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CONFERENCE ABSTRACT

Delivery of end of life care services in a public hospital clinic of internal medicine; A two year's review of obstacles, limitations and steps ahead, towards integration.

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Introduction

Given that end of life care is in a primitive stage in our country, whith the whole picture of healthcare services seriously fragmented, the purpose of the present study was to review the obstacles and limitations along with an evaluation of possible progress achieved, towards integration of this kind of care.

Theory/Methods

The research was carried out in a semi autonomous 33 bed capacity public hospital clinic of internal medicine, located in the centre of a capital city. Administrative data (e.g. type of admission, length of stay, reason of discharge) concerning patients with a diagnoses of end stage cancer, hospitalized during 2017 and 2018, were analyzed anonymously by excel and spss, and in total accordance with current legislation derived from GDPR.

Results

About 110 new cases of end stage cancer patients are admitted every year, forming the 90% of the whole number of hospitalized patients (vs. 61% for the year 2015). The procedure of admittance includes a specifically designed application form, containing crucial information about the patient's medical status, accompinied by an affirmation of no further possible therapeutic interventions(prerequisite). 50% of patients admitted, come from various specialist oncology centers, 45% are transferred from tertiary hospitals' oncology departments, with only 3-5 cases deriving directly from homecare environment. Given the fact that the clinic does not form part of a general hospital, resulting in a consequent absence of various medical specialties, a series of cooperation with beside public hospitals has been ensured, in order to fulfill certain needs, e.g. about 90 blood transfusions, 40 minor surgical interventions, assessments from e.g. psychiatrist, dermatologist, orthopedic, per year.

Discussion

Despite the tremendously increased demand for hospitalizing end stage patients, the clinic's transformation into a palliative/end of life care unit remains unofficial, mostly due to the poorly defined relevant national framework. Certain initiatives launched from the clinic itself during last 3 years, e.g. transparency in procedure of admittance through specific application form, collaboration with other medical specialties, multidisciplinary evaluation team for appropriateness of admittance requests, have facilitated the continuity of care, and

decreased the overall time for admittance procedure's completion. However, the vast majority of cases deriving from hospitals' departments, means that an important lack of interconnection with other levels of care (e.g. primary care, homecare), does exist. Furthermore, a significant number of applications are being rejected every year (25% in 2017 vs. 11% in 2018) since they refer to rehabilitation care cases, concluding that the conditions/ purpose of palliative care continues being unclear even for healthcare professionals.

Conclusions

Although, important steps have to be made towards a seamless end of life care framework, a strong willingness to improve parameters relevant to access, quality, user's satisfaction and efficiency has been showed. Any increase of institution's extroversion, essential support from other medical specialties at a permanent base, plus focused education of the existing personnel, are expected to provide tangible improvements in the immediate future.

Suggestions for future research

An appropriate communication of a SWOT analysis' results to health policy authorities is hoped to enhance institution's efficiency