

Predictive Models in Palliative Care

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What Is Palliative Care?

- Palliative care is specialized care for people with serious illness.
- It focuses on providing relief from the symptoms and stress of a serious illness.
- The goal is to improve quality of life for both the patient and the family.

- Palliative care is provided by a specially-trained team of nurses, physicians, social workers and other specialists who work together with a patient to provide an extra layer of support.
- It is appropriate at any age and at any stage in a serious illness and can be provided along with curative treatment.

Palliative care can be delivered in general to patients with terminal diseases like:

- Cancer
- Acquired Immune Deficiency Disease
- End Stage Heart Disease
- Chronic Obstructive Pulmonary Disease
- Dementias
- Cerebrovascular Diseases
- Amyotrophic lateral sclerosis

Palliative Care Primary Goals

- Symptom management.
- Establishing goals of care that are in keeping with the patient's values and preferences.
- Consistent and sustained communication between the patient and all those involved in his or her care.
- Psychosocial, spiritual, and practical support both to patients and their family caregivers.
- Coordination across sites of care

Palliative care in the world is known as one of the main foundations of cancer control.

چالش

- سرطان عامل ۱۲ درصد مرگ و میر در جهان است.
- انتظار می رود تعداد موارد جدید در دنیا به بیش از ۱۵ میلیون نفر در سال ۲۰۲۵ افزایش یابد که حدود ۶۰ درصد این موارد جدید در کشورهای کمتر توسعه یافته جهان ایجاد می شوند.
- سرطان، سومین عامل مرگ و میر در ایران است.
- سالانه بیش از ۳۰ هزار نفر بر اثر سرطان جان خود را از دست می دهند.

□ انجمن مراقبت تسکینی، خانواده ها را به ارائه مراقبت در منزل، از بیماران در مرحله آخر زندگی تشویق می کند.

□ اهداف آن:

□ کاهش هزینه های غیر ضروری بستری شدن

□ جلوگیری از انجام آزمایش های غیر ضروری

□ تامین آسایش بیشتر جهت بیمار و خانواده

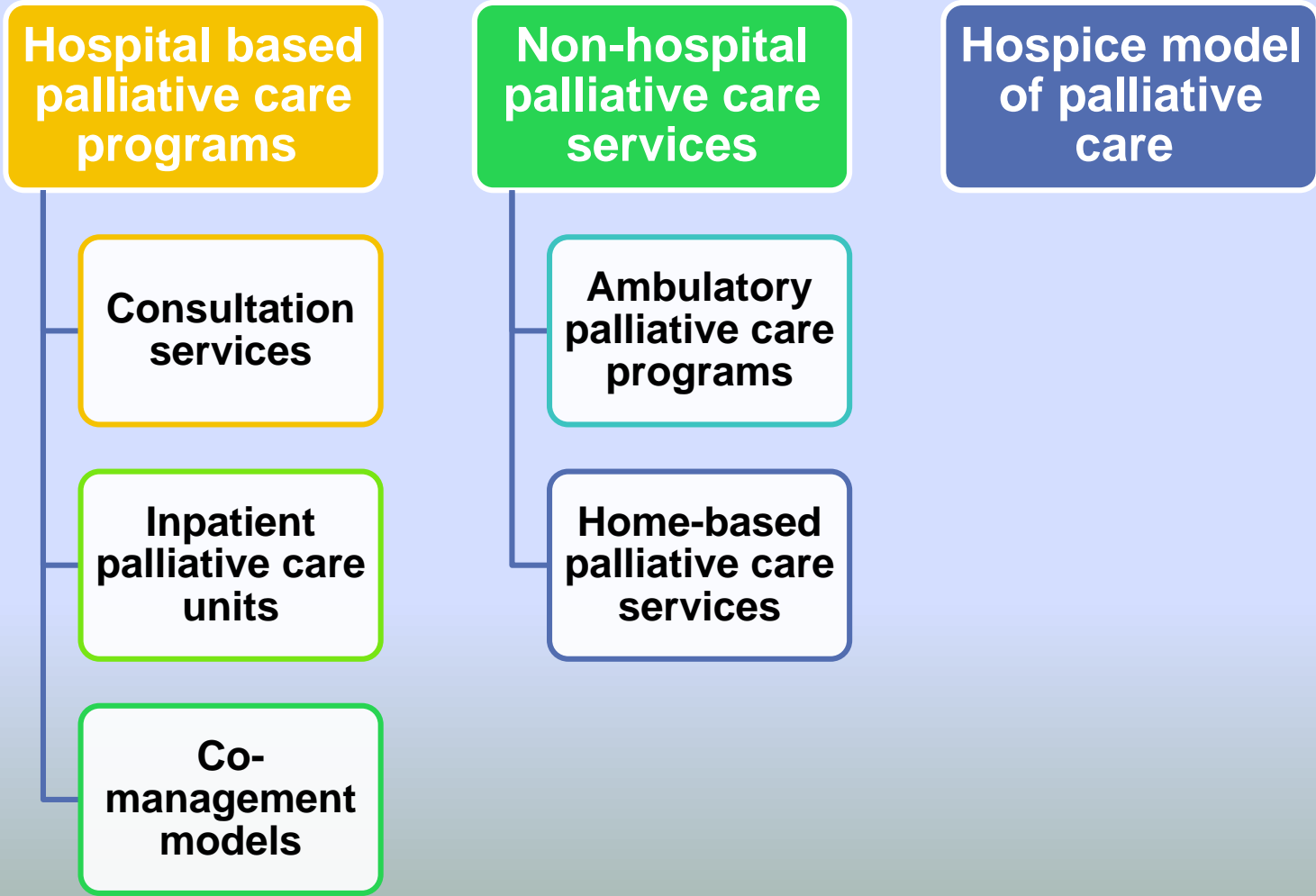
□ ...

□ برخی از خانواده ها معتقدند که چنین بیمارانی برای دریافت مراقبت های درمانی باید در بیمارستان بستری شوند.

نظر شما چیست؟

MODELS OF PALLIATIVE CARE DELIVERY

- Hospital based palliative care programs.
- Non-hospital palliative care services.
- Hospice model of palliative care.



Hospital based palliative care programs

- Developed to improve physical, psychosocial, and spiritual suffering of patients and families who are hospitalized with serious illnesses.
- The number of hospital-based palliative care programs has increased rapidly and, as of 2011, programs were in place at more than 63 percent of US hospitals with more than 50 beds .

Consultation Services

❑ Interdisciplinary Team:

- ❑ Nurses
- ❑ Physicians(including generalists and specialists, as well as psychiatrists)
- ❑ Social workers
- ❑ Pharmacists
- ❑ Volunteers
- ❑ Psychologist
- ❑ Chaplain



- The palliative care team provides:
 - Expert pain and symptom management,
 - Education and communication about achievable goals for care,
 - Support for decisions matched to patient and family goals,
 - Psychosocial support,
 - Coordination of care.
- Consultation team provides recommendations to the primary attending physician.

Inpatient palliative care units

inpatient palliative care unit is appropriate for the following indications:

- patients who have
 - Difficult-to-control symptoms;
 - Medical needs that cannot be optimally managed in another setting;
 - Distressed families in need of a higher level of support;
 - Need to critical care setting;
 - Patients who are immediately dying.

راهکارهای افزایش کیفیت خدمات

- تنها بیمارانی که نیاز واقعی به بستری دارند در این بخش ها بستری می شوند.
- ارائه مراقبت ها، مطابق خواست بیمار (نه فقط بر اساس تشخیص های پزشکی)
- ارائه مراقبت با کیفیت مناسب و سرعت کافی
- امکان انتقال بیماران پس از پایان دریافت مراقبت، به محل قبلی دریافت خدمات
- تامین فضای فیزیکی و روانی مناسب برای بخش مراقبت های حمایتی - تسکینی

Effectiveness of inpatient palliative care units

- A high-volume palliative care unit may reduce in-hospital care costs by matching treatments provided to patient and family-determined goals for medical care.
- In one study, a dedicated palliative care unit reduced daily hospital costs by 74 percent compared to usual care patients.

Co-Management Models

- A growing number of integrated co-management models are being developed to enhance palliative care within different practice settings.
- Successful models for palliative medicine integration into the intensive care unit and most recently the surgical and trauma intensive care units exist in many hospitals.

Comparison of outcomes with different hospital based palliative care model

- Result of a survey:
 - family members of patients in a palliative care unit were significantly more likely to report excellent care in the last month of life when compared with families of patients who received a palliative care consultation.

**Non-hospital
based palliative
care programs**

Ambulatory palliative care programs

- Provide important continuity of care for patients who are discharged from the hospital after being seen by an inpatient palliative care consultation service.
- In addition, ambulatory palliative care providers can act as consultants for patients who are not hospitalized but who have complex or advanced illnesses, symptom distress, and difficulty managing complex treatment regimens.

- Ambulatory palliative care teams provide:
 - Pain and symptom management,
 - Psychosocial support,
 - Coordination of home care needs.
- When initiated early in the disease course, ambulatory palliative care improves clinical and quality of care outcomes, including better survival.



Home-based palliative care services

- Can be provided by clinicians who make home visits or certified home health agency programs that provide care in the home.
- These programs are particularly useful when patients do not qualify for hospice but have serious illnesses and are essentially homebound.



خدمات ارائه شده

- ارائه مراقبت اولیه
- مراقبت پرستاری
- مراقبت اجتماعی
- تحویل دارو
- پاسخ به پرسش ها و ارائه مشاوره
- کار درمانی
- فیزیوتراپی
- برنامه ریزی غذایی
- ارائه خدمات خارج از ساعت کاری

راهکارهای افزایش کیفیت خدمات

- طراحی سیستمی برای ثبت موثر بیماران نیازمند دریافت مراقبت
- پشتیبانی و آموزش مراقبان
- دسترسی شبانه روزی به خدمات پرستاری و مراقبت های شخصی
- امکان انتقال فوری تجهیزات به خانه فرد
- هماهنگی بین مراقبت های انجام شده با دیگر سطوح مراقبت تسکینی
- ارائه گزارش از نحوه ارائه خدمات به سطوح بالاتر

کلینیک روزانه مراقبت های تسکینی

□ این ساختار به ارائه مراقبت های تسکینی به بیمارانی که در خانه هستند، می پردازد.
دارای دیدگاه کل نگر است.

□ بیمار یک یا دو بار در هفته به این مراکز مراجعه می کند.

□ فعالیت بیمار در این مراکز:

- انجام فعالیت مورد علاقه بیمار از بین فعالیت های خلاقانه ای که تدارک دیده شده
- صرف نهار
- ملاقات با پرستار یا پزشک تیم و دریافت مشاوره و کمک در موارد لازم
- تماشای تلویزیون
- انجام فعالیت های باغبانی
- فعالیت های دوخت و دوز و بافتنی





**Hospice
model of
palliative
care**

- The concept of hospice started during the middle ages when hospices were set up as places of rest for travelers.
- At the end of the 19th century, hospices were designated specifically to care for the dying, first in Ireland and later in England.
- St. Christopher's Hospice in London opened in 1967 under the direction of Dr. Cicely Saunders.

- A nurse, social worker, and a physician, Saunders developed and advanced the modern hospice movement to reflect her commitment to patient-centered care, pain management, research, and education.
- The philosophy and practice of the St. Christopher's program has since spread to all countries in the developed world and to many developing areas.

- Hospice services are designed to provide comprehensive interdisciplinary team-based palliative care for patients with life-limiting illness with a prognosis of six months or less if the disease follows its natural course.
- Hospice supports the patient and family caregivers during the illness and provides bereavement services to family members for 12 months after the death of the patient.



اهداف

- ❑ ارائه مراقبت جامع و بین رشته ای، جهت تسکین بیمارانی که بیش از ۶ ماه از حیاتشان باقی نیست.
- ❑ ارائه خدمات بستری بیماران در محیطی شبیه به خانه
- ❑ ارائه خدمات مراقبت های جسمانی، معنوی، روانی و اجتماعی در سطح تخصصی و چند رشته ای
- ❑ ارائه آموزش و تربیت نیروی انسانی متخصص در زمینه مراقبت های حمایتی و تسکینی
- ❑ حمایت از بیمار در طول زمان باقی مانده از عمر
- ❑ ارائه خدمات سوگ به خانواده، تا یکسال بعد از فوت بیمار

Who is a candidate for hospice

- Hospice becomes appropriate when patients and their families decide to forego curative therapies in order to focus on maximizing comfort and quality of life,
- Curative treatments are no longer beneficial,
- Burdens of these treatments outweigh their benefits,
- Patients are entering the last weeks to months of life.

Is hospice a place?

- Hospice is a model of care, not a physical location,
- May be provided in the patient's home, nursing home, or in an institution.

Type of Services

- Maximizing comfort and quality of life in patient.
 - Patients may continue to receive the same treatments that they received prior to hospice referral, such as palliative chemotherapy, radiation, and heart failure treatments.
 - Patients can come and go from hospice at any time.



Nurse's role in Hospice

- The registered nurse is:
 - Primary case manager
 - Responsible for skilled nursing care
 - Coordinator of other members of the interdisciplinary team.
- Hospice nurses visit patients regularly, from daily to weekly based on need.

Physician's role in Hospice

- The hospice physician plays two roles:
 - Medical role.
 - Administrative role.

Social worker's role in Hospice

- The social worker provides psychosocial and practical support for patients and families, including:
- Counseling,
- Bereavement support,
- Referrals to other support systems

Chaplain's role in Hospice

- The chaplain oversees the spiritual needs of patients and families.
- Spiritual care is offered to patients with both structured and unstructured religious beliefs.

Volunteer's role in Hospice

- Volunteers provide extra support for patients and families such as:
- Reading to patients,
- Visiting,
- Assisting with errands,
- ...

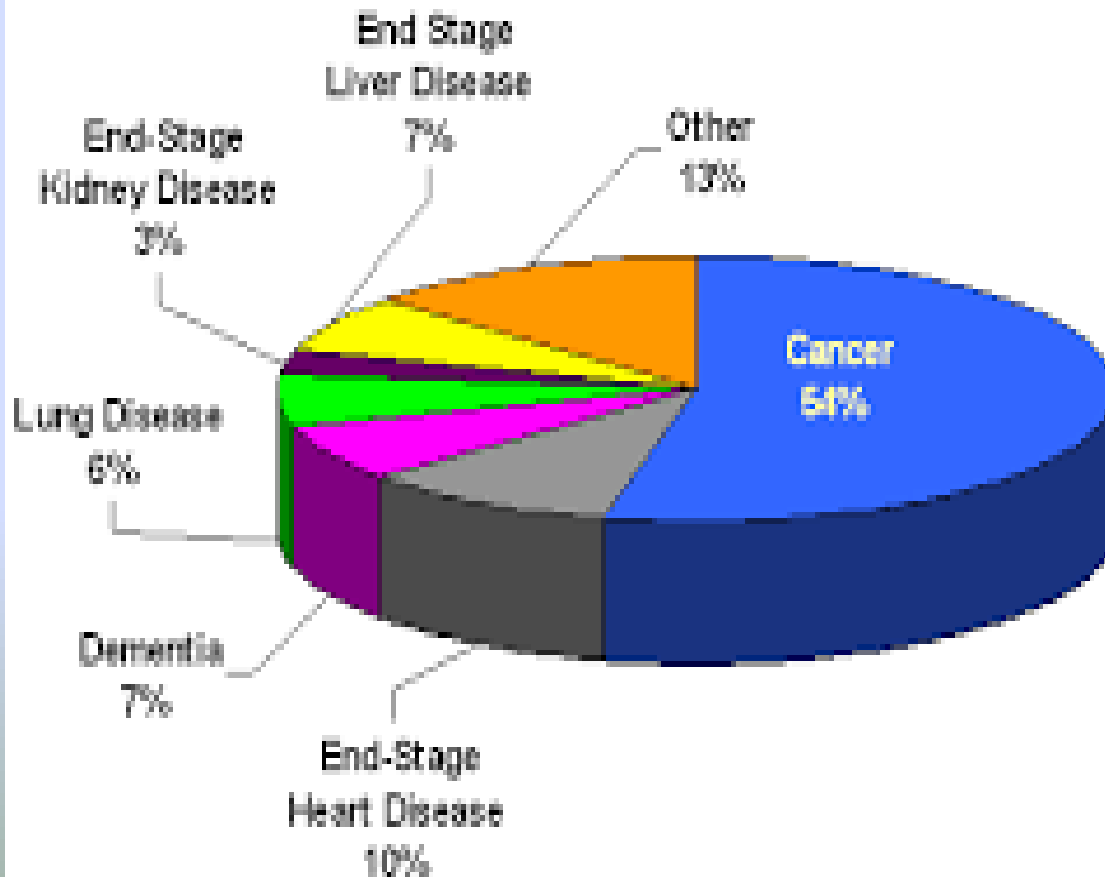
راهکارهای افزایش کیفیت خدمات

□ تعیین مقررات برای پذیرش و ترخیص بیماران

□ هماهنگی ادامه درمان های بیمار

□ تامین منابع مالی

Health Conditions With Hospice Patients



□ سیستم مراقبت های تسکینی با ایجاد مدل های مختلف سعی نموده که نیاز بیماران خود را پاسخگو باشد:

- تامین هاسپیس برای بیمارانی که در لحظات پایانی عمر خود نیاز به مراقبت در محیطی آرام و آسوده دارند.
- مراقبت در منزل برای بیمارانی که تمایل دارند آخرین لحظات عمر خود را در محیط خانه خود بسر ببرند.
- ایجاد مراقبت های سر پایی در قالب کلینیک های روزانه برای بیمارانی که نیاز به بازتوانی اجتماعی برای بازگشت به زندگی عادی را دارند.

هرچند نظام مراقبت های تسکینی در رسیدن به اهدافش (مانند نرخ مرگ در منزل بیماران) هنوز به موفقیت کامل نرسیده است، امید می رود به زودی با فرهنگ سازی، بتواند میزان رضایتمندی این بیماران از نظام سلامت را تامین نماید.

- Choosing the right care delivery model depends on the economic, social, health system, existing platforms, financial facilities and human resources.
- The willingness of the patient and the family is very important in choosing the right care delivery model.
- Palliative care delivery models based on the patient's needs and conditions have the ability to communicate, interact and coordinate with each other.

