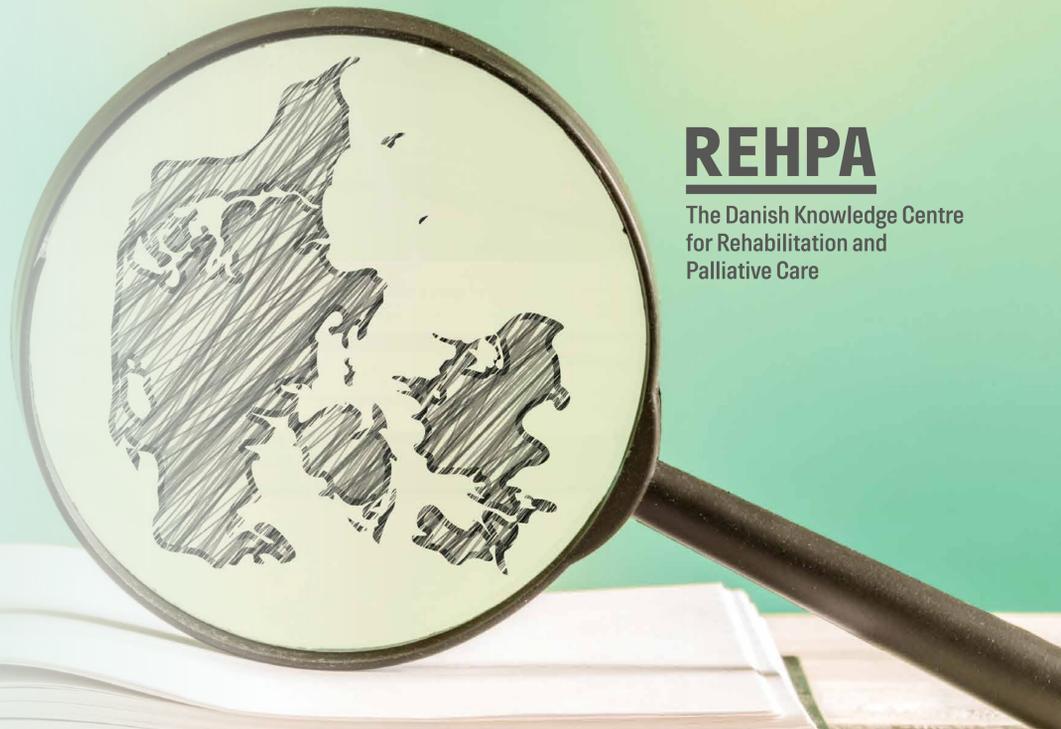


Developing community palliative care services - an evaluation of four Danish municipalities

REHPA

The Danish Knowledge Centre for Rehabilitation and Palliative Care



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EVALUATION QUESTIONS

- Did the four municipalities increase the number of home deaths?
- What were the families' and professionals' experiences of the developments?

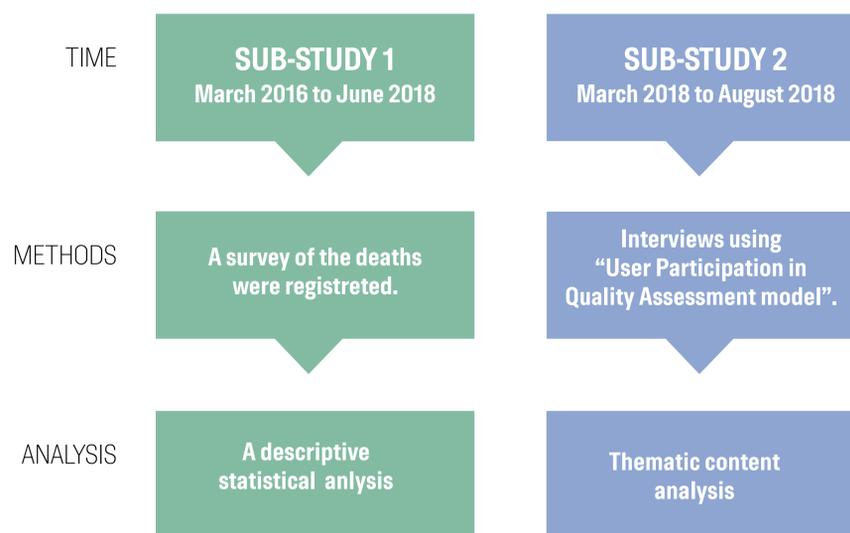
BACKGROUND

The development of community palliative care (PC) may take different approaches. We present results from an evaluation of four municipalities' different approaches supporting death at home among people with life-threatening diseases. These approaches included:

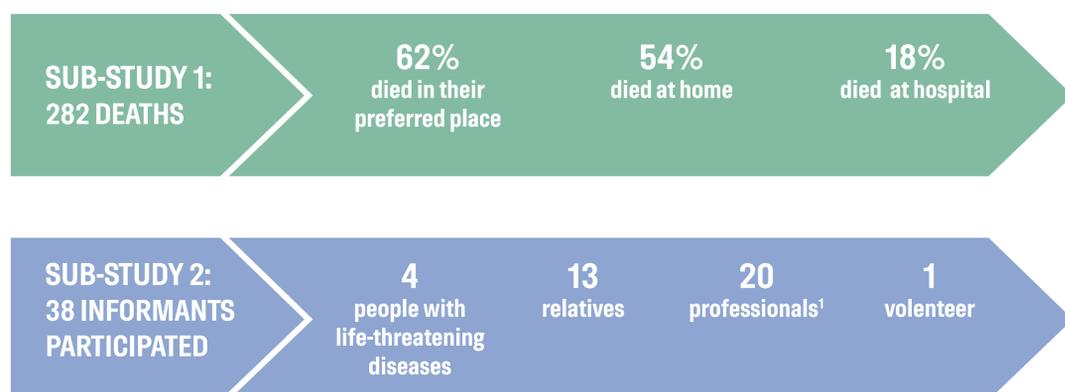
- Guidelines for PC discussions (PCD) with families including wishes on place of care and death
- Tools to identify and assess PC needs (e.g. SPICT, EORTC-QLQ-C15-PAL, ESAS)
- Developing inter-disciplinary and inter-service collaboration
- Competency development for professionals

DESIGN

A mix-methods design was used and consisted of two sub-studies.



RESULTS



- Discussions on preferred place of death were documented in 51% of cases, with relatives being present 78% of the time.
- For the family, discussions about place of care and death were a family matter.
- The professionals found it difficult to initiate PCD, including talking about place of care and death.
- The professionals found the PCD guidelines and tools to identify and assess the patients' PC needs helped to initiate and legitimize PCD.
- A family contact nurse and a PC plan could initiate continuous PCD.

CONCLUSIONS

Data from the Death Cause Register showed that 46% of all deaths in the four municipalities happened at home, in comparison with 54% in our evaluation. According to the informants the number of home deaths might have been supported by the PCD guidelines and tools.

¹ 11 nurses, 4 social and health assistants, 2 physiotherapists, 1 occupational therapist, 2 general practitioners.

The authors have no conflicts of interests

