

Establishing Palliative Care Services @Hospitals

Objectives and Outcomes

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Anesthesia, Pain and Palliative care
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Objectives of today's meeting



What is palliative care? Why is it important?



Our journey, success stories & key challenges



Palliative care and patient safety



Way forward

What is palliative care?

World Health Organization Definition

*"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 problems-physical, psychosocial and spiritual**"*

A broader view

Palliative Care is...

... to Patient



- Address physical, psychological, social, spiritual and practical issues
- Preserve patient's independence and boost quality of life
- Make patient centric medical choices

... to Family



- Help the family deal with difficulties during the course a serious illness
- Preserve family wishes regarding the care of their beloved ones
- Cope with loss and grief during the illness and bereavement

... to Hospital



- Comply with local laws and JCI standards
- Achieve higher satisfaction of patient and family
- Enhance reputation
- Increase margins by freeing long-stay beds

Palliative care addresses all sources of suffering to achieve a multitude of benefits

The 4 Sources of Suffering

1



Physical

2



Social

3



Psychological

4



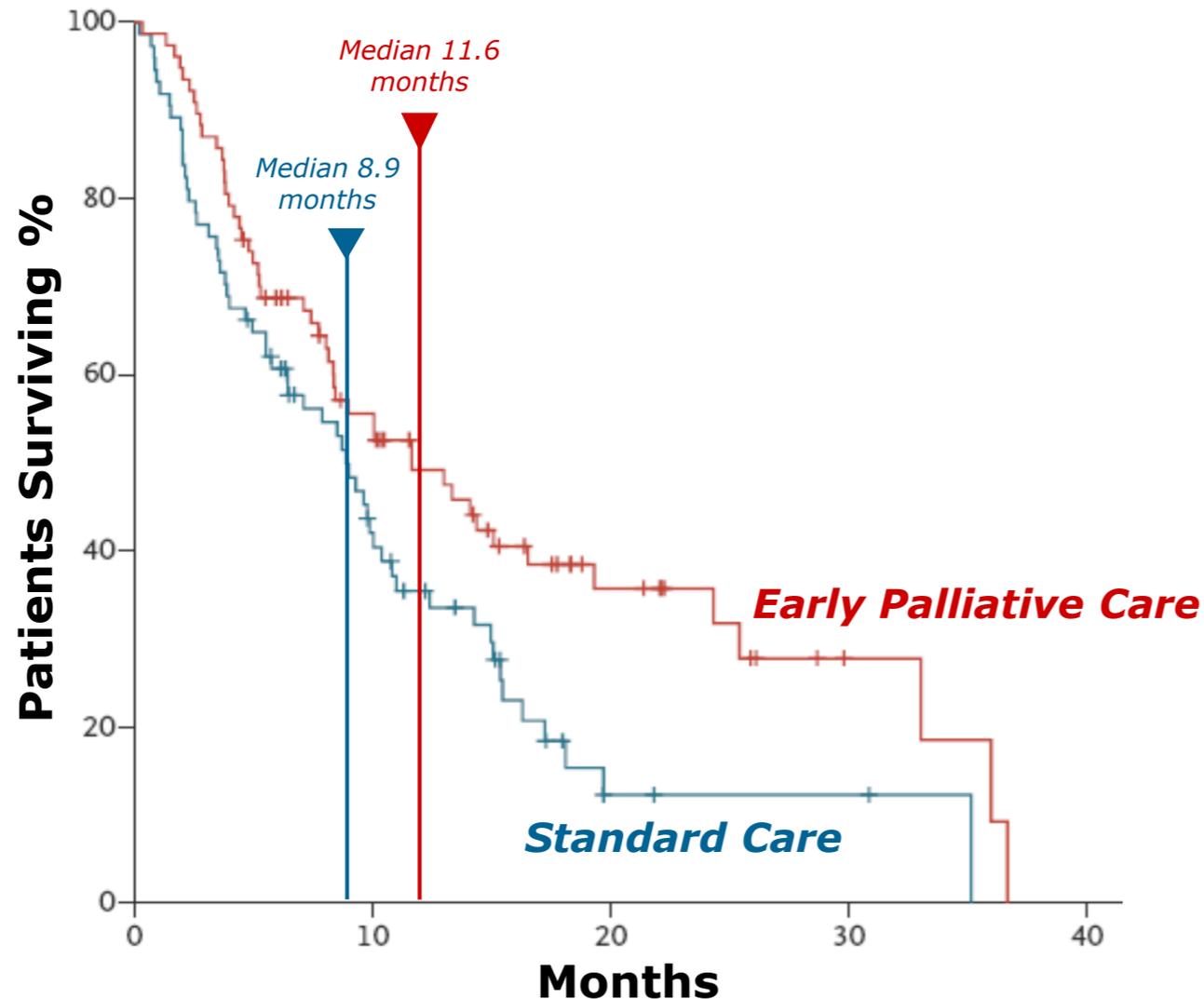
Spiritual

Proven Benefits

- Better symptom management
- Less pain
- Less anxiety
- Less depression
- Shorter hospital stays
- Fewer readmissions
- Easier bereavement
- **PROLONGED SURVIVAL**

Higginson. Cancer J 2010

In fact, a Harvard study quantified the benefits associated with the provision of palliative care

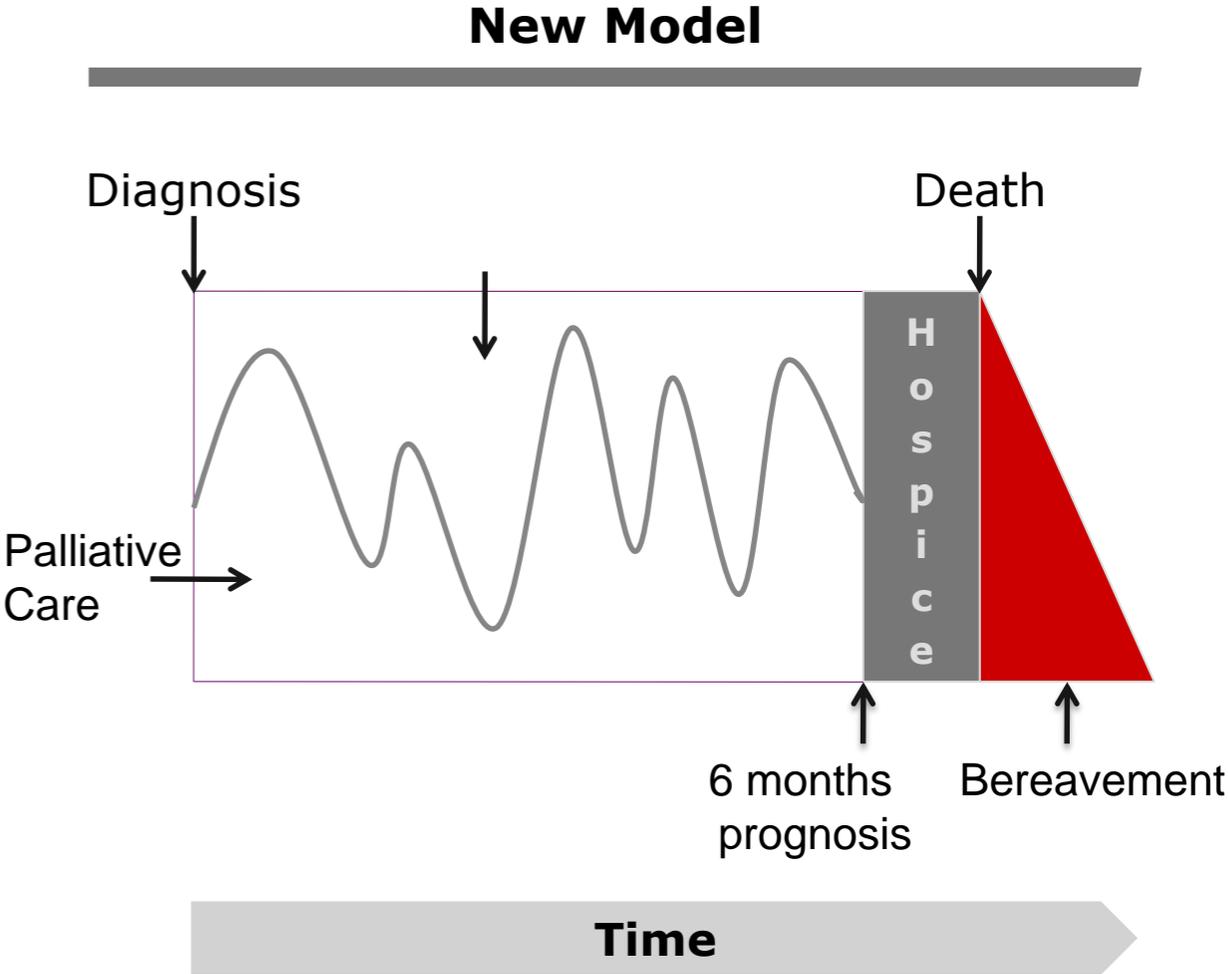
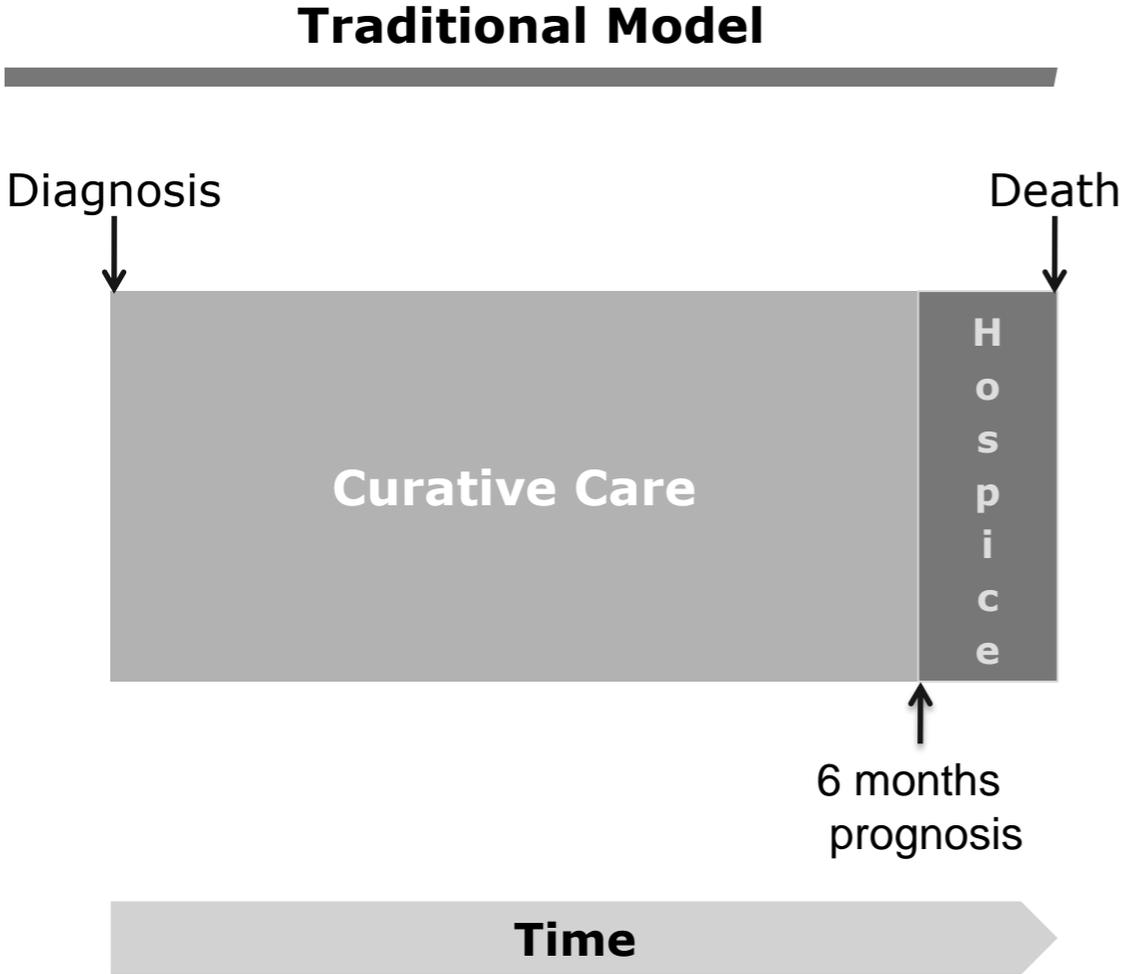


Source: NEJM (Temel 2010)

Key Observations

- Longer survival - Median survival increased from **8.9** to **11.6 months**
- Enhance quality of life
- Improved mood
- Less IV chemo in last 60 days

With time, the provision of palliative care has evolved in be integrated upon diagnosis of a life limiting condition



Source: Mazanek et al. A new model of palliative care for oncology patients with advanced disease. J Hospice and Pal Nurs 11(6): 2009

This is inline with the international guidelines



“Inpatients and outpatients should receive dedicated palliative care services early in the disease course, concurrent with active treatment.”

BR Ferrell et al. J Clin Oncol 35:96-112, 2017



World Health
Organization

A WHO Priority!

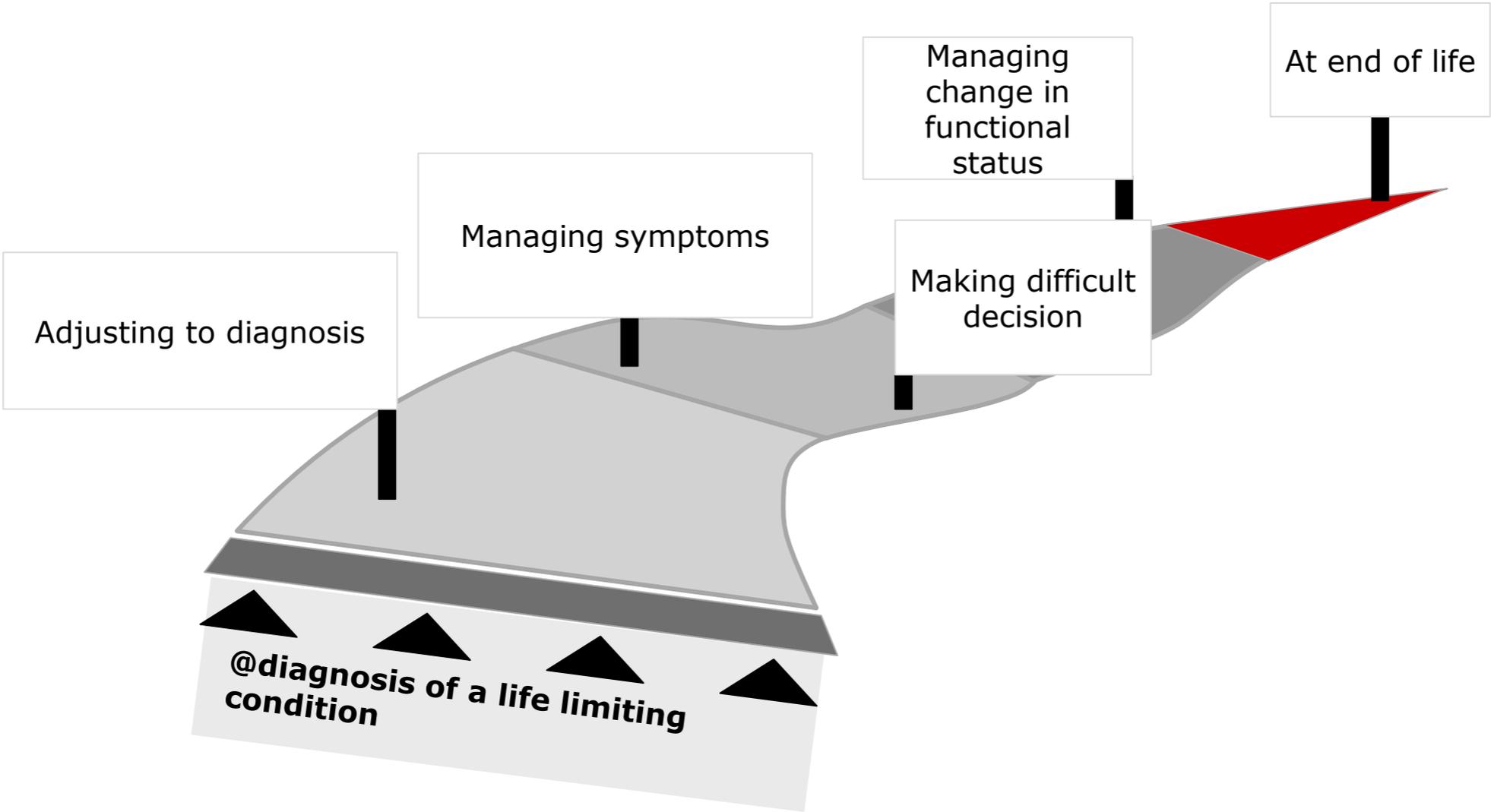
Integrating palliative care and symptom relief into primary health care

A WHO guide for planners, implementers and managers



World Health
Organization

Accordingly, palliative care services are now offered upon diagnosis and throughout critical milestones



Who should receive palliative care?

**Any Person with
Complex Condition
Irrespective of Age
or Setting**

- Advanced Cancer
- Congestive heart failure
- Chronic Obstructive Pulmonary Disease
- Parkinson's Disease
- Multiple Sclerosis
- Stroke
- Pulmonary fibrosis
- ALS
- Congenital anomalies
- Fibrosis and cirrhosis of liver
- Chronic renal failure
- Severe birth asphyxia
- HIV disease
- Tuberculosis of nervous system
- Cystic fibrosis
- Etc.

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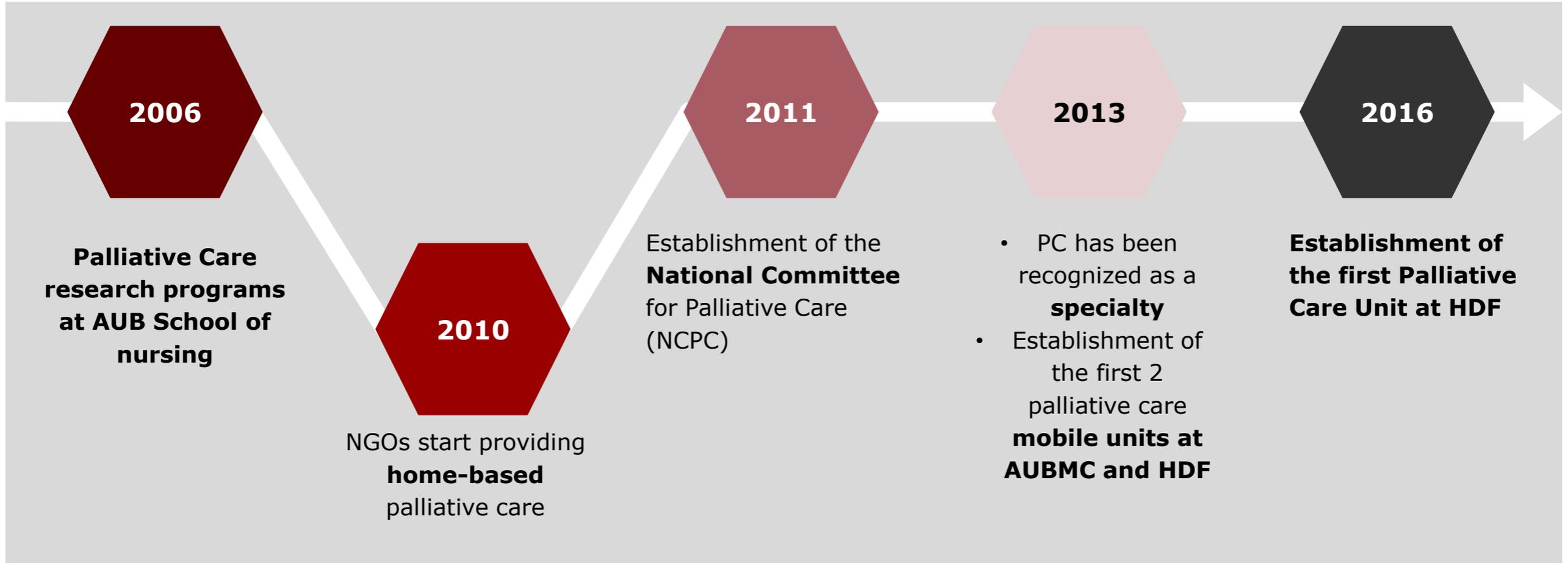
The Lebanese Law sets clear requirements for the provision of palliative care services to patients

قانون حقوق المرضى والموافقة المستنيرة

- **الباب التمهيدي – المادة الاولى:** للمريض الحق في اطار نظام صحي وحماية اجتماعية، بتلقي العناية الطبية الرشيدة والمناسبة لوضعه، والمتماشية مع معطيات العلم الحالية. تأخذ هذه الحماية شكل الوقاية، أو العلاج، أو **العلاج الملطف**، أو التأهيل، أو التثقيف
- إذا كان المريض مصابا **بمرض ميئوس من شفاؤه**، تنحصر مهمة الطبيب **بتخفيف الامه الجسدية والنفسية** وبإعطائه العلاجات الملائمة للحفاظ قدر الإمكان على حياته
- لا يحق للطبيب التسبب بموت المريض إراديا بل **يستحسن عدم اللجوء إلى الوسائل التقنية والمبالغة في العلاج لإطالة امد الاحتضار**، ويبقى من الضروري **إعانة المحتضر حتى النهاية بشكل يحفظ له كرامته**

Lebanon: a story in the making

Key Milestones



Palliative Care has been increasingly recognized in the Lebanese healthcare system

Palliative Care Policy Development



National Committee of Pain and Palliative Care

@Hospital



Mobile Units



Palliative Care Units



Outpatient clinics



@Home



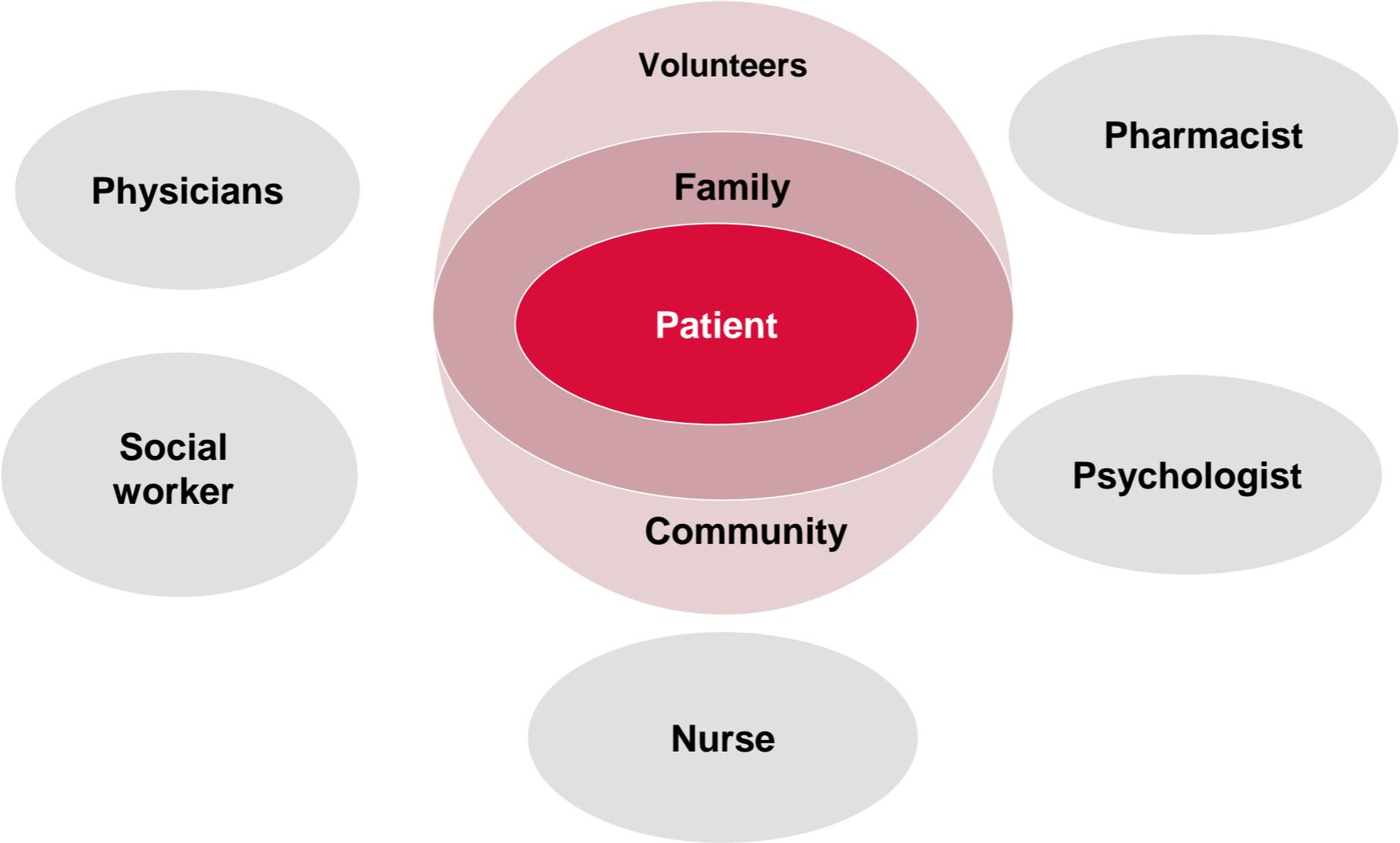
The Palliative Care Team

Physicians	Hibah Osman Rana Yamout Antoine Finianos
Nurses	Joelle Bassila Rebecca El Asmar Janane Hanna
Psychologist	Hiba Salem
Pharmacist	Maha Wazni
Social Worker	Maria Bekdache Tamim

What do we do?

- Palliative care consultation service
 - Symptom management
 - Psychosocial support
 - Goals of care
 - Discharge planning
- Outpatient Clinics

Today our team brings interdisciplinary palliative care capabilities

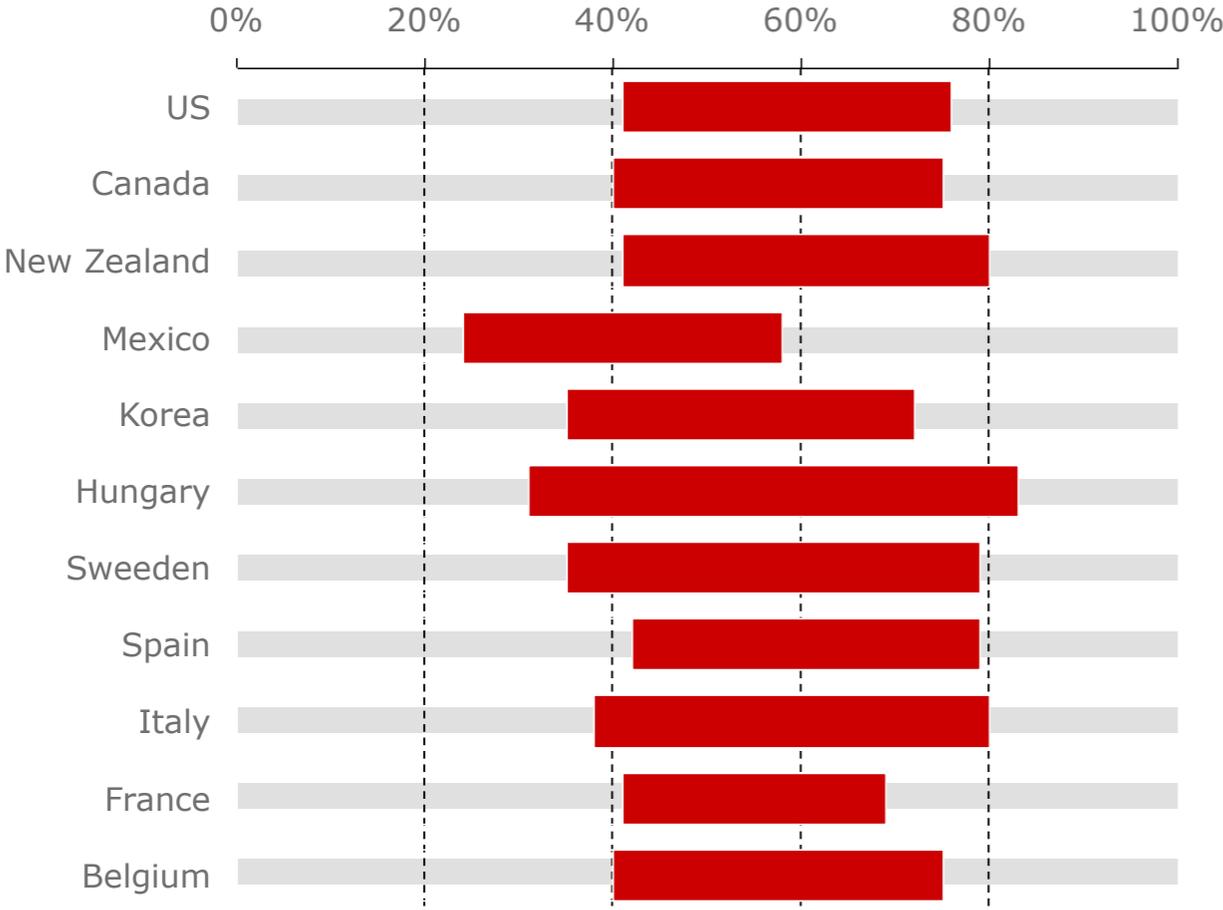


Pillars of Success & the Issue of Financial Sustainability



Based on international estimates, 40 to 70% of individual who die from NCDs are candidates for palliative care

Range of patients in need of palliative care at the end of life



Source: Morin L et al (2017)



Annual NCD related Death¹

~18,000

% Candidates for Palliative Care

40 - 70%

Candidates for Palliative Care

~7,200 - 12,600

1) taking year 2014 as a conservative estimate

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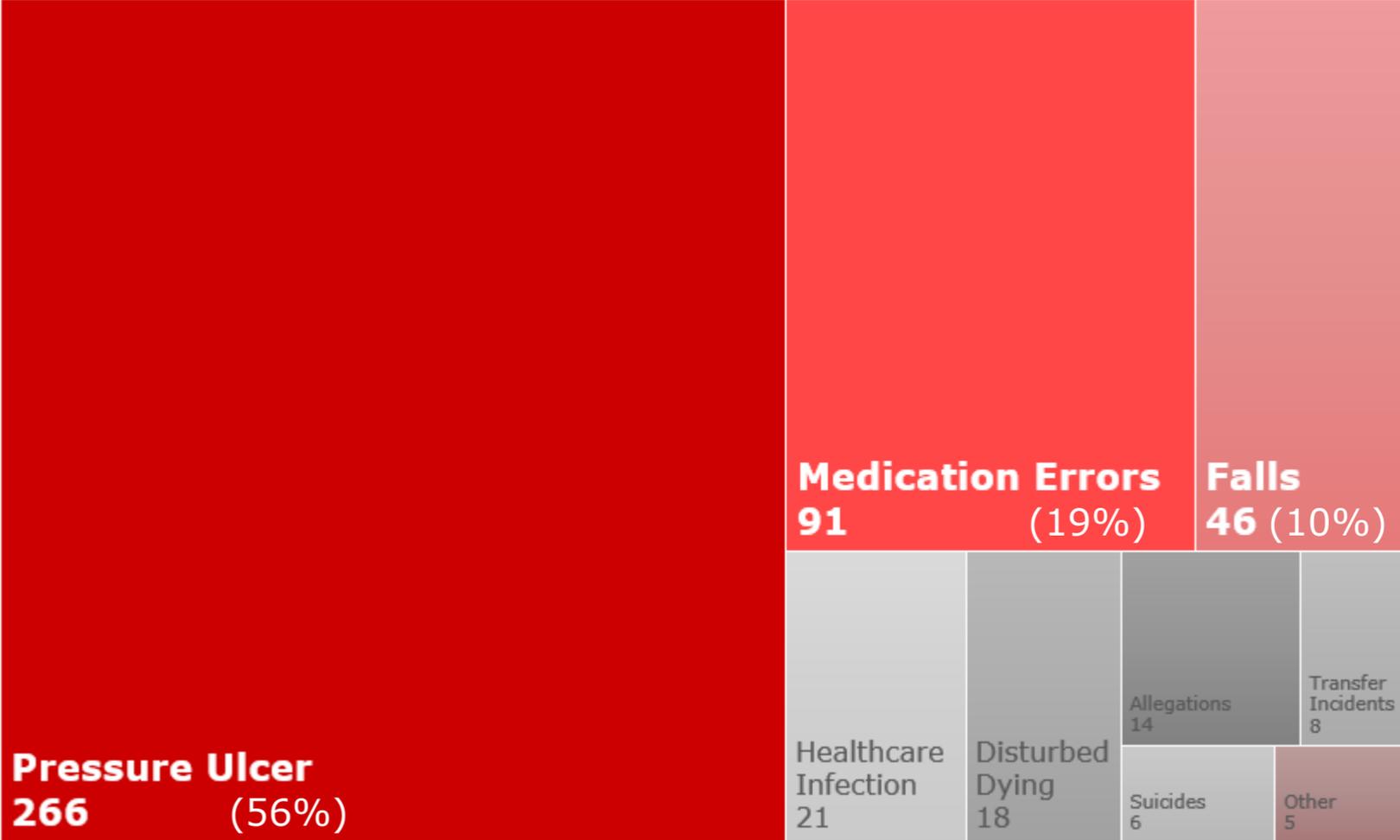
Way forward

Unsafe care presents a risk of significant harm to patients receiving palliative care

Issues Breakdown (total = 475)

Overview

- Study carried out on the **UK's National Health Service (NHS)** database of 'serious incidents requiring investigation' over a period of 12 years (2002 – 2014)
- **Underlying causes** included:
 - lack of palliative care experience,
 - Under-resourcing, and
 - Poor service coordination
- Resultant **harms included** worsened symptoms, disrupted dying, serious injury and hastened death



Source: Yardley, Iain et al. (2018), Journal of Palliative Medicine

Key issues at end of life related to patients safety

End-of-life Perspective

Lack of communication & documentation often leads to care inconsistent with preferences

Treating pain as a priority

Maybe necessary side effect of treating intractable pain, also natural consequence of dying process

May need to consider balance between patient goals and fall prevention

Balance with comfort at very end of life (pain from repositioning)

Documentation of Patient Preferences

High-alert Medications (Opioids)

Delirium

Falls

Pressure Ulcers

Patient Safety Perspective

Preferences may be documented incorrectly, inadequately discussed, or have changed

Opioids have significant risks, medical errors are frequent

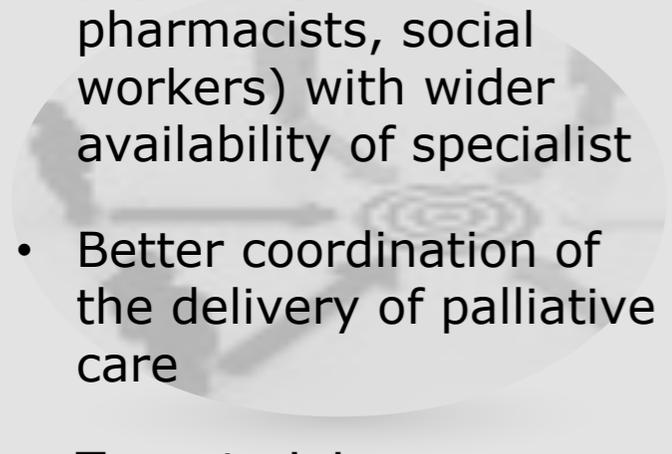
May be related to overly aggressive symptom management or not considering side effects

Fractures can be devastating, and medications can increase risk of falling

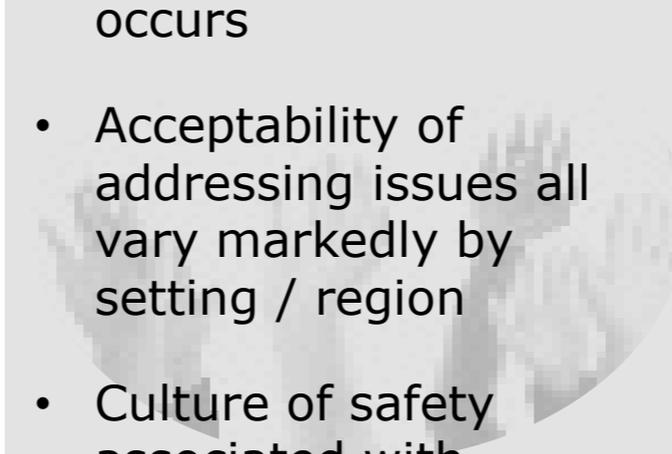
Can be distressing to family, painful

How to overcome these issues?

Team Work

- Interdisciplinary teams (e.g., doctors, nurses, psychologists, pharmacists, social workers) with wider availability of specialist
 - Better coordination of the delivery of palliative care
 - Team training
- 

Culture

- End-of-life practices
 - Communication that occurs
 - Acceptability of addressing issues all vary markedly by setting / region
 - Culture of safety associated with improved outcomes
- 

Standardization

- Structured communication templates
 - Ordersets
 - Checklists
- 

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Next Steps

- 1** Spread awareness among patients, families and the medical staff
- 2** Develop a national certification in palliative care and set quality standards
- 3** Provide training and help other hospitals implementing PC
- 4** Continue working on palliative care financial coverage