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Conference Abstract

Impact of a home-based social program in end of life care in the Basque Country: SAIATU Program

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Abstract

Introduction: SAIATU is a program of specially trained in-home social assistance and companionship, which provided support to end-of-life patients in Gipuzkoa, Spain. Collaboration with other palliative care resources is a key element of the program designed to ensure comprehensive care through specialized social support, facilitate in-home care and meet the wishes of patients who prefer to die at home and their families, alleviating pain and offering accompaniment and support in the care of physical symptoms, as well as emotional and social needs.

Objective: The objective of this study is to analyze whether a program of social intervention in palliative care (SAIATU) a) facilitates dying in the preferred setting b) reduces the utilization of healthcare resources and cost by end-of-life patients and c) promotes a shift towards a more community-based model of care.

Methodology: Retrospective observational cohort study on the intensity of care (resource use) provided to end-of-life patients & their families under the SAIATU program vs. traditional healthcare (primary care [PC] + specialized care [SC], with or without support from hospital-at-home [HaH] teams). Place of dying and caregivers' satisfaction were also analyzed. The study was conducted in 2012 in Gipuzkoa.

Results: The SAIATU group (n=35) shows a reduction, compared to PC+SC group (n=50) and PC+SC+HaD group (n=50) in the number of specialist outpatient appointments (2,34 vs 4,68 vs 4,30), emergency visits (1,03 vs 1,86 vs 1,40), hospital admissions (0,63 vs 1,82 vs 1,56) and Inpatient bed days (8,87 vs 19,17 vs 23,88). In the SAIATU group there is an increase in HaH programme days compared to PC+SC+HaD group (31,92 vs 21,39). The mean cost per activity

was significantly lower for the SAIATU than for the PC+SC group (6.719€ vs 15.326€) ($p < 0.001$). The difference between the costs related to the SAIATU with HaH group & the PC+SC+HaH group was not statistically significant ($p = 0.343$).

Furthermore, 92% of patients that have expressed preferences died where they preferred, 71,4% died at home vs. 28,6% in hospital outcomes. Family satisfaction was high (9,15 /10) and 92,3% would recommend the service.

Conclusions: This study shows that the coordination of social and healthcare services can reinforce the overall efficiency of both systems. The program is highly appreciated by families and relatives and responds to the expressed preferences of the terminally ill. SAIATU activated a community-based healthcare model reducing overall costs. Further research is essential, on a larger scale and on in a prospective basis, to build a more solid evidence base for these kind of programmes.

Keywords

palliative care, social support, end of life, healthcare resources
