs. Rural



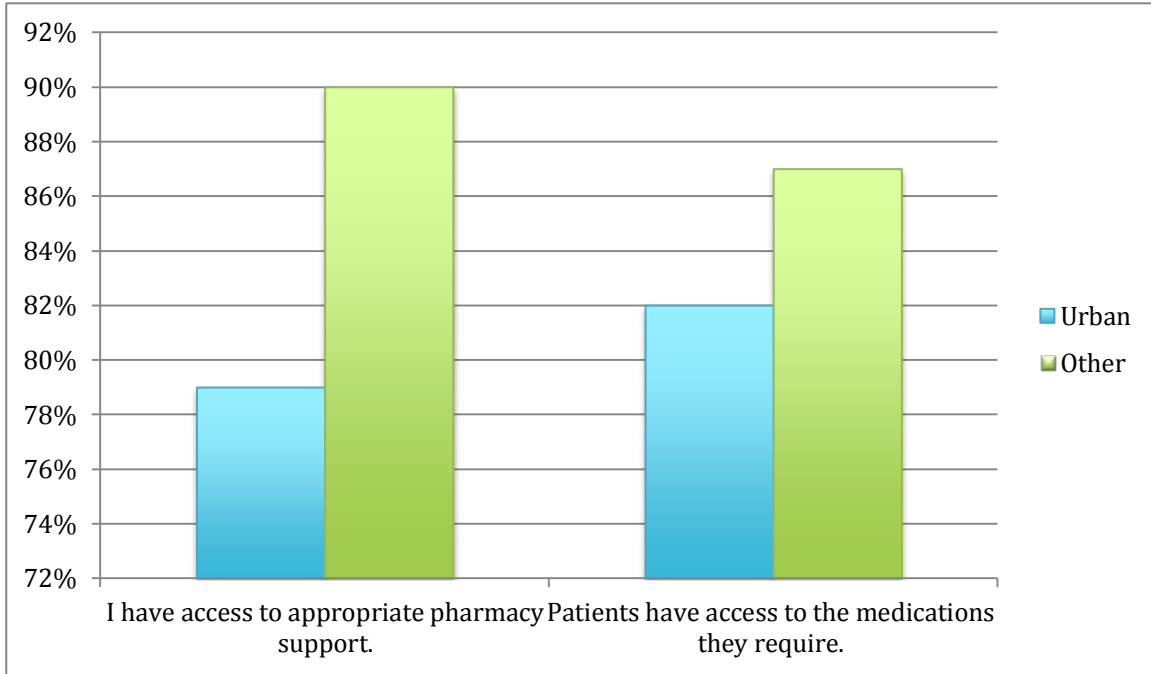
Communication



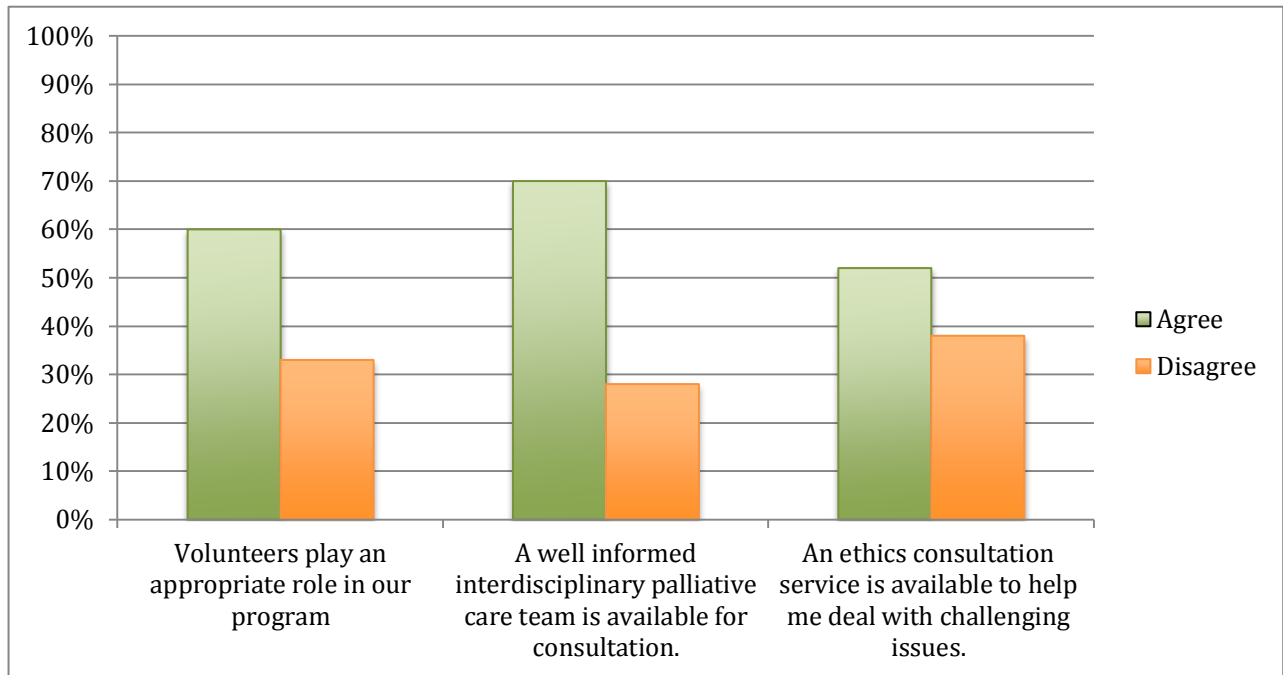
Urban vs. Rural



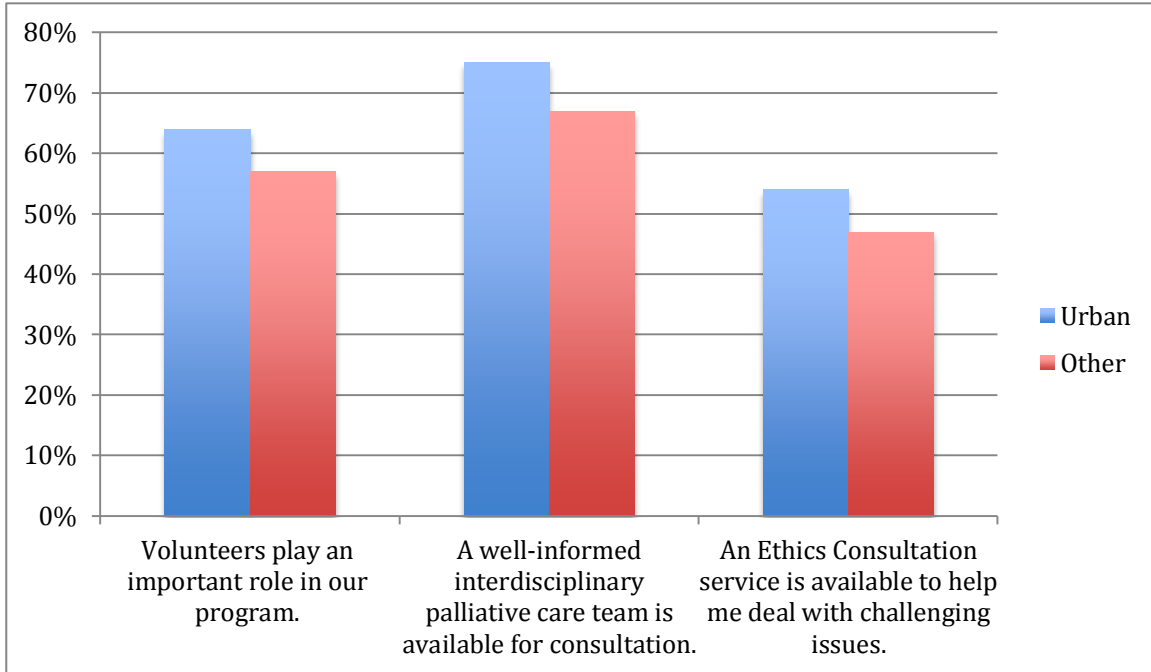
Appropriate Pharmacy Support



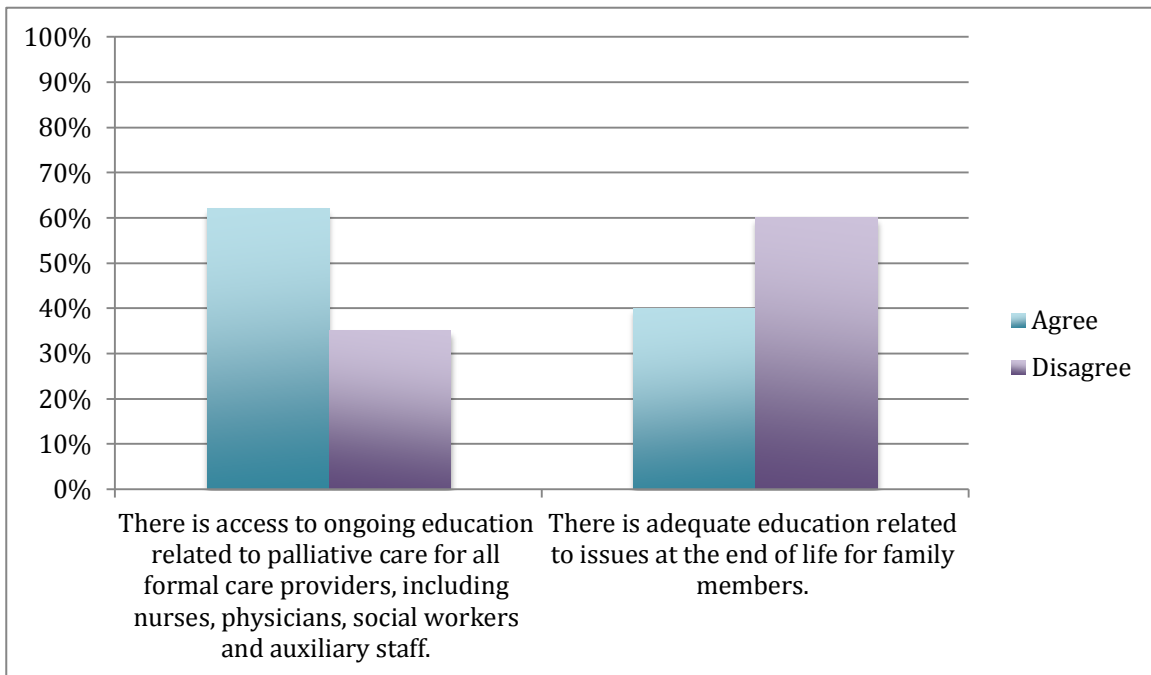
Urban vs. Rural



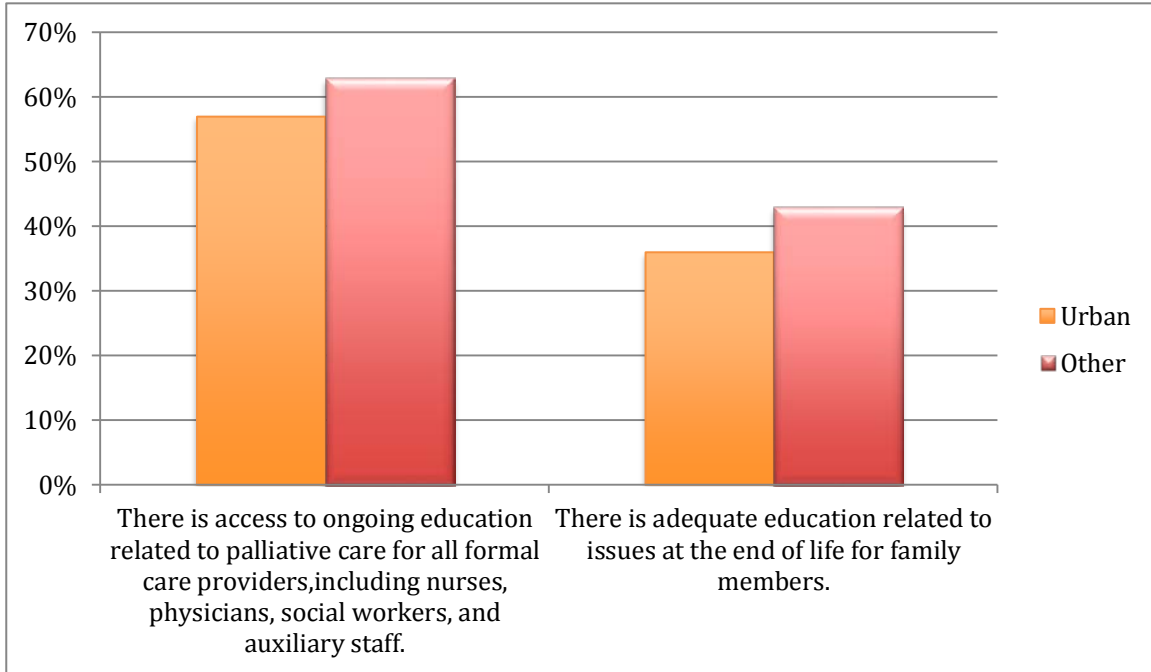
Role of the Team



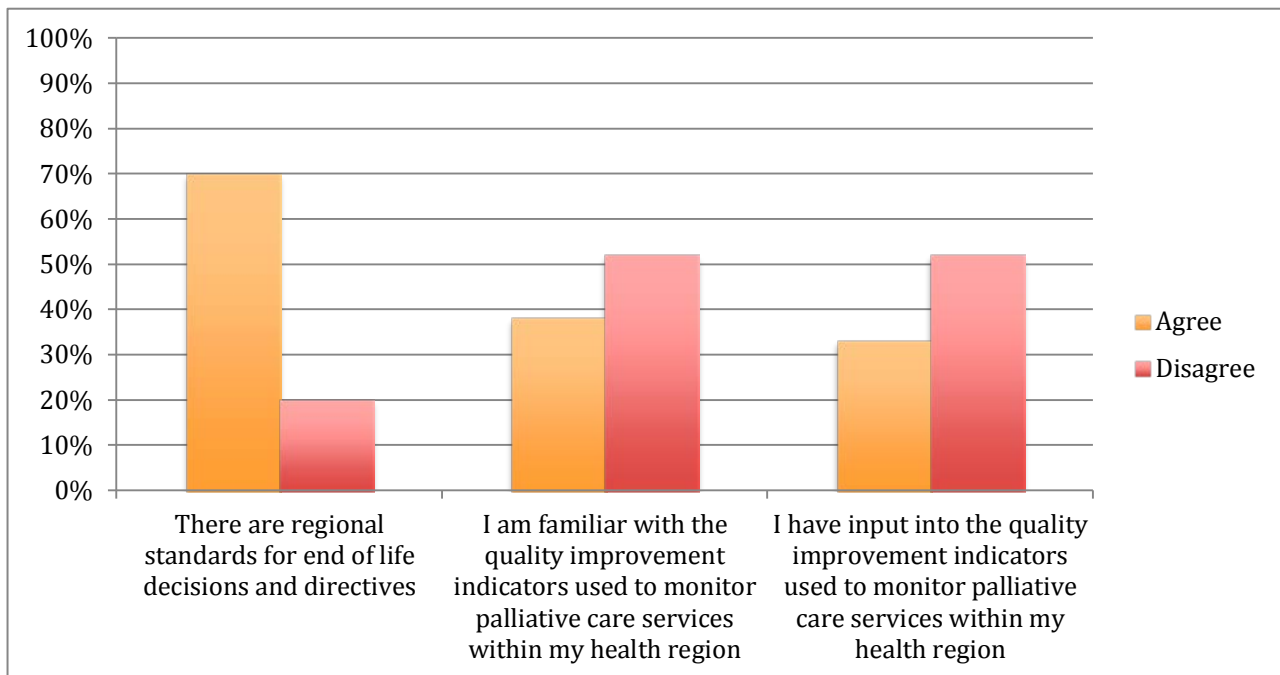
Urban vs. Rural



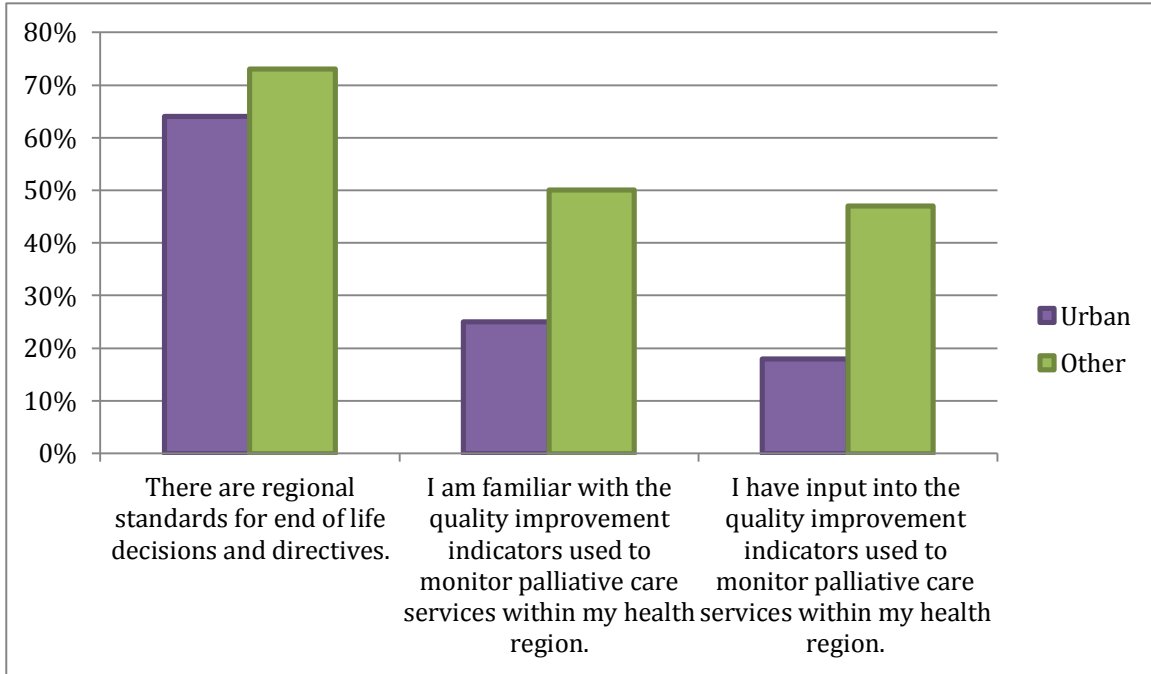
Education



Urban vs. Rural



Quality Improvement



Urban vs. Rural