

ECHO Palliative Care Africa Didactic lecture

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Developing Models of palliative care at various settings

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Outline

- **Introduction – Palliative care definition/concept**
- **Considerations for setting up quality palliative care**
- **What models and where?**
 - ***Public health approach**
 - ***Hospital models including consult services, outpatient programs, and inpatient units**
 - ***Community and home based services**
- **What are the requirements ?**
- **Conclusion**

PALLIATIVE CARE - WHO

An approach that **improves the quality of life** of **patients and their families** facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other symptoms , physical, psychosocial and spiritual

Others “Palliative care is, by definition, supportive care that focuses on patients with advanced-stage diseases”.

Hospice/Palliative care

- Both **palliative care and hospice care** provide comfort. But **palliative care** can begin at diagnosis, and at the same time as treatment. **Hospice care** begins after treatment of the disease is stopped and when it is clear that the patient is not going to survive the illness.
- **Hospice (care) – support and care for persons in the last phase of an incurable disease (NHPCO)-usually 6 months**
- **Hospice/palliative care used interchangeably**
as the philosophy of the care started by Dame Cecil Saunders

Palliative care & Hospice care concept

- **Focus of care is the patient within the context of their family and the wider community**
- **Interdisciplinary care with nurses, social workers, chaplains or clergy, pharmacists, physicians and others having equal say in the care of the patient and family**
- **Involves careful attention to symptom management, open and honest communication, and individually appropriate goal setting for care and support throughout the continuum of illness.**

Considerations for setting up Quality palliative care

Planning

- **Information on the country's health care system/data/PC policy**
- **Availability of palliative care drugs including opioids,**
- **International PC guidelines, assessment tools, outcome measures**
- **Advocacy – government, public, donor agencies**
- **Form a team of 'like minds'**
- **Education of pioneers and stakeholders**
- **Palliative care needs assessment**
- **Make clinical and financial case**

Needs Assessment

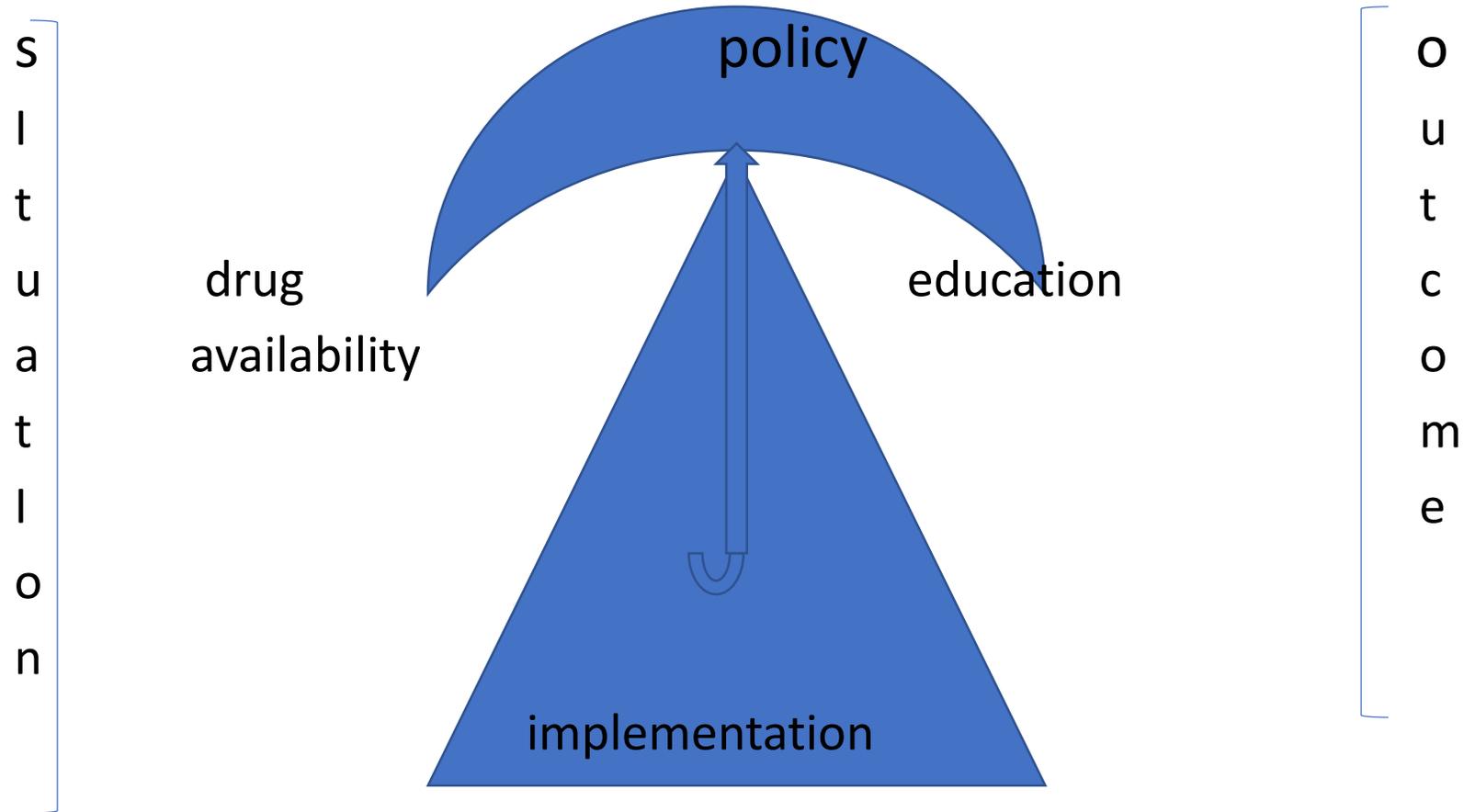
- **Which diagnoses are most likely to need PC and hospice services.**
- **What population to serve?**
- **WHO's estimation of the need for palliative care - 1% of a country's total population, ([Harding R, Higginson IJ. Lancet 2005; 365: 1971-7](#))**
- **PC providers based on hospital inpatient consultation services have used 5% of hospital census, excluding maternity and any inpatient psychiatric patients, as an estimate of potential PC consults and revisits.**

Consider the Public health strategy for palliative care

Must be incorporated by governments into the country's health care system especially as one of the 4 pillars of comprehensive cancer control. Address:

- 1) Appropriate policies**
- 2) Adequate drug availability (especially opioids)**
- 3) Education of policy makers, health care workers and the public**
- 4) Implementation of palliative care services at all levels throughout the society**

WHO PUBLIC HEALTH MODEL



What models and where?

BMC Health serv Res vol 14, 2014. Elements of effective palliative care models: a rapid review

[Tim Lockett](#), [Jane Phillips](#)

Models of palliative care should integrate specialist expertise with primary and community care services and enable transitions across settings, including residential aged care.

Integrating palliative care into the trajectory of cancer care

[David Hui](#) and [Eduardo Bruera](#) [Nat Rev Clin Oncol. 2016 Mar; 13\(3\): 159–171.](#)

Over the past five decades, (Since the 1960s, when Dame Cicely Saunders established the modern hospice movement in the UK,), palliative care has evolved from a philosophy of care for patients at the end of life into a highly specialized discipline of Medicine focused on delivering supportive care to patients with life-limiting illnesses throughout the disease trajectory.

key domains - *symptom management, psychosocial care, communication, decision-making, and end-of-life care*

integrating palliative care early in the disease trajectory can result in improvements in quality of life, symptom control, patient and caregiver satisfaction, quality of end-of-life care, survival, and costs of care

health-care systems and institutions need to tailor integration based on their resources, size, and the level of primary palliative care available.

Specialist Palliative Care Services

- **Hospital (consult services, outpatient programs, and inpatient units)**
 - **Outpatient (Ambulatory) consultation services**
 - **Domiciliary services (Home care services)**
 - **Day care services (Day hospices)**
 - **Hospice care (inpatient or at home)**
- * 90% of hospitals with 300 beds or more in USA were found to have palliative care programs as compared to 56% of hospitals with fewer than 300 beds**
- * Most hospitals in Africa have no hospital in-patient beds.**

How to start a hospital unit

- **Wide consultation with stakeholders -to promote understanding of the concept and referrals .**
- **Inform and involve administration of the hospital for ownership**
- **Build strong relationships with colleagues.**
- **Identify interested staff with administration and train them.**
- **Educate health professionals – CME, grand rounds for increased referrals.**
- **Curriculum review to include palliative care in training of students**
- **Demonstrate the practical value of palliative care to colleagues.**
- **Respond quickly to referrals.**

Core staffing

- **Staffing models for the ideal PC Service is an interdisciplinary model of care that has dedicated staff, including:**
 - *Hospice and Palliative Care Physician**
 - *Hospice and Palliative Care specialist Nurses**
 - *Nurse for care coordination**
 - *Counselor, social worker or Psychologist**
 - *Bereavement Counselor**
 - *Pastoral Care Counselor**
 - *Office Coordinator and support staff**

	Advantages	Disadvantages
Consult Service and/or Outpatient Clinic	<ul style="list-style-type: none"> • Can be started quickly with few staff • Interdisciplinary collaboration • Low cost • Hospital wide education 	<ul style="list-style-type: none"> • May be only daytime coverage • Conflict with co-management team
In-patient Unit	<ul style="list-style-type: none"> • Better control of patient care • Dedicated staff and best care • Provides centre ('visible home') for education, clinical research, and volunteers 	<ul style="list-style-type: none"> • Some doctors may not want to give up their patients • More staff required • May be perceived as a 'death' unit • High cost

Advanced Illness Management (AIM) program bridges the gaps between the hospital setting, the community physician's office, and the home for persons living with advanced, chronic illness. These patients are considered to be at risk of dying in the next 12-18 months and may be actively pursuing curative treatment. Focus of care is moved from hospital into the home or community.

- **Clinics/Health centres**
- **Streets (homeless)**
- **Camps (displaced persons), Genocide**
- **prisons**
- **Home**
- **Nursing homes**
- **Mass casualty (pandemics, earth-quakes, tsunami)**

Requirements

- **Interdisciplinary team for care**
- **Drugs for symptom and pain relief (Pall care essential drug list)**
- **Short-term inpatient and respite care**
- **Medical appliances and supplies**
- **Counseling**
- **Social support**
- **Spiritual care**
- **Volunteer services**
- **Bereavement services**

Follow up and linkages

- **On discharge from hospital, patients are linked to palliative care services in the community or their nearest district hospital palliative care service.**
- **Follow up by phone.**
- **Follow up with home visits, sometimes using community volunteers.**
- **Essential to have contacts of link/support (including ambulance, mortuary) services and regular meetings with them to chart out referral pathways.**
- **Palliative Care Associations enhance CME, Monitoring & Evaluation**

Financial – who pays and how?

- **Established government funding mechanisms**
- **Medicare, Health Insurance**
- **Grants, Charity**
- **Fee for service**
- **All possible funding sources within and outside the community**

The Ibadan Palliative care service

- **Planning commenced in 1996 with volunteers – cancer pain management and advocacy for opioid availability in the country.**
- **2005 – Centre for palliative care Nigeria (An NGO) registered to support the initiative, education and service development**
- **2007 – Hospice Africa UK/Anne Merriman support to establish Hospital/Home based care service**
- **By Dec 2016 – 2536 adult and 993 children cared for, national hub for palliative care training, advocacy, research.**
- **Inclusion of palliative care in undergrad and postgrad curriculum**

IOM, Dying in America

Evidence suggests that palliative care, hospice, and various care models that integrate health care and supporting services may provide high quality end-of life care that can reduce the use of expensive hospital and institution-based services, and have the potential to help stabilize and even reduce health care costs for people near the end of life. The resulting savings could be used to fund highly targeted and carefully tailored supporting services for both children and adults (Komisar and Feder, 2011; Unroe and Meier, 2013), improving patient care while protecting and supporting families.

Conclusion

- **Palliative care offers a support system to help patients live as actively as possible until death**
- **Collaboration and strategic partnerships are required to achieve quality models of care and linkages**
- **Without government national integration policy, most palliative care services will be provided by individuals, non-governmental, faith, or community-based organizations with no in-built sustainability.**
- **Effective government policy and support are essential to provide palliative care for all in need at various settings**

References

- **Center to Advance Palliative Care, 2012 [http://www.getpalliativecare.org/what is/](http://www.getpalliativecare.org/what-is/)**
- **Palliative Care and Hospice Care Across the Continuum, Center to Advance Palliative Care, <http://www.capc.org/palliative-care-across-the-continuum/>**
- **How to build an effective palliative care program – National Association for hospice and palliative care . [www.nahc.org>assets](http://www.nahc.org/assets). accessed on May 14th, 2017**
- **The Growth of Palliative Care in U.S. Hospitals: A Status Report (Tamara Dumanovsky et al 2016)**
- **Practical guidelines for developing new palliative care services: resource management (T. J. Smith, P. J. Coyne & J B. Cassel 2012)**

THANK YOU – FROM : TEAM IBADAN, NIGERIA

