

POSTER Optimizing home-based palliative care as a good practice to meet patients and families' needs

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Background: Palliative care respond to patient and their family needs and preferences when facing a life-threatening disease, within a scientific approach, skills and abilities that promotes more people to live well and die well in the place and in the manner of their choosing. This requires a truly human and holistic assessment to prevent and relief their suffering, control symptoms, support patients and caregivers. Currently the changes occurring to population's profile, with an increasing reports in elderly's physical dependency, changing in economic and social status, and with more than 50% of people reporting to prefer to die at home, leads to the most vital challenge in health care services, providing good community home-based palliative care. The study aims to demonstrate the importance of developing tools to assess palliative care needs in order to support more people to cope well at home and improving the quality of palliative care provided in the community.

Material and Methods: Develop and apply a tool to patients over 18 years and their families/caregivers suffering from cancer or non-cancer diseases using some variables based on information available in two databases, the Portuguese Institute of Statistics and the Contemporary Portugal and also, in the Model to Guide Patient and Family Care: Based on National Accepted Principles and Norms of Practice. It also includes the FACIT-Sp version-12 to assess the Spiritual well-being, and FACIT-Pal, to assess quality of life – permits issued by FACIT Measurement System – and, the Barthel Index, to evaluate the degree of functional dependency and mobility. Eight home-based palliative care experts (with over four years of experience in the palliative care field and advanced education) were consulted to evaluate and amend this palliative care needs assessment tool produced, for the purpose of this study, by answering a questionnaire with 6 close questions and 1 open question, allowing face and content validation.

Results: The experts consulted had a median of 33 years of age (30–45) and an interquartile-range (IQR) of 9 and also a median of 9.50 years (4–20) of professional experience in the palliative care field with an IQR of 8.25. All participants were working in home-based palliative care, 75% have a Master degree Course in Palliative Care. The evaluation of the 10 items showed an adequacy mean of 87.5%, a global agreement of 84.6% and an overall adequacy of 87.5%.

Conclusions: We observed that the instrument designed for the study has adequate features to be use in this specific population in order to assess cancer or non-cancer patient's palliative care needs. From the expert's answers can be inferred that the tool produced responds satisfactorily to the study's aim. Conflict of interest: Advisory Board: R.A. de Mello – Pfizer advisory board consultant. Other Substantive Relationships: R.A. de Mello is an ESMO YOC member.