YOU CAN IMPLEMENT PALLIATIVE CARE
- Learn from yesterday
- Live for today
- Hope for tomorrow

Albert Einstein
Public Health Model

WHO model, Stjernsward and Foley
Levels of palliative care

- **Level 1: Primary/Basic**
  - essential or the minimum package

- **Level 2: Secondary/Intermediary**
  - intermediary services which provide a wide range of care components.

- **Level 3: Tertiary/Specialist**
  - desirable for a specialist palliative care service
Models of palliative care

- Palliative care integration
  - public health approach
  - health system strengthening
  - demonstration services
  - non governmental and faith based services
  - academic institutions
  - community and family empowerment
Health system strengthening

- a working health system improves health.
- delivers services
- operates at community, local, national levels
- uses effective organizations and processes
- engages all sectors
- reaches priority groups and health issues
- responds to people’s needs
- employs appropriate incentives
- characterized by strong political will and a viable vision.

http://www.usaid.gov/our_work/global_health/hs/
Models of palliative care

- Service delivery
  - inpatient hospice / palliative care unit
  - outpatient clinics and day care
  - outreach clinics / mobile hospice
  - home based care
  - hospital based palliative care teams

Wright M. Models of hospice and palliative care in resource poor countries: issues Help the Hospices UK (2003)
# IAHPC Essential practices

<table>
<thead>
<tr>
<th>Identify, evaluate, diagnose, treat and apply treatment and solution measures for:</th>
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<tbody>
<tr>
<td><strong>Physical care needs:</strong></td>
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<tr>
<td>Pain (all types)</td>
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<tr>
<td>Respiratory problems (dyspnea, cough)</td>
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<td>Gastro intestinal problems (constipation, nausea, vomiting, dry mouth, mucositis, diarrhoea)</td>
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<td>Delirium</td>
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<td>Wounds, ulcers, skin rash and skin lesions</td>
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<td>Insomnia</td>
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<tr>
<td><strong>Psychological / Emotional / Spiritual care needs:</strong></td>
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<tr>
<td>Psychological distress</td>
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<tr>
<td>Suffering of the relative and/or caregiver</td>
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<tr>
<td>Anxiety</td>
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</tbody>
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International Association for Hospice and Palliative Care. IAHPC List of Essential Practices in Palliative Care. Houston: IAHPC Press, 2012. The project description and process to develop the List is available in the IAHPC website in [www.hospicecare.com](http://www.hospicecare.com)
## IAHPC Essential practices

<table>
<thead>
<tr>
<th>Identify and evaluate - provide support and when possible, refer for diagnosis, treatment and solution measures for:</th>
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<tr>
<td><strong>Physical care needs:</strong></td>
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<td>Drowsiness or sedation</td>
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<td>Sweating</td>
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<td><strong>Psychological / Emotional / Spiritual care needs:</strong></td>
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<tr>
<td>Spiritual needs and existential distress</td>
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<td>Depression</td>
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<td>Family / caregivers grief and bereavement issues</td>
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## IAHPC Essential practices

### Other:

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<tr>
<th>Care Planning and Coordination issues:</th>
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<td>Identify the resources and support available and develop and implement a plan of care based on the patient's needs.</td>
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<tr>
<td>Provide care in the last days/weeks of life</td>
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<tr>
<td>Identify, evaluate and implement solutions to facilitate the availability and access to medications (with emphasis on opioids)</td>
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<tr>
<td>Identify the psychosocial / spiritual needs of self and other professionals involved in the care</td>
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<td>Communicate with patient, family and caregivers about diagnosis, prognosis*, condition, treatment, symptoms and their management, and last days/weeks care issues.</td>
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<tr>
<td>Identify and set priorities with patient and caregivers.</td>
</tr>
<tr>
<td>Provide information and guidance to patients and caregivers according to available resources. Sensitize other health care professionals and workers about palliative care.</td>
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Palliative care; an opportunity

Professional practise
- doing
- experience
- knowledge
- feelings
- expectations
- assumptions
- attitudes
- beliefs
- values

D Fish and C Coles 1998
Leng M. Changing value, challenging practice; IJPC Jan 2011
A tool to help implementation

- SMART objectives
  - Objectives – things we want to do or change
- S – Specific
- M – Measurable
- A – Achievable
- R – Realistic
- T – Timely
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When working as a team I add two more letters

- P – Person
- A – Accountable

SMART PA

That way things are more likely to get done.
The challenge

- We often get excited when we learn new things
- We leave a training course full of good ideas
- We make promises to ourselves to do things differently
- _but_
- nothing changes
The challenge

- Why does nothing change?
  - environment and systems
  - lack of leadership engagement
  - lack of practical mentorship
  - lack of clinical/work based support
  - lack of team work
  - does not seem relevant
  - ??????
Next steps....

- Resources are limited
  - work together
  - be creative
  - integrate with other services / people
  - look for dedicated people
    - ‘fire in the belly’….’heart of compassion’
  - tap into existing resources
  - persevere
Next steps....

A journey of a thousand miles begins with a single step

*Confucious*

Do small things with great love

*Mother Theresa*
These resources are developed as part of the THET multi-country project whose goal is to strengthen and integrate palliative care into national health systems through a public health primary care approach

- Acknowledgement given to Cairdeas International Palliative Care Trust and MPCU for their preparation and adaptation
- part of the teaching materials for the Palliative Care Toolkit training with modules as per the Training Manual
- can be used as basic PC presentations when facilitators are encouraged to adapt and make contextual