Establishing Palliative Care Services @Hospitals

Objectives and Outcomes

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Anesthesia, Pain and Palliative care
October 2018
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”
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.

- 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

Source: NEJM (Temel 2010)
With time, the provision of palliative care has evolved in being integrated upon diagnosis of a life limiting condition.

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."

Integrating palliative care and symptom relief into primary health care

A WHO guide for planners, implementers and managers

A WHO Priority!
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.
Objectives of today’s meeting

What is palliative care? Why is it important?

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

قانون حقوق المرضى والموافقة المستنيرة

ب. التمهيدي - المادة الأولى: للمريض الحق في إطار نظام صحي وحماية اجتماعية، بتلقي العناية الطبية الرشيدة والمناسبة لوضعه، والمتماشية مع معطيات العلم الحالية. تأخذ هذه الحماية شك الوقاية، أو العلاج، أو العلاج الملطف، أو التأهيل، أو التثقيف.

إذا كان المريض مصابا بمرض ميئوس من شفائه، تنحصر مهمة الطبيب بتخفيف الإلهة الجسدية والمدنية، 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 امتداد الامراض، ويبقى من الضروري إعانة المحتضر حتى النهاية بشكل يحفظ له كرامته.

قانون حقوق المرضى والموافقة المستنيرة
Lebanon: a story in the making

Key Milestones

- **2006**: Palliative Care research programs at AUB School of nursing
- **2010**: NGOs start providing home-based palliative care
- **2011**: Establishment of the National Committee for Palliative Care (NCPC)
- **2013**: PC has been recognized as a specialty
- Establishment of the first 2 palliative care mobile units at AUBMC and HDF
- **2016**: Establishment of the first Palliative Care Unit at HDF
Palliative Care has been increasingly recognized in the Lebanese healthcare system

<table>
<thead>
<tr>
<th>Palliative Care Policy Development</th>
<th>National Committee of Pain and Palliative Care</th>
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<td><strong>@Hospital</strong></td>
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<tr>
<td>Mobile Units</td>
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<td>Palliative Care Units</td>
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<td>Outpatient clinics</td>
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<td><strong>@Home</strong></td>
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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

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**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

Our Vision
Palliative care is available and accessible to anyone who needs it in Lebanon

1. Financial Sustainability
2. Primary, Secondary & Tertiary Provision of Care
3. Multidisciplinary Capabilities
4. Public Awareness & Acceptance
5. National Policy & Regulatory Framework
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

<table>
<thead>
<tr>
<th>Country</th>
<th>0%</th>
<th>20%</th>
<th>40%</th>
<th>60%</th>
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#### Annual NCD related Death

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

**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

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<th>Issues Breakdown (total = 475)</th>
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<td><strong>Pressure Ulcer</strong> 266 (56%)</td>
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<td><strong>Medication Errors</strong> 91 (19%)</td>
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<td><strong>Falls</strong> 46 (10%)</td>
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Source: Yardley, Iain et al. (2018), Journal of Palliative Medicine
**Key issues at end of life related to patients safety**

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<tr>
<th>End-of-life Perspective</th>
<th>Patient Safety Perspective</th>
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<td>Lack of communication &amp; documentation often leads to care inconsistent with preferences</td>
<td>Preferences may be documented incorrectly, inadequately discussed, or have changed</td>
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<td>Treating pain as a priority</td>
<td>Opioids have significant risks, medical errors are frequent</td>
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<td>Maybe necessary side effect of treating intractable pain, also natural consequence of dying process</td>
<td>May be related to overly aggressive symptom management or not considering side effects</td>
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<td>May need to consider balance between patient goals and fall prevention</td>
<td>Fractures can be devastating, and medications can increase risk of falling</td>
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<td>Balance with comfort at very end of life (pain from repositioning)</td>
<td>Can be distressing to family, painful</td>
</tr>
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**Documentation of Patient Preferences**

**High-alert Medications (Opioids)**

**Delirium**

**Falls**

**Pressure Ulcers**

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Source: Sydney Morss Dy (2016), American Journal of Hospice & Palliative Medicine
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