

Covenant Health - Palliative Institute

Research Team Annual Report



May 2016

Table of Contents

1. Foreword
 - a. Dr. Sandy McEwan
 - b. Senior Leadership, Palliative Care, Covenant Health
 - c. Directors, Palliative Institute
2. Acknowledgements
3. Research Team Biographies
4. Scholarly Contributions
 - a. Grants
 - b. Publications
 - c. Abstracts
 - d. Presentations



Foreword

Dr. Konrad Fassbender and his research team have worked strategically to provide high quality research in the context of care to vulnerable Albertans. Reports, including one by the Canadian Cancer Society Research Institute, have highlighted the need for additional investment to support dying cancer patients and their families. In particular, a scarcity of evidence supporting advance care planning and palliative care has long been recognized. The research described in this report describes significant progress in improved communication, anticipation of healthcare trends and delivery of care.

The Covenant Health Palliative Institute is using state of the art scientific methods to understand and improve care. They are conducting formal systematic reviews using Joanna Briggs Collaborating Center techniques, conducting a randomized clinical trial and employing implementation scientific methods. Patient and public engagement tools include Café Scientifique and World Café. The Institute of Health Care Improvement spread framework, Alberta Improvement Way and Health Council of Canada Innovative Practices Framework are also being used to better support patient care.

We are working closely with Covenant Health to support and guide this work during this formative period. Formal strategic planning processes at both the University and Covenant Health ensure that the need for and uptake of the Institute's scholarly outputs is clearly articulated.

Performance measurement is a critical aspect of the Institute's program of research. Indicator development, audits and large administrative database or population research constitutes an important support for policy planners and administrators. Completing a privacy impact assessment and data sharing agreements in addition to scientific and ethical review have allowed this team to comparatively evaluate cancer care at end of life across four provinces.

I congratulate Dr. Fassbender, the Institute and its collaborators in their achievements as outlined in this report. We look forward in the Department to continuing to build our relationship well into the future.

Dr. Sandy McEwan

*Professor and Chair, Department of Oncology
Faculty of Medicine and Dentistry
University of Alberta*

Message from Covenant Health

The Covenant Health Palliative Institute was launched October 2012 in response to a growing need to improve care of dying and chronically ill patients and their families, and an awareness of our unique strengths within the realm of palliative and end-of-life care. Extensive consultations with patients, families, clinicians and researchers confirm that our leadership continues to seek innovative solutions in the delivery of high quality palliative care. We are pleased to support and build on our legacy establishing the introduction of a regionally integrated, coordinated and comprehensive palliative care delivery model.

The Covenant Health Palliative Care Institute is working alongside Alberta Health and Alberta Health Services in policy, strategy and operational support. The Institute is being recognized as providing leadership in research and patient engagement. This report articulates a thoughtful and collaborative approach to acquiring and implementing an evidence-based approach to the financing and delivery of appropriate and compassionate palliative care.

We are personally pleased to witness the active role taken by the Institute in translating and implementing evidence. Alberta Innovates Research to Impact Framework and the Health Quality Council of Alberta's Alberta Quality Matrix have been used to guide Covenant Health's investment in the Palliative Institute. The work of the Institute is closely aligned with the clinical, education and administrative units within Covenant Health and Alberta Health Services.

The Institute, operating as a two campus model, houses staff in offices at both the Grey Nuns Community Hospital and the University of Alberta. Covenant Health provides the infrastructure and support best described as a "living laboratory." Collaboration between the University and Covenant offices enables innovation from whiteboard to bedside. A living laboratory encourages, incubates, evaluates and provides the template needed for large-scale implementation and uptake.

The array of activities and progress are growing and attributable to a highly talented and functioning team of researchers. It is with pleasure that we share their accomplishments.

Karen Macmillan

*Chief Operating Officer, Acute Care
Grey Nuns Community Hospital*

Dr. Robin Fainsinger

*Section Chief, Edmonton Zone Palliative Care
Clinical Director, Tertiary Palliative Care Unit,
Grey Nuns Community Hospital*

Message from the Palliative Institute

We are pleased to provide an overview of research activities for the Covenant Health Palliative Institute for the 2015 calendar year. This snapshot represents an opportunity to reflect on our third year of operation and to track progress according to our strategic planning processes. Advance care planning, patient engagement and clinical pathways were identified as priorities in 2012 and continue to inform our core activities. We assembled a highly talented team of researchers and support work taking place in offices at the Grey Nuns Community Hospital and University of Alberta.

The Institute provides not only research but supports clinicians and front line staff through educational initiatives. . Our research team is also supported by a community outreach lead. [Carleen – how would you like to summarize our other work and advertise future reporting?]

This report profiles our research team and tells the stories of people who truly put the ‘passion’ in compassion. Commitment to state of science research requires the willingness to acquire apply the necessary skills and fortitude to share best practices. We strive to provide a supportive environment for our staff alongside trainees and collaborators. As a living laboratory, Covenant Health is committed to providing an environment which facilitates their work innovating, evaluating and implementing best practices.

We coordinate our research and Institute activities closely with Alberta Health and Alberta Health Services. We also wish to acknowledge the important role of numerous academic colleagues, whose collaboration is essential. We are encouraged and supported by national trends toward larger integrated research teams which have helped us substantially leverage Covenant Health’s investment in our Institute.

We are grateful for the Covenant Health Senior leadership team for their generous advice, support and guidance. Ensuring that our research activities are supported and utilized is benefited from their experience.

Konrad Fassbender
Scientific Director

Carleen Brenneis
Director

Acknowledgements

The Palliative Institute's research group is deeply grateful to the organizations listed below for their current financial support. The grants and financial resources committed to the Palliative Institute and its partners support critical research into a variety of areas which will ultimately enhance the quality of both palliative and end of life care for patients and their families. Research funding also helps us connect with important communities and share developments and best practices.



We would also like to extend our thanks to the multitude of health professionals including doctors, nurses, pharmacists and other care providers for the participation in and support of our research. Without their insight and cooperation, much of our work simply wouldn't be possible.

A sincere appreciation is offered to patients and families who have given of their time and shared their experiences with our researchers. In order to do our best work, it is essential that we understand the perspectives of those who are in receipt of palliative care. These contributions are essential to our success.

Research Team Biographies



Dr. Konrad Fassbender, PhD

*Econometrics, Health Economics, Cost Analysis,
Economic Evaluation*

Dr. Fassbender is a PhD trained health economist, the Scientific Director for the Covenant Health Palliative Institute and Assistant Professor in the Division of Palliative Care Medicine. He maintains cross-appointments as Adjunct Assistant Professor in the School of Public Health and Fellow of the Institute of Public Economics at the University of Alberta. He supervises medical trainees, graduate students and teaches health economics, health finance and econometrics. He works with clinicians, administrators and policy makers to measure cost and performance associated with the financing and delivery of health care & social services. His program of research examines the effects of health reform & technological change on health & economic outcomes of dying patients & their families.

**Barinder Minhas, BSc***Research Assistant*

Barinder Minhas completed her Bachelor of Science degree in Biology at University of Alberta. She is currently working for the Advance Care Planning CRIO team in Edmonton, and provides research support to the PRIHS Conservative Kidney Management team and Covenant Health Palliative Institute on a number of projects.

Community Engagement Key in Advancing Our Goals

The World Café method is an engagement tool used to create collaborative dialogue and prompt conversations around questions that matter in corporate, government, and community settings. Our research group has used the World Café method as a community engagement tool for three separate projects/initiatives: PRIHS World Café, ACP CRIO World Café the Palliative Institute World Café.

For the PRIHS café, we sought to identify current challenges, enablers, and opportunities to providing excellent care for patients who choose conservative kidney care. We engaged with stakeholders from Northern, Central and Southern Alberta who ranged from care providers and patients/families to home care providers, home palliative, palliative care, emergency departments, senior's health and family physicians in order to support the development, implementation, and evaluation of a provincial Conservative Kidney Management clinical pathway.

The ACP CRIO World Café helped us learn how best to engage community groups in ACP activities and awareness of GCD. At this session, we engaged with researchers, key stakeholders and community groups in order to support the development of a community engagement strategy for ACP and GCD in Alberta.

Finally the Palliative Institute hosted a World Café for the Covenant Health quality council, to inform, collaborate, measure, and validate the strategic objectives the Institute has outlined in their strategic plan. The input from this session was used to clarify and confirm the goals of the Institute's Strategic Plan.

**Anne Winkler, PhD***Research Program Coordinator**Research Methodologist, Program Coordinator*

Anne Winkler is a sociologist who specializes in social research methodology, the sociology of health and illness, as well as cultural studies. She has taught university-level research methods courses and workshops. Recently, she authored an evaluation report on the use Advance Care Planning/Goals of Care at Covenant Health sites.

Understanding Palliative Care across the Country

Modern palliative care is a relatively recent addition to formalized medical care; the field did not become a medical specialty in Western Europe and North America until the late 1980s and early 1990s. Unlike other medical disciplines, palliative care focuses on non-curative illness and providing comfort, involving physical, social, psychological, and spiritual care of patients with life-limiting illness as well as support for their families. Although the field has evolved in the last several decades, its relative newness and the structure of healthcare in Canada, means that there are still gaps in our collective knowledge.

Our research group is conducting a study to help close the knowledge gap through a partnership between the Catholic Health Association of Canada (CHAC), a forum for Catholic health and social services Sponsors in Canada, and the Covenant Health Palliative Institute. This project undertakes an environmental scan of all Canadian Catholic Health Care facilities and organizations to produce a comprehensive inventory of the palliative care services they provide their patients and residents.

Collected responses will be analyzed using descriptive statistics and summaries of practices will be constructed. The Health Council of Canada's "Innovation Practices Evaluation Framework" will be applied to all examples captured in the environmental scan so we are able to identify and rate innovative practices.



Angie Chiu
Research Assistant

Angie Chiu completed a BA in Economics and MSc in Agricultural and Resource Economics at the University of Alberta and has also served in research capacities in international internships in Peru and Spain.

The Life of a Health Economics Researcher

Health economics is a field of study that goes far beyond the simple concept of the tangible cost of healthcare. For Angie Chiu, it represents the fascinating convergence of the natural and physical environment with both economics and health outcomes.

“Even before I entered my first year of undergraduate studies at the University of Alberta, I knew that a social science education would help me understand the roots of economic disparities among individuals and families, and would give me the tools to make a positive contribution in public policy or planning,” says Angie, a health economics researcher. Angie’s primary project is an economic analysis to determine the impact of an educational Advance Care Planning (ACP) tool, which is being carried out as part of an ACP CRIO randomized controlled trial to assess individual behavior in ACP.

“The aim of the study is to examine how ready and willing patients are to have discussions about and complete documentation for ACP and how the implementation of those programs impact the trajectory of care as well as utilization of healthcare resources and costs to the healthcare system and families,” says Angie.

**Maureen Douglas, BA LLB**

Senior Project Coordinator, Advance Care Planning CRIO Program

Maureen Douglas is a lawyer who has worked in government and private sectors with expertise in civil litigation, municipal and human rights law. For the last six years, Maureen has been responsible for resource and curriculum development, community engagement and health services research with the Faculty of Medicine and Dentistry. Most recently, she has been responsible for Advance Care Planning CRIO Program projects.

Removing Silos: Lawyers and Health Care Professionals Collaborate to Reduce Barriers to Advance Care Planning

Rising rates of chronic disease, our aging population, recent legal events and personal experiences with end of life care have led to increased public awareness about Palliative Care and the benefits of Advance Care Planning (ACP). And no one is better positioned to assist clients with ACP than those in the legal profession.

Over the last two years, Advance Care Planning Collaborative Research and Innovation Opportunities (ACP CRIO) research group has collaborated with the Canadian Bar Association (Alberta Branch, Elder, Health and Wills, Estates and Trusts sections), Legal Education Society of Alberta, Office of the Public Guardian and Public Trustee, Alberta Health Services (AHS), lawyers, physicians and other stakeholders to learn about the challenges of writing an effective ACP, and lawyers' need for resources for their clients and themselves. This collaboration has led to innovative research and education activities and the proposal of a framework for collaboration along a continuum that represents a gradually increasing degree of connection between health and legal professionals as they support their clients in ACP.

An on-line survey has been launched for all practicing Alberta lawyers in order to gain invaluable insight in to how ACP fits within lawyers' wills and estate planning services for clients, lawyers' availability for and preferred methods of continuing education and gaps in their knowledge and resources. With this understanding, we can equip and engage lawyers to play a greater and more effective role in ACP and work toward coordinated ACP medical and legal services. Involving the patient and his/her family members, lawyer, and health care providers in ACP conversations and documentation, will facilitate patients' wishes being known and respected.

**Beth Tupala, BA, BScN***Research Nurse*

Beth Tupala is a Registered Nurse with a background in Palliative Care. She has held positions on the Grey Nuns Tertiary Palliative Care Unit, the Northeast Palliative Homecare Team, and the Royal Alexandra Palliative Consult Team.

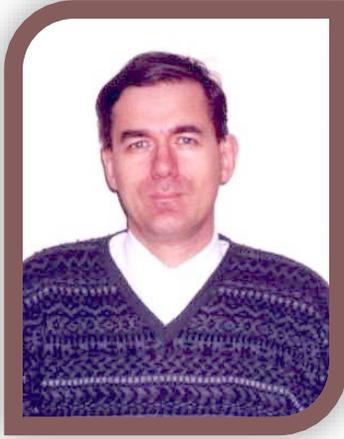
Conservative Kidney Management

Beth Tupala, an RN with experience in palliative care, was on maternity leave with her 6 month old son when the chance arose to work with Dr. Sara Davison, Dr. Konrad Fassbender, and their team on a three year project. The scope of the Partnership for Research and Innovation in the Health System (PRIHS)-funded pilot project was not insignificant – to develop, implement and evaluate a conservative kidney care pathway that could ultimately be utilized across the province.

Conservative kidney management (CKM) is an option for people with end stage kidney disease who are not likely to benefit from dialysis, and who may, indeed, do better without it. Taking on this position with the Palliative Institute meant that she had to return to work earlier than planned, but it was too rich of an opportunity for Beth to pass up.

The conservative kidney care pathway itself has many components. Beth has been involved in developing the clinical guidelines by bringing together the evidence in the literature with expert consensus from areas including palliative care, geriatrics, primary care, and nephrology.

Beth's favourite part about this work, however, and perhaps her biggest ongoing challenge, is figuring out to bring together and facilitate the connections between the many individuals and teams in the province who provide care to these patients. Ultimately, the clinical pathway is intended to support care providers, patients, and families through the disease process all the way through until the time of the patient's death, and then beyond into bereavement.

**Dr. Alexei Potapov, PhD**

*Department of Oncology, University of Alberta
Statistics, Data Analysis, Modeling*

Dr. Potapov is a PhD trained specialist in mathematical and statistical modeling and scientific programming. He is a senior research assistant to Dr. Konrad Fassbender, University of Alberta. He performs analysis of several data sets related to palliative care and is working on development of quality indicators to measure performance associated with the delivery of health care. His research interests include discovering, understanding and modeling processes beyond big data sets.

Indicators: Measuring Quality of Life at the End of Life

Palliative care plays an important role at end-of-life. For many who are suffering from either the effects of treatment or the symptoms of their disease, palliative care can alleviate suffering and improve quality of life through their final moments.

Quality indicators were established for Canada in 2009 to help determine if services patients receive before death offers insight into whether or not they have access to necessary resources that offer relief from pain and discomfort. Different indicators have different weight in terms of evaluating whether a program is meeting its goals, but a specific target for what end-of-life palliative care is supposed to achieve has been lacking.

The Palliative Institute participated in the completion of the Alberta portion of a home care analysis study that spans four provinces (British Columbia, Alberta, Ontario and Nova Scotia). The Quality Indicator study examines the palliative care that has been provided for cancer patients across those provinces. The goal was to identify top performing regions, and to determine what about these regions' health care processes enable better quality care so that insight could be provided across the board to ultimately improve patient care.

***Malcena Stalker, BSc****Research Assistant*

Malcena Stalker completed her BSc at the University of Alberta in summer 2014, majoring in biological sciences with emphasis in microbiology. She has worked at the University of Alberta in research since 2008 and has been working with Dr. Konrad Fassbender since 2009, beginning as his research administrative assistant and will soon be pursuing her Masters at the University of Calgary.

Advance Care Planning and Goals of Care Designations: A Randomized Controlled Trial of Patient Information Tools

An advanced care plan can make a great deal of difference for patients. With a plan, there is greater compliance with end of life wishes, better, greater satisfaction with the care experience, and fewer unwanted interventions in hospital or emergency settings. Unfortunately, only nine percent of average Canadians have had a discussion with a physician about their future health care.

Covenant Health (CH) and Alberta Health Services' (AHS) policy for Advance Care Planning (ACP) and Goals of Care Designation (GCD) involves tools for public, patient and healthcare providers to further engage and educate patients and professionals in ACP and GCDs. To evaluate the effectiveness of current AHS videos that illustrate both Advance Care Planning and the resuscitative (R), medical (M) and comfort (C) levels of care outlined in the Alberta GCD Policy, the CRIO program has launched a randomized control trial in both Calgary and Edmonton. The trial involves patients in renal, heart failure and cancer clinics in Edmonton

Clinicians involved in supporting the study have shared with the team that "Care Plans and Goals of Care are great ways for patients to communicate their wishes to their healthcare providers and ensure that they can guide their own healthcare decisions, even when they are unable to express them at the moment of treatment."

Academic Collaborators

University of Alberta

- Wendy Duggleby
- Karin Olson
- Sharon Watanabe
- Sara Davison
- Nola Ries
- Shannon Cunningham
- Jason Taylor

University of Calgary

- Jessica Simon
- Patricia Biondo
- Jayna Holroyd-Leduc
- Neil Hagen
- Barry Bultz
- Aliya Kassam

Alberta Health Services

- Max Jajszczok
- Michelle Peterson Fraser
- Eric Wasylenko
- Vanessa Steinke

McMaster

- Hsien Seow

Sunnybrook

- Lisa Barbera

USCF School of Medicine

- Rebecca Sudore

Gundersen Health System

- Bud Hammes

Academic Service

2011 → CPAC Advisory Committee

2011 → Wellspring Health Care Advisory Committee

2011 → AHS Provincial Palliative Care Program

2011 → Pan-Canadian Oncology Drug Review – Economic Reviewer

2011 → Alberta Health and Wellness Palliative and End of Life Care Policy Committee

- Committee Member
- Member of Data Subcommittee

2010 → Homeward Trust Research Advisory Committee

2009 → CIHR Peer Review Panel for Palliative and End of Life Care

2009 → European Association for Palliative Care Research Meeting (Abstract Reviewer)

2009 → Alberta Cancer Research Institute Annual Research Meeting (Abstract Reviewer)

2009 → Board Member at Large, German Language School Society of Edmonton

2008 → University of Alberta

- General Faculties Council
- Edmonton Regional Science Fair
- Department of Family Search and Selection
- Department of Finance and Management Science Search and Selection

2006 → Department of Oncology, University of Alberta

- Department of Oncology, Graduate Program Working Group
- Palliative Care Medicine Monthly Divisional Meetings

2006-2010 → Integrated Centre for Care Advancement through Research (iCARE),
Capital Health and University of Alberta

- Scientific Advisory Council
- Membership Committee

2001 → Capital Health Palliative Care Program

- Palliative and End of Life Care Institute Working Group
- Rounds Committee
- Website Committee
- Database Committee

Financial Support

- Fassbender, K., Brenneis, C., & Macmillan, K. Consensus development conference promoting palliative care as an alternative to physician-assisted dying. \$250,000. Covenant Health (12/2015 – 12/2016).
- Fassbender, K., Brenneis, C., & Macmillan, K. Environmental scan and inventory of clinical pathways and guidelines across Canadian Catholic health care organizations. \$30,000. Catholic Health Alliance of Canada (11/2015 – 11/2016).
- Fassbender, K., Simon, J., Hagen, N., Shaw, M., & Biondo, P. Examining the effectiveness of an ACP change management strategy that utilizes an integrated knowledge translation approach and targets patient understanding and satisfaction with ACP in an acute cancer setting. \$20,000. Alberta Health Services – Seed Grant Funding. Under review.
- Duggleby, W. (PI), Pesut, B., Warner, G., Fassbender, K., Nekolaichuk, C., Holroyd-Leduc, J., Ghosh, S., Hallstrom, L., MacLeod, R., Murphy, S., Klein, L., Antymnuik, C., Clark, G., Peterson-Fraser, M., Woytkiw, T. & Laing, R. Navigation Partnerships: Connecting, Accessing, Resourcing and Engaging (N-CARE) Older Persons, Families and Communities. \$170,997. Covenant Health Seniors Health and Wellness Innovation Fund (12/2015 – 12/2017).
- Davison, S., & Fassbender, K. Development, Implementation and Evaluation of a Provincial Kidney Conservative Care Clinical Pathway. Alberta Innovates Health Solutions. \$750,000 AIHS PRIHS (04/ 2015 – 04/ 2018).
- Hagen N, Fassbender K, & Simon J. Advance Care Planning and Goals of Care Alberta: A Population Based Knowledge Translation Intervention Study. Alberta Innovates Health Solutions Collaborative Research and Innovation Opportunities Program Funding. \$2,500,000 AIHS CRIO (05/ 2013 – 04/ 2018).

Knowledge Translation and Implementation

Kassam, A., Cunningham, S., Douglas, M., Fassbender, K., Simon, J., & Davison, S. “Behaviors in Advance Care Planning and Actions Survey (BACPACS)” (2015).

Douglas, M., Fassbender, K., Simon, J., Biondo, P., Wasylenko, E., & Ries, N. “Survey on Advance Care Planning for Alberta Lawyers” (2016).

Fassbender, K., Holroyd-Leduc, J., Hagen, N., Biondo, P., Potapov, A., & Stalker, M. “Alberta Health Services ACP/GCD Indicators: Standards Manual. Implementation of indicators to monitor successful uptake of Advance Care Planning in Alberta” (2016).

Conference Planning for 2016 & 2017

CDC

Konrad Fassbender and Fred Horne are co-chairing the Scientific Committee for the Consensus Development Conference. The Covenant Health Palliative Institute posits that a consensus development conference (CDC) constitute a foundation for a strong public engagement plan. The Institute will oversee three phases of engagement over the next year.

EAPC

The 6th International Seminar of the European Palliative Care Research Centre (PRC) and European Association for Palliative Care Research Network (EAPC RN) will be arranged in Banff, Canada December 1-3 2016. This is the first time the seminar will be held outside of Europe, and we are looking forward to further developing the research collaborations between Europe and Canada.

ACPEL

ACPEL is an international conference hosted by the International Society of Advance Care Planning and End of Life Care. Dr. Konrad Fassbender and Dr. Sara Davison are organizing the 6th International Society of Advance Care Planning and End of Life Care (ACPEL 2017) here in Canada. This conference brings together physicians, policy makers, nurses, social workers, researchers, chaplains and other health care professions. This is the first ACPEL conference to be held in Canada.



Publications

Peer Reviewed

Seow, H., Barbera, L., Pataku, R., Lawson, B., O'Leary, E., Fassbender, K., Sutradhar R. (2015). Does increasing homecare nursing reduce emergency department visits at the end of life? A population-based cohort study of cancer decedents. *Journal of Pain and Symptom Management*; Epub ahead of print Oct26.
doi:[10.1016/j.jpainsymman.2015.10.008](https://doi.org/10.1016/j.jpainsymman.2015.10.008)

Seow, H., Dhaliwal, G., Fassbender, K., Rangrej, J., Brazil, K., & Fainsinger, R. (2015). The effect of community-based specialist palliative care teams on place of care. *Journal of Palliative Medicine*. Oct; not available ahead of print. doi:[10.1089/jpm.2015.0063](https://doi.org/10.1089/jpm.2015.0063)

Barbera, L., Seow, H., Sutradhar, R., Chu, A., Burge, F., Fassbender, K., Potapov, A. (2015). Quality of end-of-life cancer care in Canada: a retrospective four province study using administrative health care data. *Journal of Oncology Practice*; 22(5):341-355.
doi:[10.3747/co.22.2636](https://doi.org/10.3747/co.22.2636)

Fassbender, K., Watanabe, S. (2015). Early palliative care and its translation into oncology practice in Canada: barriers and challenges. *Annals of Palliative Medicine*; 4(3):135-149.
doi:[10.3978/j.issn.2224-5820.2015.06.01](https://doi.org/10.3978/j.issn.2224-5820.2015.06.01)

Hagen, N.A., Howlett, J., Sharma, N.C., Biondo, P., Holroyd-Leduc, J., Fassbender, K., & Simon, J. (2015). Advance care planning: identifying system-specific barriers and facilitators. *Current Oncology*; 22(4):e237-e245. doi:[10.3747/co.22.2488](https://doi.org/10.3747/co.22.2488)

Reports

Fassbender, K., Holroyd-Leduc, J., Hagen, N., Stalker, M., Potapov, A., & Biondo, P. *Identification of indicators to monitor successful uptake of Advance Care Planning in Alberta: a Delphi study Phase I*. Edmonton, Alberta: Advance Care Planning CRIO Program (2015).

Fassbender, K., Holroyd-Leduc, J., Hagen, N., Stalker, M., Potapov, A., & Biondo, P. *Implementation of indicators to monitor successful uptake of Advance Care Planning in Alberta: a Delphi study Phase II*. Edmonton, Alberta: Advance Care Planning CRIO Program (2015).

Abstracts

Douglas M., Fassbender K, Simon J, Biondo P, Wasylenko E, Ries N. Medical-Legal Collaboration: Lawyer's Role in Advance Care Planning [abstract]. CRINA; 2015 November 14; Edmonton, Alberta.

Fassbender K, Holroyd Leduc J, Hagen N, Biondo P, Potapov A, Stalker M. Identification and implementation of indicators to monitor successful uptake of Advance Care Planning in Alberta: a Delphi study. Phase I [abstract]. CRINA; 2015 November 14; Edmonton, Alberta.

- Thirsk L, Fassbender K, Olson K, Potapov A, Brenneis C. Learning from a Learning Needs Assessment [abstract]. CRINA; 2015 November 14; Edmonton, Alberta.
- Huebert K, Winkler A, Brenneis C, Fassbender K. Pursing Excellence in End-of-Life Care: Review of a Clinical Pathway [abstract]. CRINA; 2015 November 14; Edmonton, Alberta.
- Fassbender K, Potapov A, Bultz B. Economic consequences associated with screening for distress and an integrated symptom relief service for cancer patients [abstract]. CRINA; 2015 November 14; Edmonton, Alberta.
- Kassam A, Douglas M, Cunningham S, Fassbender K, Simon J, Davison S. Using the think aloud method to evaluate instrument design for a new survey of patient engagement with advance care planning (ACP) [abstract]. CRINA; 2015 November 14; Edmonton, Alberta.
- Stalker M, Fainsinger R, Fassbender K. Implementation of an integrated end of life care pathway [abstract]. CH Research Days; 2015 October 26-27; Edmonton, Alberta.
- Chiu A, Fassbender K. The economic impacts of advance care planning activities [abstract]. CH Research Days; 2015 October 26-27; Edmonton, Alberta.
- Douglas M, Fassbender K. Integrating advance care planning into legal practice: development of an ACP legal toolkit [abstract]. ACPEL; 2015 October 26-27; Edmonton, Alberta.
- Ogilvie L, Fassbender K, Wasylenko E, Holroyd-Leduc J, Davison S, Ghosh S, Howlett J, Simon J. Health care provider perspectives on Advance Care Planning and Goals of Care Designations: barriers and potential intervention [abstract]. ACPEL; 2015 September 9-12; Munich, Germany.
- Fassbender K, Hagen N, Sharma N, Howlett J, Holroyd-Leduc J, Biondo P, Simon J. Implementing advance care planning across a healthcare system: Identifying local barriers and facilitators [abstract]. EAPC; 2015 May 8-10; Copenhagen, Denmark.
- Fassbender K, Simon J, Ghosh S, Heyland D, Cooke T, Davison S, Holroyd Leduc J, Wasylenko E, Howlett J. Factors associated with increasing public participation in advance care planning in Alberta, Canada [abstract]. EAPC; 2015 May 8-10; Copenhagen, Denmark.
- Fassbender K, et al. ACP CRIO: A bold innovative knowledge translation research program studying a province-wide implementation of advance care planning and goals of care designation [abstract]. EAPC; 2015 May 8-10; Copenhagen, Denmark.
- Fassbender K, Watanabe S. Early Palliative Care and Its Translation into Oncology Practice in Canada: Barriers and Challenges [abstract]. EAPC; 2015 May 8-10; Copenhagen, Denmark.
- Fassbender K, Holroyd-Leduc J, Hagen, N, Biondo P, Potapov A, Stalker M. Identification and implementation of indicators to monitor successful uptake of Advance Care Planning in Alberta: a Delphi study [abstract]. EAPC; 2015 May 8-10; Copenhagen, Denmark.

Fassbender K, Taylor J. Exploring Death and Dying: A Participatory Approach to Discussing Decisions at End of Life with Children [abstract]. EAPC; 2015 May 8-10; Copenhagen, Denmark.

Simon J.A, Fassbender K. Implementation and evaluation of electronic medical orders for goals of care and end of life [abstract]. EAPC; 2015 May 8-10; Copenhagen, Denmark.

Biondo P, Kalia R, Khan R, Marlett N, Shklarov S, Fassbender K, Simon J. Understanding Advance Care Planning within the South Asian Community: a qualitative patient engagement research study [abstract]. EAPC; 2015 May 8-10; Copenhagen, Denmark.



Presentations and Workshops

Fassbender, K., Holroyd Leduc, J., Hagen, N., Biondo, P., Potapov, A., & Stalker, M. (2015, November). *Identification and implementation of indicators to monitor successful uptake of Advance Care Planning in Alberta: a Delphi study. Phase I.* CRINA, Edmonton.

Thirsk L., Fassbender, K., Olson, K., Potapov, A., & Brenneis, C. (2015, November). *Learning from a Learning Needs Assessment.* CRINA, Edmonton.

Kassam, A., Douglas, M., Cunningham, S., Fassbender, K., Simon, J., & Davison, S. (2015, November). *Using the Think Aloud Method to Evaluate Instrument Design for a New Survey of Patient Engagement with Advance Care Planning (ACP).* CRINA Edmonton.

Huebert, K., Winkler, A., Brenneis, C., & Fassbender, K. (2015, November). *Pursing Excellence in End-of-Life Care: Review of a Clinical Pathway.* CRINA, Edmonton.

Fassbender, K., Potapov, A., & Bultz, B. (2015, November). *Economic consequences associated with screening for distress and an integrated symptom relief service for cancer patients.* CRINA, Edmonton.

Fassbender, K., & Watanabe, S. (2015, November). *Early Palliative Care and Its Translation into Oncology Practice in Canada: Barriers and Challenges.* Canadian Cancer Research Conference, Ottawa.

Douglas, M., & Fassbender, K. (2015, September). *Integrating advance care planning into legal practice: development of an ACP legal toolkit.* ACPEL, Munich.

Fassbender K. (2015, September). Panel Member for Session 2: Settings specific- ACP strengths and challenges, legal and policy issues. ACPEL, Munich.

Fassbender K. (2015, July). *Exploring death and dying. A Participatory Approach to Understanding Discussions and Decisions at End of Life.* Eureka Workshop, Edmonton.

Fassbender, K., et al. (2015, May). *Implementing advance care planning across a healthcare system: Identifying local barriers and facilitators.* EAPC, Copenhagen.

Fassbender, K., et. al. (2015, May). *Factors associated with increasing public participation in advance care planning in Alberta, Canada.* EAPC, Copenhagen.

Fassbender K., et al. (2015, May). *ACP CRIO: A bold innovative knowledge translation research program studying a province-wide implementation of advance care planning and goals of care designation.* EAPC, Copenhagen.

Fassbender K. Literature Review of current evidence surrounding ACP as a health promotion activity. Poster summarizes the ACP CRIO program, scope, KT framework and 4 major research objectives. EAPC, Copenhagen.

Fassbender K. (2015, January). *Palliative Care –How are we doing?* Lunch and Learn Alberta Health, Edmonton.