
POSTER ABSTRACT**Realist Evaluation of Home-Based Palliative Care Programme for Non-Cancer Patients**

23rd International Conference on Integrated Care, Antwerp, Flanders, 22-24 May 2023

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Introduction: Disproportionately higher deaths attributed to non-cancer causes in Singapore highlight the need for palliative beyond those with cancers. The Violet Program (ViP) was developed to provide home-based palliative to non-cancer patients residing in the Eastern region of Singapore. ViP aims to (i) reduce unnecessary acute hospital utilization (ii) improve symptoms management (iii) reduce caregiver burden through caregiver support (iv) honour patient preferences better through integrated care while (v) keeping healthcare cost affordable. It is acknowledge that successful implementation and the long-term sustainability of ViP is contingent on its ability to effectively attract, grow and develop its manpower resources. However, identifying, attracting, developing, and retaining competent and engaged community-based palliative care workforce staff remains a major challenge. The aim of this study is to understand attributes of staff and contextual factors well suited for ViP and factors leading to sustainability of such a workforce

Methods: This study was conducted in 2 phases according to realist evaluation principles. First, initial programme theories (IPT) related to sustainability of palliative care manpower were developed through a scoping review and semi-structured interviews with those who were involved in the conceptualization of ViP. IPTs were expressed in Context (C) Mechanism (M) and Outcome (O) configurations. Then, IPTs were tested using interviews with healthcare care workers (HCW) who were involved in ViP. Only CMO configurations supported by substantial evidence were elicited and refined.

Results: 36 HCW of varied roles were interviewed. At the HCW level, (i) familiarity with palliative care framework (ii) comfort in dealing with death (iii) passion for palliative care field (iv) exposure to palliative care during medical/nursing training and (iv) ability to self-care were found to be important attributes for ViP care team. At the institutional level, (continuous) training and provision of socio-emotional support to staff were found to contribute to retention of staff. Self-efficacy for the required tasks, empathy for affected patients/family, passion-driven motivation

and dedication to go the extra mile and strong emotional resilience were found to be the key driving forces behind the sustainability of workforce for ViP for the longer term.

Implications: This study illustrated the applicability of using realist evaluation for assessment of context specific insights for the identification of suitable workforce and how to sustain them in the longer term. These insights can potentially be used as selection criteria for recruitment of staff for ViP and points to area for training of staff.