HOSPICE WATERLOO REGION

Waterloo Wellington
Advance Care Planning Education Program

YEAR 2 EVALUATION REPORT
Spring 2017

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Highlights and Insights

- The Advance Care Planning Education Program is achieving positive education and capacity outcomes.

- Knowledge and understanding of Advance Care Planning is increasing for health care providers, community professionals and the general public.

- Engagement and education are starting to shift practices within the health care sector, especially in terms of using language that is consistent with Ontario legislation and patient interactions.

- Within the community, professionals are taking advantage of the resources provided and report a positive change in their practice.

- Those from the general public who have been engaged in education sessions are reporting more confidence having ACP conversations and more often identifying their Substitute Decision Make

- At the same time, there is varying engagement across the health sector. As a result, there continues to be lingering:
  - Use of language and tools inconsistent with Ontario legislation.
  - Confusion about health care consent and advance care planning.
  - Lack of confidence having ACP conversations and connecting ACP to health care consent.

- Varying engagement, confusion and lack of confidence in applying knowledge is proving to be a barrier to policy review and policy change within the health sector.

Engagement

- **537** connections with contacts from the health and community sectors have led to over **7500** individuals being engaged through various outreach and education activities, exceeding year 2 targets.

- Over **59,000** resources have been distributed. **Conversations Worth Having Fact Sheet** and the **Substitute Decision Making Brochure** were rated the most frequently used and the most valuable.

Capacity

- Over 90% of health care providers and community education session participants reported increased understanding and awareness of ACP, Ontario-specific legislation, and the SDM hierarchy.

- Over 90% of general public reported a greater confidence in having ACP conversations.

- 77% of community professionals are more confident having ACP conversations.

- 57% of health care providers reported they are confident have ACP conversations.

- 82% percent of health care providers reported having made POSITIVE changes to their practice, including:
  - Started asking about patients'/residents'/clients' "Substitute Decision Maker"
  - Documenting patients'/residents'/clients' Substitute Decision Maker
  - Shared ACP materials and resources with your patients/residents/clients
  - Ensure the language you are using is consistent with Ontario legislation

Recommendations for Year 3

- **Deepen education and engagement for health care sector:** Education needs to go deeper to focus on health care consent, the implications for practice and quality care. Ongoing confusion, uncertainty and inconsistency are holding back policy and systems change, as are competing priorities and tepid commitment from some subsectors. Education and engagement approaches can be refined/developed to address these barriers.

- **Continue to build and foster network:** The network is essential to the scaling of ACPEP from individual change to systems change, which will require intentional and sustained efforts of the project team and key influencers within the health care system and community.

- **Develop community champions:** There are community professionals who are poised to become champions and stronger influencers, and who can take on greater promotion and broader communication about ACP. Effective champions would support the sustainability of the work beyond project duration.

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INTRODUCTION

The Waterloo Wellington Advance Care Planning Education Program (ACPEP) is designed to build system capacity and enhance the quality of palliative care for patients and families in Waterloo Wellington by raising awareness, increasing knowledge and skills, and ensuring advance care planning[1] practices are consistent with Ontario legislation. It is unique in that it reaches both community and health care settings as critical sites for engagement and education. Launched in the spring of 2015, ACPEP is a three-year initiative hosted by Hospice Waterloo Region and funded by the Waterloo Wellington LHIN.

The intended long-term outcomes of the ACPEP are:

- **Increased health system capacity to ensure consistent and appropriate advance care planning policies, procedures and practices**
- **Increased community capacity to encourage and normalize advance care planning**
- **Increased quality of palliative care through consistent and correct ACP policies, procedures and practices**
- **More effective and efficient use of resources within the health system**

Evaluation is a critical component of the ACPEP. The evaluation is designed to support the development and growth of the program, as well as to assess implementation and outcomes. This report shares the findings for Year 2 of project implementation. It begins with an overview of the program itself followed by the evaluation approach and methods. Evaluation findings are then summarized, presented against output and outcome targets for Year 2. The report concludes with a summary and considerations for next steps.

[1] Advance Care Planning (ACP) is a process of reflection and communication to let others know what kind of health and personal care one would want in the future if one were to become incapable of providing consent for health care. ACP involves having discussions with family and friends, including one's potential Substitute Decision Maker (the person who would provide consent or refusal of consent for care and treatments if one is not capable of doing so) as well as communicating with health care providers.

EDUCATION PROGRAM OVERVIEW

The Advance Care Planning Education Program intentionally addresses the intersection between health care and community. This intention recognizes that successful negotiation of wishes and values for treatment and health care consent requires the engagement and understanding of both health care providers and residents in the community. As such, the program engages and supports improved practice among three main target groups:

1. **Health care providers**: this group includes the various providers and professionals who are connected to the health care system along the continuum of care; this group includes physicians, nurses, family health teams, palliative care teams, hospital administration, long-term care homes, the CCAC, CHCs, the WWLIN, Hospice Waterloo and Hospice Wellington. The interests and priorities of this group in relation to ACP include attention to standards for professional and ethical practice around decisions for treatment, communication and informed consent in health care settings.

2. **Community professionals**: this group includes community leaders and influencers who are in a position to play a role promoting ACP and connecting their clients to ACP resources. It includes professionals who offer services that are connected in some way to planning for the future and for end of life, such as lawyers, financial planners and advisors, insurance brokers, and funeral directors. Their interests and priorities in relation to ACP concern serving their clients and meeting community needs. For lawyers, their interests also include attention to standards for professional and ethical practice in advising their clients and drawing up Powers of Attorney for Personal Care (POAPC).

3. **General Public**: this group includes community members who do not necessarily hold ACP, end of life or health care consent top of mind; it also includes patients and family members, as well as those who may find themselves in the role of substitute decision maker. The interests and priorities of this group in relation to ACP concern the quality of health care experience and having the ability to make informed health care decisions.

STRATEGIES AND ACTIVITIES

The Advance Care Planning Education Project is led and coordinated by an internal team at Hospice Waterloo that includes a program lead, community engagement lead, and health sector lead. The ACPEP team at Hospice Waterloo provides leadership, coordination, and support in working towards meaningful and achievable change within the Waterloo Wellington health care system and the community.

In the first year of the ACPEP, initial focus was on outreach, building relationships and engaging key stakeholders from the health sector and the community. This focus was critical in building the trust and influence needed to affect the change within the health system and community. Moving through the second year, relationships and activities have deepened as has learning and the program's theory of change.

Based on the learnings from Year 1, ACPEP strategies were refined in July 2016 to better reflect the needs and readiness of the health care sector and community. From July 2016 to March 2017, key strategies activated by the project team included:

→ **Engaging a cross-sector (health and community) Steering Committee to provide program direction, confirm and refine program components, and support the activation of program strategies**

The Steering Committee was established from the beginning, and has been providing input, feedback, and guidance to the process.

→ **Creating an internalized knowledge base about ACP among health care practitioners and within health care institutions**

Education is a foundational component of the program and findings from the first year confirm a general lack of knowledge of ACP including about the SDM role as well as health care consent in relation to ACP. Year Two focused on the **Conversations Worth Having** campaign as a way to build knowledge and comfort with ACP.

→ **Supporting practice and policy change within health care institutions across the WWHLIN to ensure these are consistent with Ontario legislation.**

The ACPEP team has been supporting change by building relationships and credibility with health care stakeholders, building their knowledge base, and promoting an awareness of correct language, practice and procedures.

→ **Establishing partnerships with community groups and key influencers, e.g. financial and insurance industries**

Strong partnerships within the legal, financial, insurance and inter-faith communities, have been established and the team has been leveraging these partnerships to support community education, dissemination of resources while also identifying opportunities to build capacity of community professionals as ACP champions/ advocates.

→ **Engaging residents through public education**

Education sessions for residents were scaled up in Year 2, being offered through community partnerships. The project developed local resources to include SDM wallet cards, one pagers, and a SDM brochure (Ontario specific).

Evaluation Approach and Methods

A formative evaluation of ACPEP is underway with attention to program design, implementation and emerging outcomes. The purpose of the evaluation is to assess the value and contribution of the ACPEP to the health care sector and broader community.

Evaluation questions are primarily outcome-focused, and include:

1. To what extent are key people and players within the health system and community engaged with the project?
2. Has the ACPEP fostered stronger coordination and consistency with Ontario-legislation?
3. To what extent does the ACPEP build capacity within the health system?
    a. In what ways, and to what extent, is there more consistent and coordinated practice within health and social care organizations.
4. To what extent has the ACPEP built capacity within the broader community?
    a. In what ways, and to what extent, have key influencers and connectors within the community become engaged in promoting ACP and sharing resources?
5. To what extent have community members become engaged in ACP?
6. To what extent has ACP changed practices within health care interactions?
7. To what extent has ACP improved end of life and patient/family experiences?

This report draws together findings from Year 1 and Year 2, which were gathered through the following methods:

- **Environmental scan**

The environmental scan in Year 1 included key informant interviews (77) and focus groups (4), which were completed with 177 health care providers and community stakeholders. Community stakeholders included professionals such as lawyers, estate planners and financial advisors, insurance companies, funeral home directors, senior centres, and other community leaders. Key informant interviews were completed in person by ACPEP engagement leads. The scan focused on local understanding, perspectives and practices related to ACP. Key informant interviews and focus groups were also used as an early outreach strategy to connect with potential partners and contributors to the ACPEP. The scan was completed between April and September of 2015.

- **Physician Survey**

As part of the baseline assessment in Year 1, 45 physicians completed an online survey that focused on physician practices related to ACP, including whether they had ACP conversations with their patients, what those conversations included, and barriers to having ACP conversations. The physician survey was completed in June and July of 2015.

- **Community Survey**

As part of the baseline assessment in Year 1, 369 members of the general public completed an online survey. The survey asked participants about their awareness, attitudes and experiences with ACP. The survey also asked participants about their interests and needs, other community supports as well as and challenges or barriers to ACP conversations. The survey was distributed to individuals who had registered for fall ACP general public information sessions hosted by Hospice Waterloo. It was also shared through the Leadership Waterloo Listserv, which has a membership of 400 individuals, the ACPEP steering committee and through Hospice Waterloo's network of contacts. The community survey was launched in September, and remained open until mid-November.

The average age of survey participants was 57 years with a range of 21 to 88 years. Most participants (61%) were over 50 years of age. The majority of participants (78%) identified as female.

- **Judith Wahl Session Feedback Surveys**

Early outcomes were assessed based on feedback from 10 community information sessions held in late September. The information sessions were hosted by ACPEP and facilitated by Judith Wahl, LL.B., a leading expert and advocate for advance care planning and health care consent. Feedback on the sessions was collected through a hard-copy survey distributed to attendees at the end of the sessions. The survey focused on short-term outcomes, including gain in understanding and intentions to change practice.

There were 517 attendees across all sessions. We received 324 completed feedback forms, which reflected an average response rate of 62%.

Cohort	# of Feedback Surveys
Health Care Providers	102
Health Care & Community Leaders	144
General Public	85
Total	**324**

- **Education Session Feedback**

Feedback surveys were collected from ACPEP Education Workshops for both general public and health care providers. The survey period was from May 2016 to the end of Feb 2017. Surveys focused on learning and outcomes associated with the sessions. In total, we received surveys from 1280 general public members and 340 health care providers and community professionals.

- **Organizational Survey for Health and Social Care Providers and Community Professionals**

An online survey of health and social care providers, and community professionals was completed in the fall of 2016. This survey focused on current understanding and practice related to ACP. The survey period was from Oct 7 to Nov 11, 2016. A total of **148 participants** completed the survey as follows: 82 from care providers, 31 community support services, and 35 community professionals.

ANALYSIS

A thematic analysis, using a system of open-coding, was completed for all the qualitative data, including the key informant interviews, focus groups and qualitative survey data. The thematic analysis, which identified dominant themes and issues according to topic and by

frequency of responses. Quantitative analyses included frequencies and distributions of responses for all participants.

Limitations

Though every attempt was made to ensure a diverse range of participants, participation in the evaluation is voluntary. It is possible that those already with an interest and positive attitude towards advance care planning (ACP) were more likely to agree to engage in the key informant interviews, focus groups and surveys. Results have been aggregated and reported across methods, which draw from different groups of individuals within each cohort.

The results should thus be considered a snapshot of the experiences, perspectives and trends among those who may have a readiness to learn more about ACP and a willingness to engage in the education program.

EVALUATION FINDINGS

At the end of Year 2, evaluation findings demonstrate that the ACPEP is on track. The investment in outreach, education and resources is paying off in terms of building greater understanding and awareness of ACP.

Engagement and education are starting to shift practices within the health care sector, especially in terms of patient interactions. However, health care providers are still using language and tools that are inconsistent with Ontario legislation. There continues to be confusion among health care providers about the relationship between health care consent and advance care planning. This confusion is proving to be a barrier to policy review and policy change within the health sector.

Within the community, professionals are taking advantage of the resources provided and report a positive change in their practice. Those from the general public who have been engaged in education sessions are reporting more confidence having ACP conversations and more often identifying their Substitute Decision Maker.

ENGAGEMENT

OUTCOMES	INDICATORS	YEAR 2 TARGET	YEAR 2 ACTUAL
• Greater engagement of health care organizations and providers around ACP • Greater engagement of community professionals • Greater engagement of residents	• # connected to ACPEP by cohort • Access of ACP resources for health care providers	• 500 health care connections • 1000 community connections • 12,500 resources distributed	• **7,570 CONNECTIONS including:** ○ 2,500 Health Care ○ 3,787 General Public ○ 480 Community Professionals ○ 339 Cross-Sector • **59,535 RESOURCES distributed**

Engagement in the ACPEP program has been substantive. The ACPEP team has made over **530** direct connections and has, in total, engaged over **7,500** individuals through various outreach and education activities.

The first table shows the number of contacts made by the ACPEP team to date.

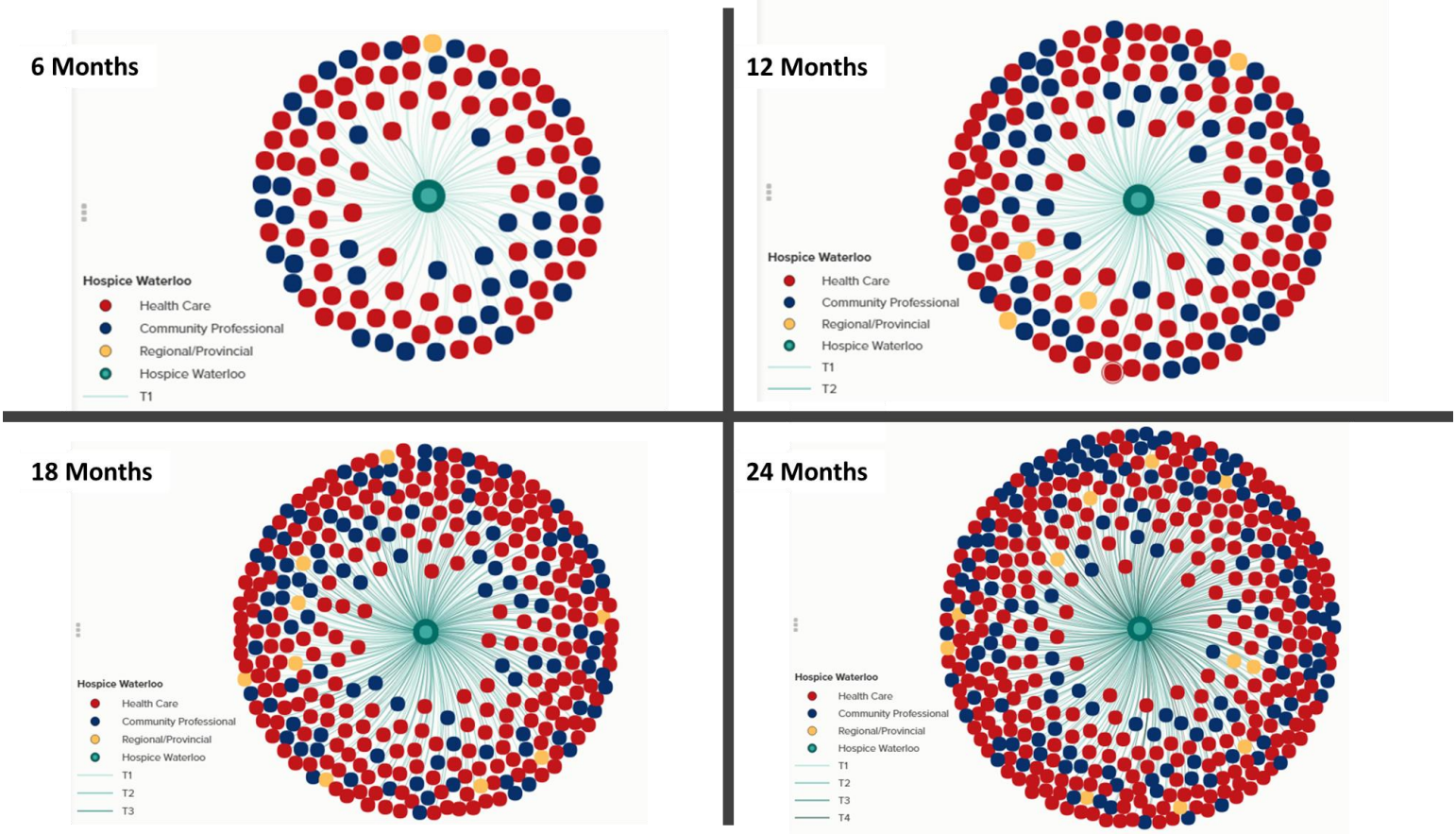
Table 1. ACPEP Team Connections by Cohort

COHORT	SUBSECTORS	# OF CONTACTS	# OF EVENTS	# OF NEW PARTICIPANTS*
HEALTH CARE	Acute Care; CCAC; CHC; Community Care; FHT; Hospital; LTC; Primary	262	374	2500
COMMUNITY	Corporate Wellness; Education; Faith; Insurance; Funeral; Legal; Service Club; Older Adult; Vulnerable Population, Volunteers, Community Organization, Open to Public	67	101	480
GENERAL PUBLIC		169	259	3787
REGIONAL/ PROVINCIAL	Legal; Education; Funder; Consultant	28	63	464
CROSS SECTOR	Community Professional, Health Care, General Public	11	41	339
TOTAL		**537**	**838**	**7570**

* Total number of unique individuals connected to ACPEP, including # of contacts from previous column

Figure 1 shows the progress of relationship development between the ACPEP team and key cohorts. At the centre of the map is the ACPEP team, each quadrant shows the number of contacts developed by cohort in six month intervals. By March 2017, the team had developed 483 contacts through which they were able to offer education and training, distribute resources, and initiate practice and policy reviews.

Figure 1. Contact made by ACPEP Team



The contacts and connections made by the ACPEP team (Figure 1) were then leveraged to engage over **7000** individuals in ACPEP education. The next two tables show the number of individuals engaged through outreach and education activities, and the number and type of resources distributed.

Table 2. Engagement Through Outreach & Education

ACTIVITY TYPE	# OF ACTIVITIES	# OF NEW PARTICIPANTS
PRESENTATIONS, MEETINGS	522	6204
FOCUS GROUPS	13	93
HEALTH FAIRS	12	944
TRAININGS	5	18
OTHER (TELECONFERENCES, RESOURCES)	286	311
TOTAL	**838**	**7,570**

Table 3. Resources Distributed

Resource	# Distributed
SDM Cards	20,017
SDM Brochure	9,208
Program One Pager	8,300
Speak Up Books	8,036
POA Books	5,573
Presentation slides	1,356
Business Cards	1,059
ACE Materials	564
NICE Capacity Booklet	559
Hierarchy	436
Bags	281
HPCO Leadership Document	153
Dr. Myers' Conversation Template	152
Quiz	106
HPCO Screening Document	60
Other	3,675
TOTAL	**59,535**

In a follow up survey, health care providers were asked which resources they used and found most useful. The **Conversations Worth Having Fact Sheet** and the **Substitute Decision Making Brochure** were rated the most frequently used and the most valuable. Community Professionals were more likely to report using the resources provided.

Table 4. Reported Resource Use by Cohort

Resources Used	Health Care (N = 114)	Community Professionals (N = 31)
Advance Care Planning Education Program Website	39%	61%
Conversations Worth Having Fact Sheet	**56%**	65%
Speak Up Workbook	54%	61%
Substitute Decision Maker Wallet Cards	42%	65%
Substitute Decision Making Brochure	49%	**71%**

OUTCOMES	INDICATORS	YEAR 2 TARGET	YEAR 2 ACTUAL
HEALTH CARE			
• Increased understanding and awareness of ACP, and Ontario-specific legislation • Increased skills to ensure correct ACP practices are delivered across continuum of care	• % to report change in knowledge and awareness • % to report greater comfort and confidence with ACP conversations • % to report awareness of correct language	• 80% report increased knowledge • 80% report greater confidence •	• **93% on average reported GREATER knowledge and awareness** • **57% reported they are CONFIDENT having ACP conversations**
GENERAL PUBLIC			
• Increased understanding and awareness of ACP, and Ontario-specific legislation • Greater engagement of residents in ACP • % to report ACP conversations with substitute decision maker	• % to report change in knowledge and awareness • % to report greater comfort and confidence	• 80% report increased knowledge • 80% report greater confidence • 75% of community to report understanding of SDM hierarchy	• **93% of education session participants report GREATER understanding of ACP** • **77% of community professionals are CONFIDENT having ACP conversations** • **94% of general public participants are more CONFIDENT having ACP conversations** • **94% know how to identify their SDM**

ACPEP is advancing its education outcomes. Knowledge and understanding of Advance Care Planning, including the role of the Substitute Decision Maker, the SDM hierarchy and the connection to health care consent, is increasing for health care providers, community professionals and the general public.

Health Care

Overall, health care participants in the education session reported that the sessions were valuable, and had improved their knowledge of ACP.

Table 5. Education Session Feedback by Health Care Providers

	N	MEAN SCORE OUT OF 5	% RESPONSES ≥ 4
The session clarified my understanding of the hierarchy of Substitute Decision Makers	103	4.8	99%
I learned valuable information about the role & responsibilities of Healthcare Providers in relation to ACP & Health Care Consent	110	4.7	97%
The session clarified my understanding of the role of Substitute Decision Makers	132	4.8	95%
The session clarified my understanding of capacity	102	4.6	94%
The information session clarified my understanding of Advance Care Planning	256	4.4	89%

Participants reported the education sessions had inspired new insights, for example:

> *Allowing people to make their decisions until proven incapable vs acting as their best wishes.* Nurse

> *ACP is best if done proactively, not in a crisis.* Resident Physician

While the majority of health care providers reported they had increased knowledge and awareness of ACP and health care consent, barriers to having ACP conversations continued to surface. When asked about their confidence, just over half (57%) of health care providers reported there were confident having ACP conversations with patients/residents. (At baseline, 48% reported they were confident have ACP conversations). As some health care providers explained …

> *Patients don't want to consider that they might die and marshal their energies into surviving rather than planning*.

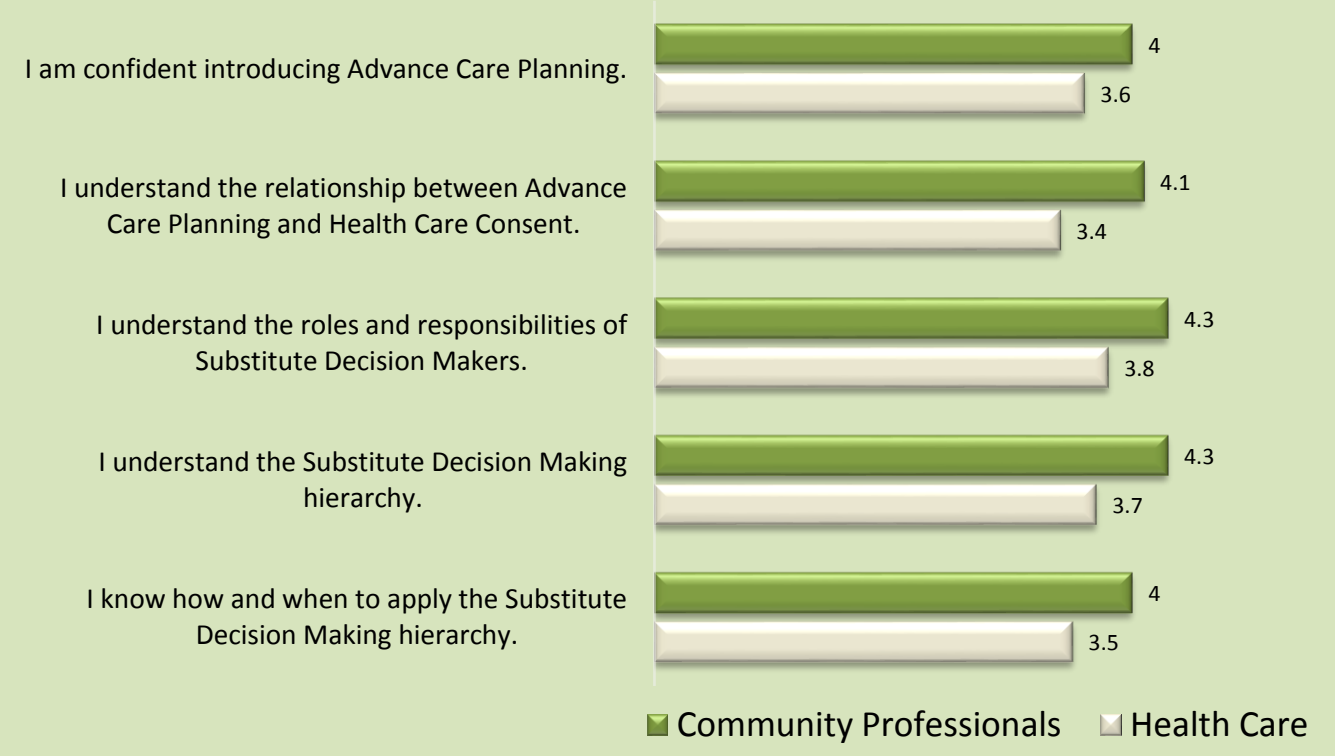
> *When they have never thought about it and you bring it up at a time of an acute illness... it's very difficult for people to make a decision in such a situation*.

Confidence in Understanding

In a follow up survey, just over half of health care providers reported they were confident in their understanding of ACP whereas about 40% reported they at least somewhat lacked confidence. Health care providers who were confident were more likely to have attended and ACP education session. As well, a number of health care providers expressed uncertainty about the relationship between ACP and health care consent.

Community professionals on the other hand reported greater confidence in their knowledge and awareness of ACP. In a follow up survey, almost 80% reported they were confident having ACP conversations with their clients. They were also more likely to use ACP resources.

Figure 2. Mean Confidence Ratings (Scale 1-5)



General Public

Almost all of the general public education participants reported they had gained a greater understanding and awareness of ACP. They also reported being more confident having conversations and now knowing how to identify their SDM. (At baseline, 35% of those surveyed reported they knew how to identify their SDM).

Table 6. Education Session Feedback by General Public

AS A RESULT OF THIS SESSION…	N	MEAN SCORE OUT OF 5	% RESPONSES ≥ 4
I have a better understanding of advance care planning	1216	4.6	93%
I feel more confident about having advance care planning conversations	1212	4.5	90%
I know how advance care planning relates to health care consent	1209	4.6	93%
I know how to identify my Substitute Decision Maker	1192	4.6	94%

CHANGE IN PRACTICE

OUTCOMES	INDICATORS	YEAR 2 TARGET	YEAR 2 ACTUAL
HEALTH CARE			
• Improved practices and policies adopted across Waterloo Wellington • Greater consistency of ACP policies and practice with Ontario Legislation	% of participants to report change in practice and/or policy	• 80% of participants will report positive change	• **82% percent reported having made POSITIVE changes to their practice** • **43% of health care providers still report using language that is NOT consistent with Ontario legislation (e.g. Advance Directive)** • **47% remain UNSURE if their language and practice is consistent with Ontario legislation**

Education sessions provided health care providers with new ideas and insight about how to improve their practice, and the majority reported they would make changes to their practice as a result of what they had learned.

Table 7. Application of Education Session to Practice

AS A RESULT OF THIS SESSION…	N	MEAN SCORE OUT OF 5	% RESPONSES ≥ 4
I learned valuable information that I will use in my practice/work	309	4.4	90%
The session provided practical ideas that will help me have advance care planning conversations with patients/clients	117	4.2	84%
As a result of the information sessions, I will make some changes to my practice/work	308	4.2	83%

The following table shows what participants reported they would start/stop doing as a result of what they had learned.

Table 8. Intended Changes to Practice

% (N = 189)	I WILL START …	% (N = 89)	I WILL STOP …
47%	Having the conversation with patients, families and colleagues. Asking about SDM	31%	Going directly to the SDM/POA for all decisions, not checking with patient first
29%	Speaking to patients first, know their wishes, and properly assess capacity	19%	Assuming that spouse, or next of kin have POA; stop asking for family members.
10%	Introducing the idea of ACP when patients are healthy. Talking about it during annual exams and/or screening appointments	13%	Relying on previous documents such as DNR forms for patient's consent. Treating documents as patient's wishes
8%	Using proper language, being more aware of law/legislation in Ontario	11%	Using old terms (ie. Advanced directives, next of kin, DNR)
8%	Assessing patient's readiness to talk about ACP and SDM. Looking for openings.	7%	Avoiding the conversation about ACP/SDM and assuming it has already been taken care of.
8%	Educating staff, making sure they implement correct procedures, improving documentation (ie patient forms, assessing capacity of resident)	7%	Asking SDM "What do you want me to do now"
6%	Following the SDM hierarchy, confirming who SDM is before releasing information to family		
4%	Educating SDMs on their role		

In a follow up survey, 82% reported having made changes to their practice. Health care providers who had attended an ACPEP education event were more likely to use language consistent with Ontario Legislation and less likely to use terms that were misleading or inconsistent with legislation.

Table 9. Changes Made Within Last Year

WITHIN THE LAST YEAR, HAVE YOU…	HEALTH CARE (N = 69)
Started asking about patients'/residents'/clients' "Substitute Decision Maker"	78%
Documenting patients'/residents'/clients' Substitute Decision Maker	70%
Shared ACP materials and resources with your patients/residents/clients	51%
Ensure the language you are using is consistent with Ontario legislation	48%
Shared SDM wallet cards with patients/residents/clients	20%
Posted the SDM hierarchy for staff, patients/residents/clients and family members to see	23%
Made changes to your intake form to identify the "Substitute Decision Maker"	20%

At the same time, the follow-up survey revealed there is still confusion about ACP and health care consent.

Overall, health care providers commended the value of ACPEP.

> *The resources and the people have been extremely helpful to our organization. While I have wanted to update our processes for a while it was such a large project I was daunted. I now feel confident to take it on piece by piece. Thank you!*

> *This is an excellent program. The staff that that have been providing education on this topic have been tremendously helpful*

> *I want to say thank you to the ACPEP Health Care Lead for her continued help and support with our patients. She helped my organization to develop a plan for implementing ACP conversations. She was involved in an educational session of our personnel. Continued support/involvement from the Hospice of Waterloo team with patient education re ACP is greatly appreciated by our patients and stuff members.*

MOVING FORWARD

The evaluation findings demonstrate that the ACPEP is achieving its short and intermediate-term outcomes for education and capacity within the health sector and community. The ACPEP team's investment in building contacts and connections has supported these positive outcomes. Through the network they have been developing, they have been able to engage nearly 7000 individuals and distribute over 57,000 resources.

As a result of the team's outreach and education efforts, knowledge and awareness is increasing, and a better understanding of ACP is spreading throughout the health sector and community.

For community professionals and those from the general public who have been engaged, education sessions and ACPEP resources have encouraged positive changes in practice and behaviours. The community is becoming more confident and comfortable with ACP conversations, with the SDM hierarchy and in identifying one's SDM.

Health care providers are also reporting positive change in practice, including improvement to their interactions with patients and greater use of language that is consistent with Ontario legislation. At the same time however, a fair number of health care providers still do not feel confident having ACP conversations and those who have been

less engaged continue to be unsure of Ontario legislation and the connection to health care consent.

Moving into Year 3, the evaluation findings point to the following considerations and recommendations:

- **Deepen education and engagement for health care sector.**

While the 101 of ACP is foundational for health care providers, education needs to also go deeper to focus on health care consent, the implications for practice and quality care. Ongoing confusion, uncertainty and inconsistency are holding back policy and systems change, as are competing priorities and tepid commitment in subsectors. Education and engagement approaches can be refined and further developed to address these persistent barriers.

- **Continue to build and foster network.**

The network is essential to the scaling of ACP education and individual practice change to systems change. Currently education is achieving strong outcomes in individual knowledge and change; however, the project will need to reach a tipping point where it is no longer possible to continue to use language, practice or policy that is inconsistent with Ontario legislation. Reaching that tipping point requires the intentional and sustained efforts of the project team and key influencers within the health care system and community networks.

- **Develop community champions.**

Since its launch, the ACPEP has experienced significant momentum and reach within the community. Now, there are community professionals who are poised to become champions and stronger influencers. In Year 3, the project team can focus on developing and supporting champions to take on greater promotion and broader communication about ACP. Effective champions would support the sustainability of the work beyond project duration.