



Complex Baseline Data from Documentary Analysis of 100 Records of Palliative Day Care Patients

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Background

People living with advanced diseases report palliative day care (PDC) to be a positive experience (Kernohan et al, 2006), find benefit in engaging with others and tend to feel supported (Hyde et al, 2011).

In our centre, PDC is provided for up to 15 patients per day, three days a week, 10am -2pm. Most patients are referred via their community hospice nurse specialists & attend once a week.

This innovative outpatient service incorporates diverse interventions provided by nurses, doctors, allied health and social care professionals (Jones et al, 2012) include initial assessment and review, symptom management, psychological support, creative therapy and referral to other services. PDC also provides carer respite.

Aim

To better understand the model of palliative day care provided by a regional hospice.

Methods

A descriptive design was used, incorporating quantitative analysis of completely anonymised records of 100 patients, referred for weekly PDC during 2012. Excel and SPSS software packages were used to analyse the collated quantitative data and track the patterns of the uptake of palliative day care service provision by the sample patients.

Conclusions

In spite of commonly held belief, PDC is more than a venue for social support of patients and carers. A range of holistic interventions take place to meet the complex needs of patients. Complexity is at the heart of a therapeutic model of care, with many physical, psychological, social and spiritual care interventions for patients. Carers' needs are also considered. Further work is needed to establish the cost effectiveness of the service.

References

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Findings:

Over half of the patients (56) were female and were mainly aged (42) over 60. Of the male (44) patients, most (38) was aged over 60 years.

The service was led by nursing staff, who liaised with patients' families, primary and secondary health care professionals regarding generic as well as specialist care.

Most patients (n=86) had malignant conditions, with lung, (31) gastro intestinal (21) and breast (9) cancers as the most common. Of the 14 patients with non malignant conditions, COPD (8) was the most prevalent.

All patients received an initial holistic assessment by nursing staff with many physical and psychological care interventions provided by the PDC multi disciplinary team (6,671). The most common physical interventions, recorded per patient, aimed to address symptoms of dyspnoea (42), mobility difficulties (52) and pain (47). These included oxygen therapy (31), administration (32) and review of medications (50), and nursing care and observations for 76 patients.

Other interventions included medical interventions (69) physiotherapy (63) Occupational therapy (74), social work (42), complementary (34) and creative (74) therapies. Almost all (94) patients received psychological support. Co-morbidities and their symptoms were also addressed as they can impact on the quality of life of patients, as much as their primary diagnosis.