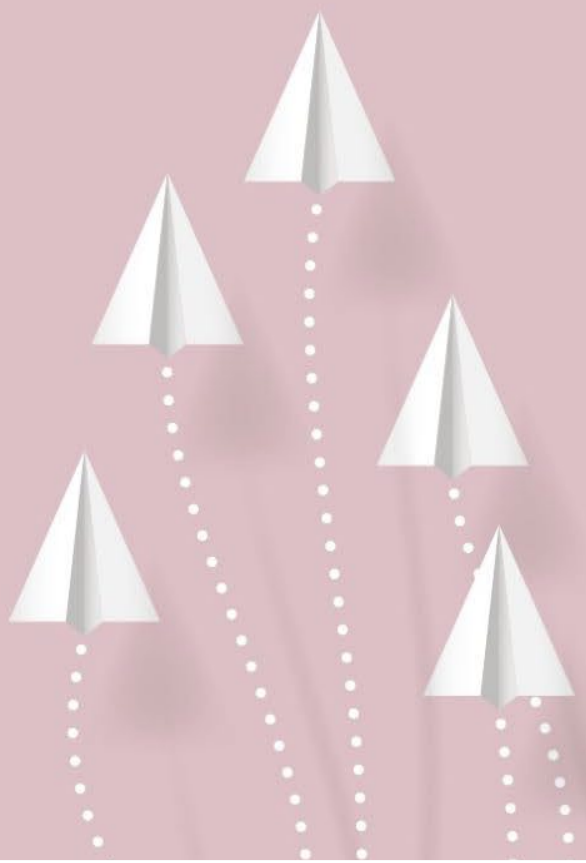


EVALUATION OF AN EVIDENCE-BASED, PRACTICE- AND CITIZEN-INFORMED PALLIATIVE CARE POLICY IN FLANDERS

Development of a Theory of Change

END-OF-LIFE CARE RESEARCH GROUP

UNIVERSITEIT GENT VUB

Vlaanderen is zorgzaam en gezond samenleven

Steven Vanderstichelen, Louise D'Eer, Marijke Dheedene, Anneleen Craps, Joachim Cohen, Lieve Van den Block, Kenneth Chambaere

Gefinancierd door het Vlaams Departement Zorg

CHALLENGES IN THE FLEMISH PALLIATIVE CARE SECTOR

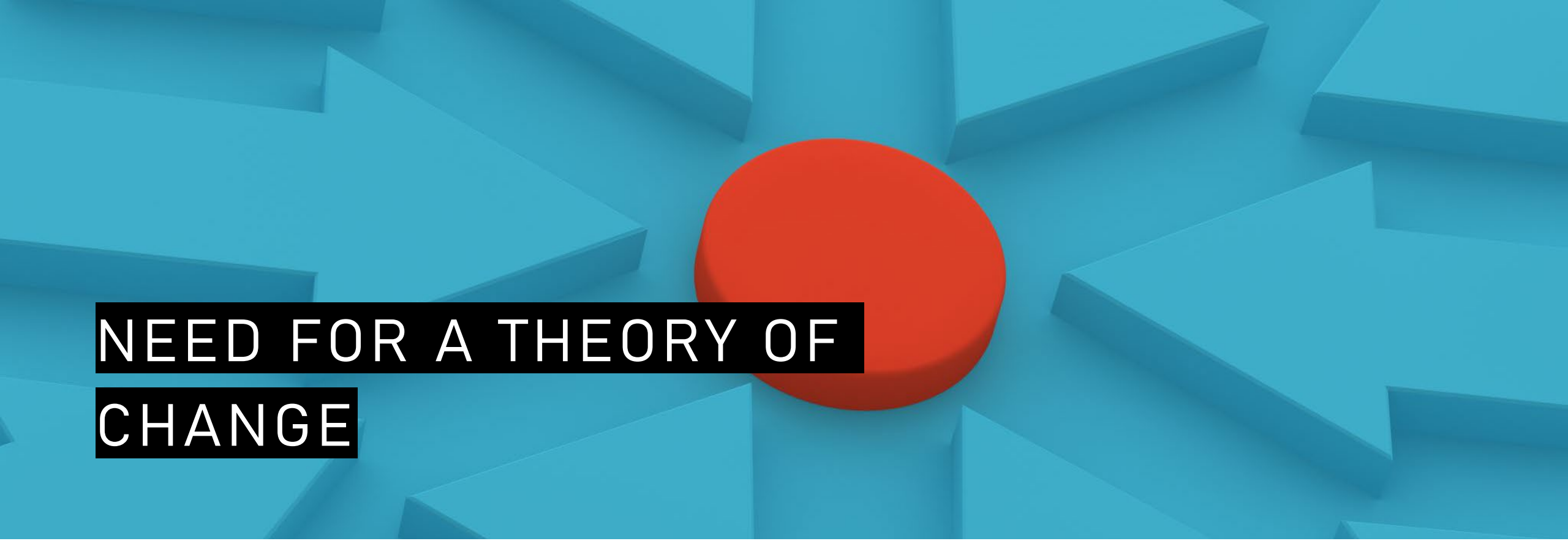
- Ageing population
- Shortages of healthcare providers
- Need for integrated and goal-oriented care
- Outdated regulations =/= needs and challenges
- Increase in palliative care needs

Departement Zorg. Hervorming van de palliatieve zorg in Vlaanderen – Visiedocument. 2023. https://zorg-en-gezondheid.be/per-domein/palliatieve-zorg/visienota-over-de-hervorming-van-de-palliatieve-zorg-in-vlaanderen

FLANDERS' OBJECTIVE

Palliative care as an integral part of each person's care and support plan.

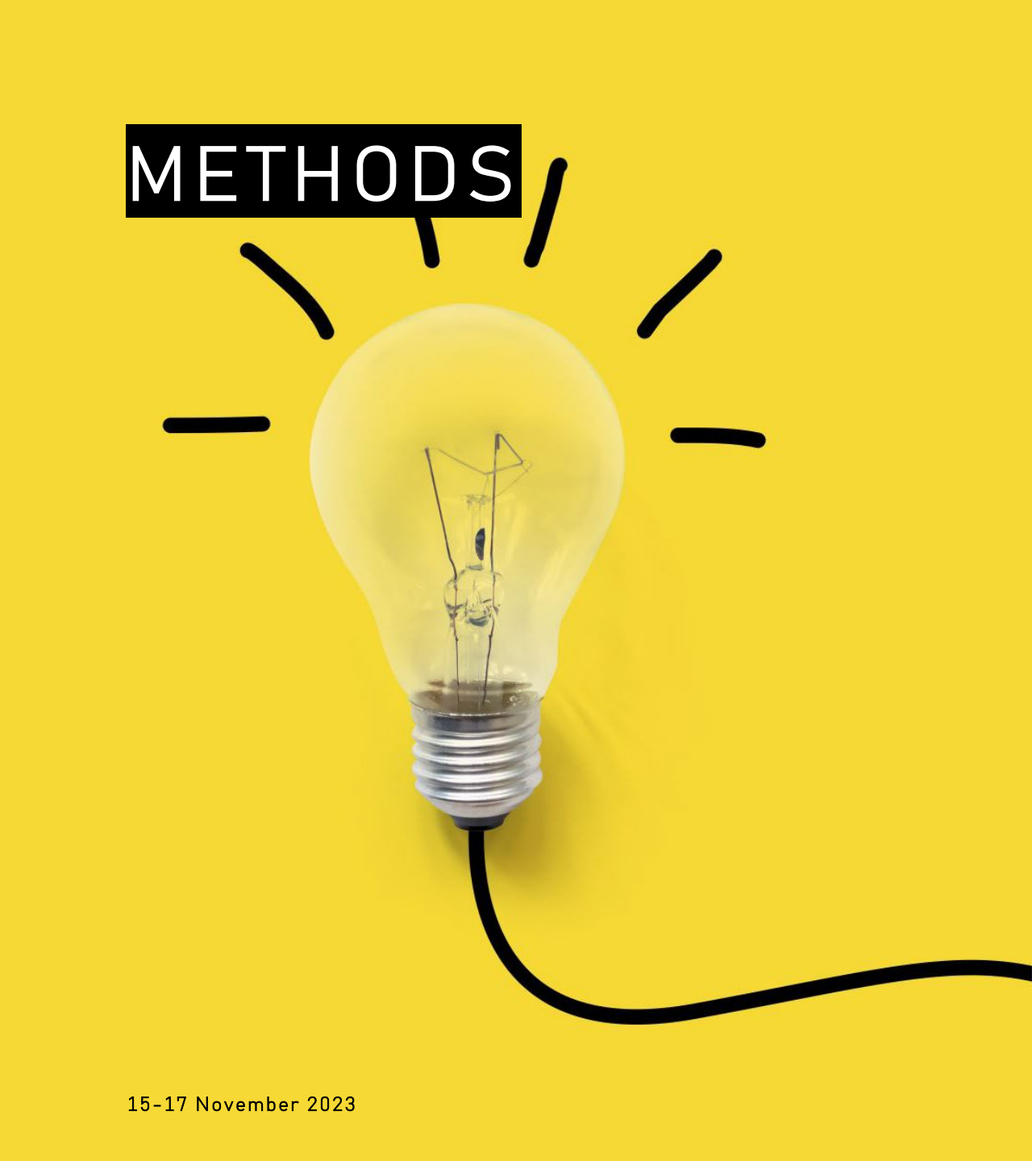
- ✓ Reform is a complex process of change
- ✓ Social Ecology
- ✓ Different **actors**, **systems** and **activities** at different **levels**
- ✓ Observable changes and invisible processes of change



NEED FOR A THEORY OF CHANGE

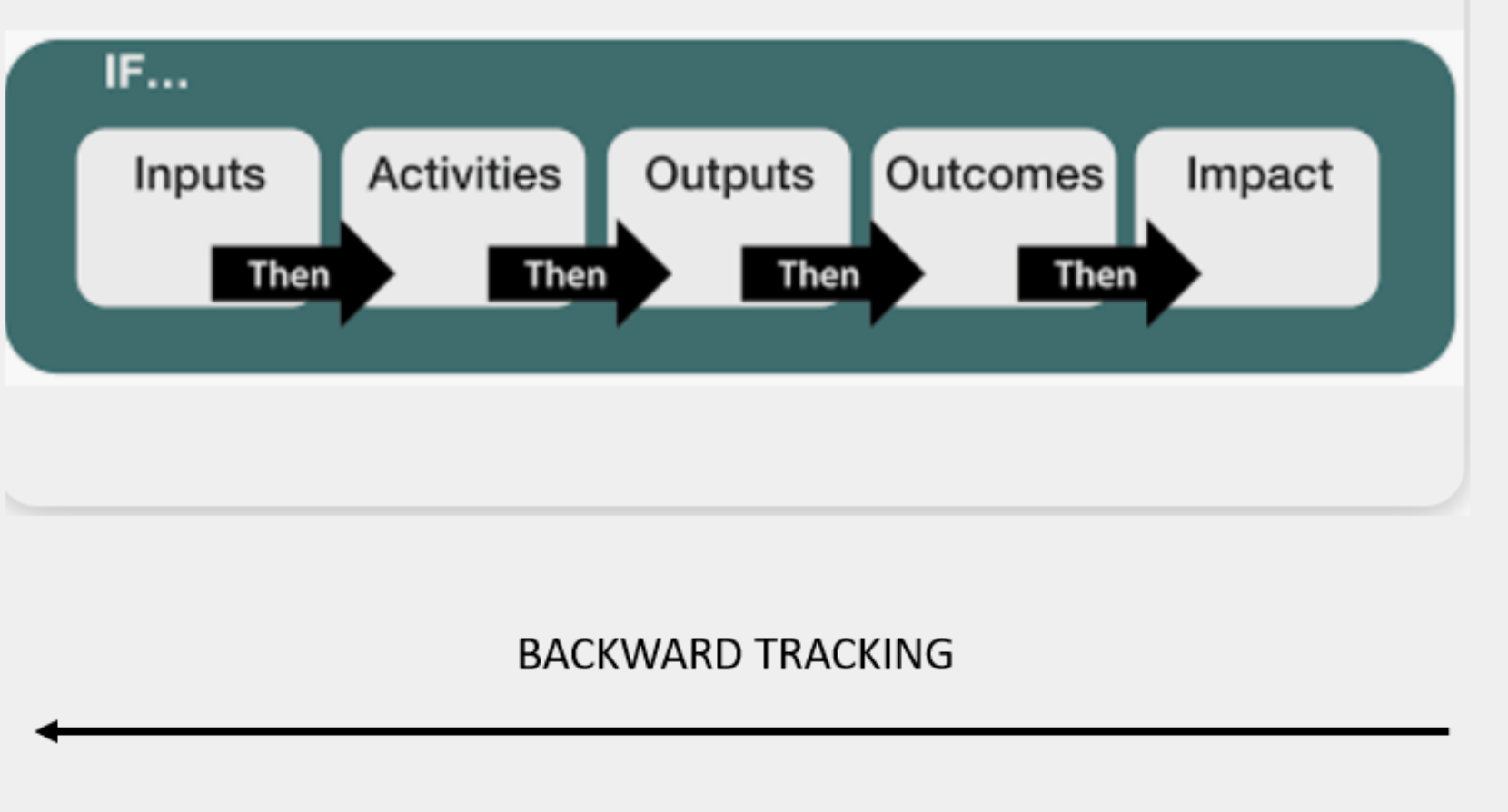
- A monitoring and evaluation approach
- Tries to understand how and why a program brings about change
- Allows to capture progress and success

METHODS



- Developmental Evaluation approach
  - Evaluation decisions are made according to development
- Participatory observation of stakeholder meetings
- Document analysis of government reports and vision texts

BACKCASTING PROCESS

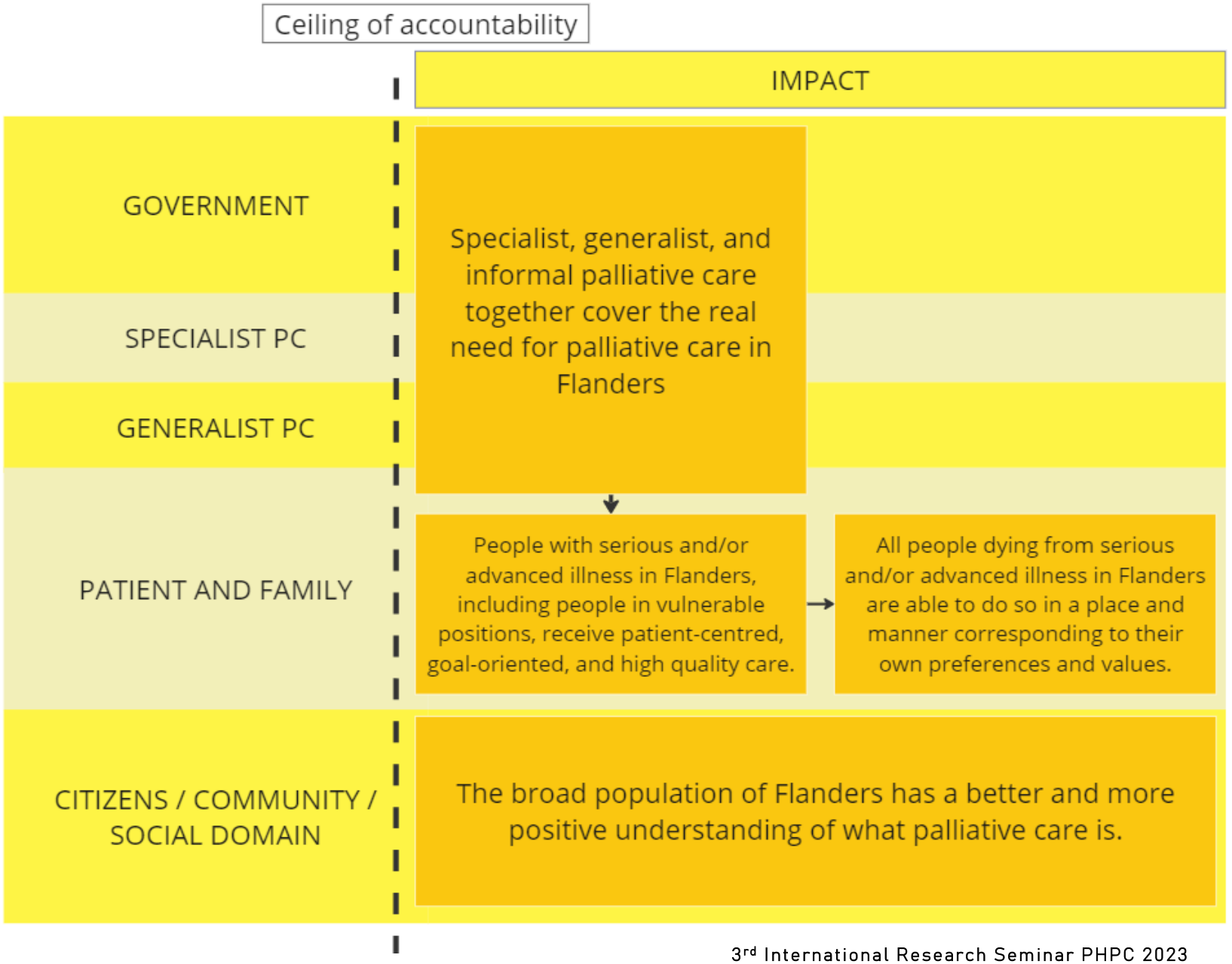


- Defining
  - Impact
  - Results
  - Inputs and outputs
  - Activities
  - Assumptions
  - Indicators

THEORY OF CHANGE

Purpose: Palliative care is an integral part of each person's care and support plan.

3 pathways to impact



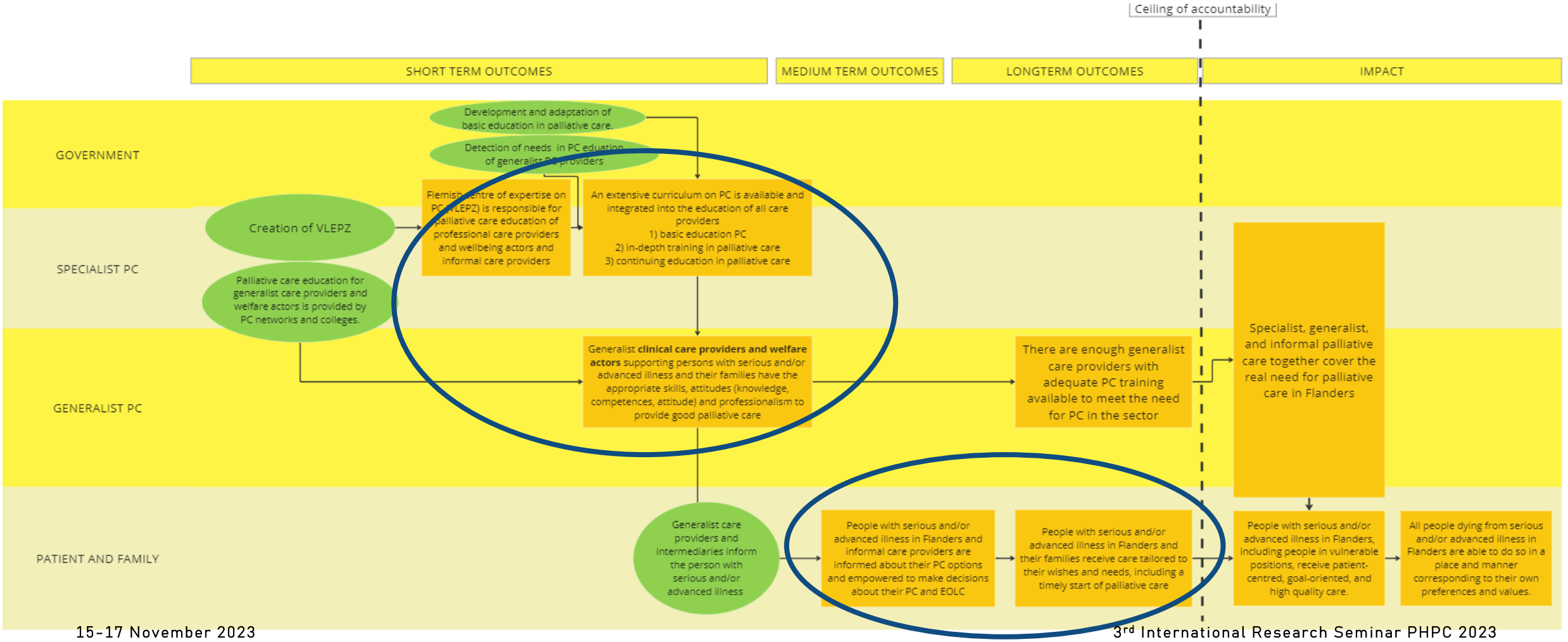
3 PATHWAYS

Training of healthcare providers and welfare actors

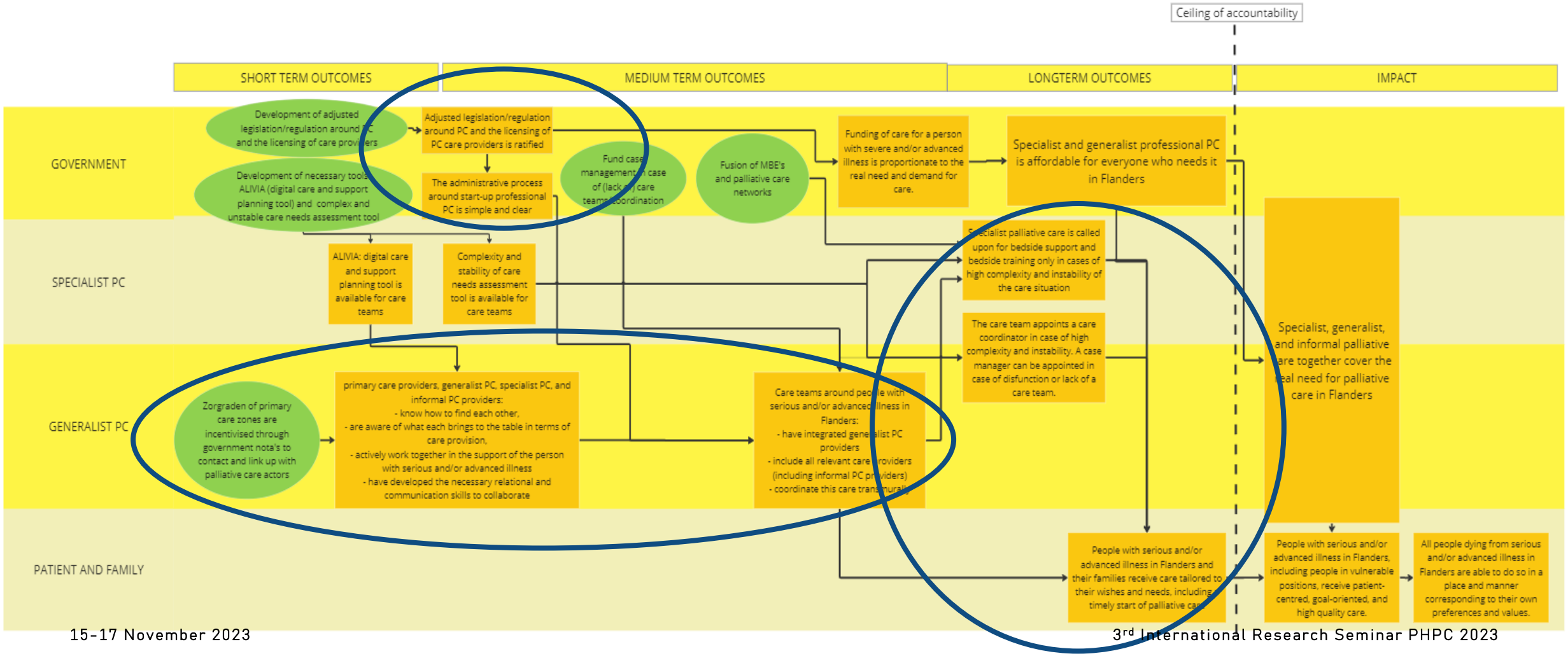
Palliative care provision and coordination

Raising awareness among the general population

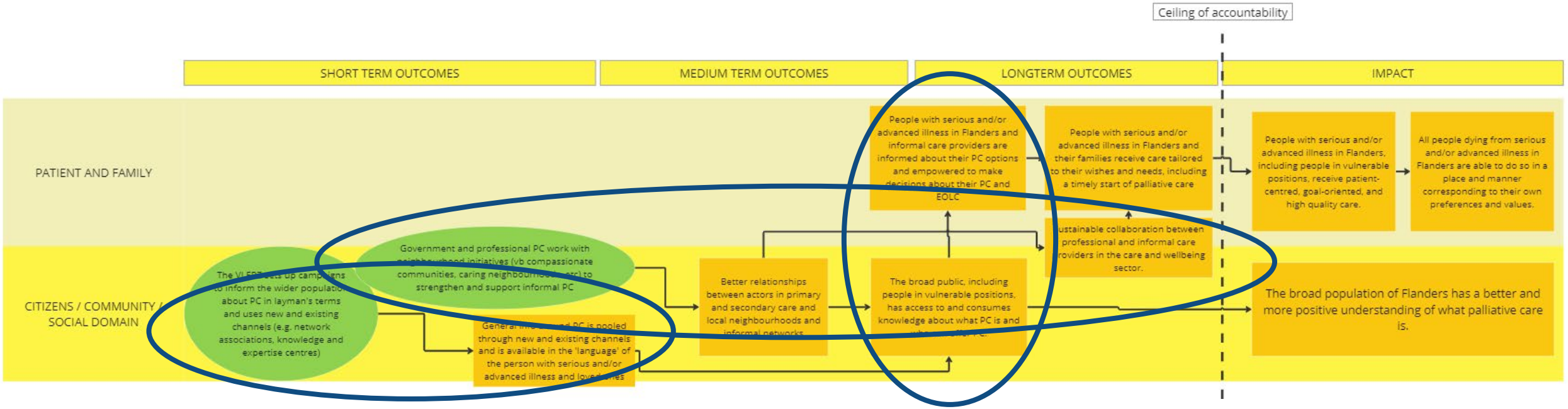
PATHWAY 1: TRAINING OF HEALTHCARE PROVIDERS AND WELFARE ACTORS



PATHWAY 2: PALLIATIVE CARE PROVISION AND COORDINATION



PATHWAY 3: RAISING AWARENESS AMONG THE GENERAL POPULATION



INDICATORS

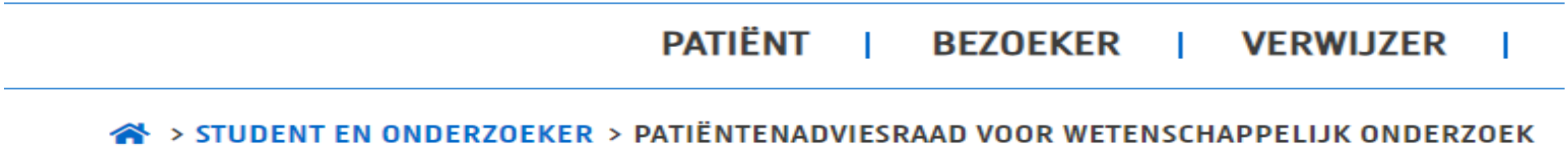
Option 1
By the end of 20##, ##% of all graduating clinical caregivers and wellness actors will have received the basic palliative care curriculum.

Option 2
The proportion of graduating clinical caregivers and well-being actors who have completed the basic curriculum of the PC at their educational institution is increasing significantly every year.

- Determining key outcomes
- Synergy with available databases/collections
- SMART indicators: Specific, Measurable, Achievable, Relevant, Time-bound
- ≠ indicators possible for ≠ outcomes,
  - vb. Measuring competences and skills

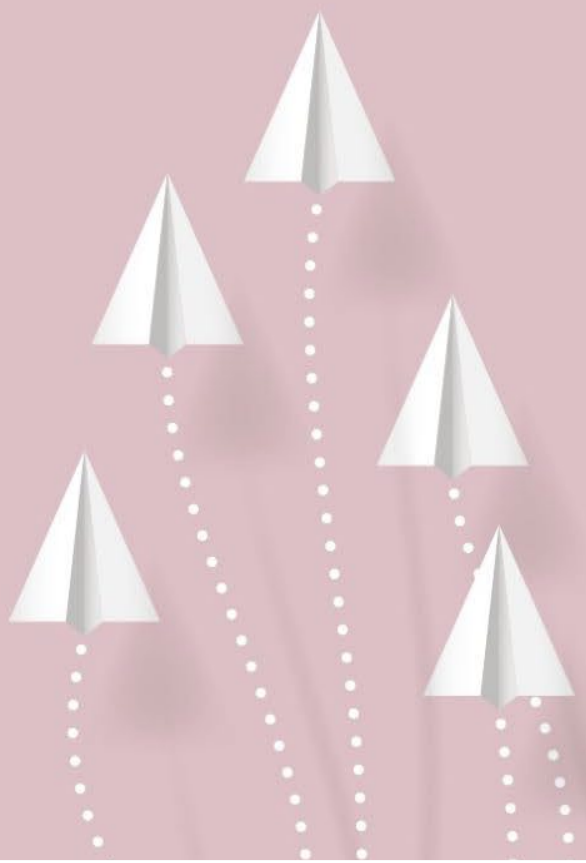
CHALLENGES

- Scale of the reform
- Intersecting policy areas
- Thinking across Legislatures
- Field of tension: Rigour and control vs flexibility and adaptation



PATIENT CONSULTATION

- 3 workshops with PAWO (UZ Gent / UGent)
  - Are we measuring the right things?
  - What are our blind spots?
  - Are we adequately capturing the experience of patients and their environment?



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