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Original Study

Palliative Care Development in European Care Homes and Nursing Homes: Application of a Typology of Implementation

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A B S T R A C T

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Background: The provision of institutional long-term care for older people varies across Europe reflecting different models of health care delivery. Care for dying residents requires integration of palliative care into current care work, but little is known internationally of the different ways in which palliative care is being implemented in the care home setting.

Objectives: To identify and classify, using a new typology, the variety of different strategic, operational, and organizational activities related to palliative care implementation in care homes across Europe.

Design and methods: We undertook a mapping exercise in 29 European countries, using 2 methods of data collection: (1) a survey of country informants, and (2) a review of data from publically available secondary data sources and published research. Through a descriptive and thematic analysis of the survey data, we identified factors that contribute to the development and implementation of palliative care into care homes at different structural levels. From these data, a typology of palliative care implementation for the care home sector was developed and applied to the countries surveyed.

Results: We identified 3 levels of palliative care implementation in care homes: macro (national/regional policy, legislation, financial and regulatory drivers), meso (implementation activities, such as education, tools/frameworks, service models, and research), and micro (palliative care service delivery). This typology was applied to data collected from 29 European countries and demonstrates the diversity of palliative care implementation activity across Europe with respect to the scope, type of development, and means of provision. We found that macro and meso factors at 2 levels shape palliative care implementation and provision in care homes at the micro organizational level.

Conclusions: Implementation at the meso and micro levels is supported by macro-level engagement, but can happen with limited macro strategic drivers. Ensuring the delivery of consistent and high-quality palliative care in care homes is supported by implementation activity at these 3 levels. Understanding where each country is in terms of activity at these 3 levels (macro, meso, and micro) will allow strategic focus on future implementation work in each country.

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Changes in population demography across Europe are leading to an increased proportion of older people needing to access higher levels of care and support services.¹ For some older people living with multiple complex health conditions, a decision will be made to move into a care home when they are no longer able to live independently in their own homes. Across Europe there is diversity in the national policy, funding, and regulatory structures within which care homes operate.² As residents in care homes become more frail, they may require palliative and end-of-life care within these facilities. Health and social care staff working within, and external to, the organization can provide this care.

The implementation of palliative care in care homes has received increased international attention over the past 10 years. In 2013, A European Association of Palliative Care (EAPC) Taskforce: Palliative Care in Long-Term Care Settings for Older People, reported on how palliative care was being developed in care homes in 13 European countries. This Taskforce identified that different initiatives and interventions were being developed and implemented.^{3,4} The PACE (Comparing the effectiveness of Palliative Care for older people in long-term care facilities in Europe) research program⁵ extends this work in a second EAPC Taskforce: Mapping Palliative Care Systems in Long-Term Care Facilities in Europe. This considers the development of palliative care provision in care homes across a larger number of European countries affiliated to the EAPC.

In the context of this study, the term “care home” is used to refer to a collective institutional setting in which care is provided to older people on-site 24 hours a day, 7 days a week, including facilities with on-site and off-site nurses and medical staff.³ This term includes a range of facility types offering different levels of social and health care.⁵ The term care home is concerned with long-term care facilities based in the community, and does not include rehabilitation or subacute facilities, as included in a recent nursing home definition.⁶

Within palliative care, the mapping of palliative care provision is well established in Europe.^{7–9} The focus of such work is on the provision of specialist palliative care in a range of settings, but limited attention has been paid to specialist and generalist palliative care provision in care home environments.^{7–9} The mapping work to date has been cross-sectional, and the underlying methodology and reliability of data sources used questioned.¹⁰ This static approach, also, does not capture implementation activity that would promote the ongoing development of palliative care into care home practice.

Although implementation strategies across palliative care more widely have been identified, using education process mapping, feedback, multidisciplinary meetings, and multifaceted approaches,¹¹ they lack a clear underlying rationale. There is therefore a need to underpin the current interest in palliative care provision in care homes with an empirically derived typology for implementation that can be used internationally, nationally, and organizationally to monitor and compare future activity by service providers, regulators, and policy makers.

Aims and Objectives

The aim of the study was to map and classify different structures, organizational models, and policies related to palliative care provision in care homes in Europe. We report in this article on the following specific objectives:

1. To describe existing formal palliative care structures or services, organizations, and policies at local, regional, and national levels that support the development and provision of palliative care in care homes.
2. To develop a typology for palliative care implementation in care homes.

Methods

We collected data from 29 European countries: Albania, Austria, Belgium, Croatia Hrvatska, Cyprus, Czech Republic, Denmark, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Israel, Italy, Latvia, Lithuania, Luxembourg, The Netherlands, Norway, Poland, Portugal, Romania, Spain, Sweden, Switzerland, Turkey, and the United Kingdom. We used 2 methods of data collection: (1) country mapping survey and (2) documentary review.

Country Mapping Survey

In the country mapping survey, we sought to describe the broader context for palliative care in care homes in each country, alongside the identification of examples of initiatives undertaken to develop palliative care in care homes. We aimed to identify country informants in as many European countries as possible. These were individuals with expertise

Table 1
Definition and Scoring of 3 Levels of Implementation Activity

Level	Definition	Domains of Activity	Scoring
Macro	National or regional drivers that support palliative care provision in care homes	<ul style="list-style-type: none"> • Policy directives/documents/strategies/guidelines • Legislation • Financial provision and mechanisms • Regulatory processes and quality assurance processes 	1 point awarded for activity identified in any 1 of these 4 domains Range: 0–4
Meso	Implementation activities to support the development of palliative care in care homes	<ul style="list-style-type: none"> • Education programs • Tools/frameworks • Services supporting long-term care facilities • Service development projects/research into palliative care practice 	1 point awarded for activity identified in any 1 of these 4 domains Range: 0–4
Micro	Extent of organizational provision of palliative care in care homes	<ul style="list-style-type: none"> • No evidence of palliative care activity in any care homes in country • Minimal activity: isolated examples of palliative care provision in care homes • Some activity: examples of palliative care provision identified in some regions/providers • Widespread activity: palliative care provided in some care homes across different regions/providers • Full activity palliative care provided in all care homes in country 	Country scored on extent of palliative care provision in care home organizations <ul style="list-style-type: none"> • No activity: 0 • Minimal activity: 1 • Some activity: 2 • Widespread activity: 3 • Full activity: 4

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