HEC's Levers for Quality Improvement	Healthcare Excellence Canada's Quality Improvement Framework for Palliative Care in Long-Term Care	
Engaging Patients, Citizens, Frontline Managers, and Providers in Creating an Improvement Culture	Involving the Right **People** 	Description: The people who are impacted by changes to the organization's model for palliative care need to be part of the implementation team to adapt Embedding a Palliative Approach to Care (EPAC) based on the context. This approach helps with staff buy-in and understanding roles and responsibilities. Examples: EPAC stakeholders included residents and families (e.g. resident and family council members), members of the care team (e.g. personal support workers, nurses, physicians, and social workers), administrators, and partners (primary care physicians and home care).
Focusing on Population Needs	Having a Common **Perception** 	Description: The organization needs to have a common definition for palliative care and approach for increasing the knowledge and skills of staff to have early goals of care (GOC) conversations with residents and families. Examples: Conducting a survey before implementing EPAC to understand individual perceptions of palliative care, reviewing the results and agreeing on a common definition, and challenging myths (e.g. knowledge of residents and families, and openness to GOC conversations).
Creating Supportive Policies and Incentives	Developing Supportive **Policies** 	Definition: Supportive policies and strategies are needed to integrate palliative care into everyday practice. This includes completing GOC conversations as part of the moving-in process using common assessment tools for early identification of palliative care, clarifying when GOC discussions need to be reviewed with the resident, and providing psychosocial support following the loss of a resident to families, staff, and other residents. Examples: Providing education and training sessions on palliative care as part of the orientation process with refresher sessions, having medication order sets that support comfort care (e.g. pain medication), including the GOC of a resident in their hospital transfer report, and reviewing the appropriateness of emergency department (ED) transfers on a case-by-case basis.
Promoting Evidence-Informed Decision-Making	Learning to Improve **Performance** 	Definition: Quality improvement is a continuous process where people can learn and improve their approach for palliative care based on measurements and resident, family, and staff stories, and make changes while implementing EPAC in their organization. Examples: Percentage of residents with documented GOC, timing of most recent GOC discussions, location of death, number of ED transfers in the last 3 months of life, and perception of quality of care by residents and families.
Building Organizational Capacity	Sustaining Changes to **Practice** 	Definition: Sustaining changes to practice overlaps with the previous themes to involve the right people in the quality improvement initiative, have a common perception of palliative care, establish supportive policies, and learn about and improve the quality of palliative care based on the implementation experience of staff, residents, and families. This includes leadership support to participate in the quality improvement initiative and alignment with organizational priorities to improve access to quality palliative care. Examples: Continuing to provide education and training on GOC, reviewing organizational policies based on lessons learned, and engaging residents and families.