

063: DEVELOPING A COMMON CROSS-SECTORIAL CLINICAL CARE PATHWAY FOR TERMINAL CANCER PATIENTS PREDOMINANTLY CARED FOR AND DYING AT HOME

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Objective:

To develop an integrated care pathway governing care by general practitioners, municipality nurses, and local hospitals alike to improve quality of care and of life for terminal cancer patients in home care.

Methods:

As part of an accreditation project including the entire somatic hospital sector, nine general practices and the health care sector of one municipality in the County of Southern Jutland (255,000 inhabitants), care pathways were developed to follow certain patient categories across the three sectors.

We describe the care pathway for terminal cancer patients wishing to die in their homes, as it involves both the home care nurses and the general practitioners (GPs) and relieves the local hospital.

Shared care is applied for cancer patients with a life expectancy not exceeding six months, who are discharged from hospital to continued care in their own home or judged by their own GP to be beyond the reach of curative treatment.

A flexible extensive care, observation, and symptom-relief service is provided in cooperation between the GP, the municipality's nursing staff and the local hospital. This service includes a planning meeting between patient, relatives/carers, hospital staff, home nurse, and GP. Communication is secured by an immediate discharge note to own GP from the hospital and by separate Care Pathway Case Notes which the patients carry with them, and which are used in all contacts within the healthcare system, hospitals included. Paid care leave for a relative is offered. Respite care at the local hospital is provided as indicated. These patients will simultaneously qualify for full medicine subsidy (incl. over-the-counter medicine) prescribed or recommended by the doctor. Special aids and appliances are provided by the hospital and/or the home care service.

A panel comprising GPs, municipality nurses, hospital nurses and a representative from The Danish Cancer Society have defined a set of evaluation criteria, among which six criteria were chosen for application in this context.

The Quality of Life Questionnaire of the European Organization for Research and Treatment of Cancer (EORTC QLQ-30) is used to involve the patients and their relatives/carers in the project, but also by patients, relatives/carers, GPs, home care nurses and the social service of a neighbouring municipality to serve as a control group.

This pilot project forms part of the countywide KISS (Danish Acronym for "Quality in the Southern Jutland Healthcare System")-project to result in internationally acknowledged accreditation by The Health Quality Service (HQS) of the United Kingdom. After termination of the pilot period the care pathway is intended for implementation across the entire county.

Results

- So far (February 2003) this pioneering care pathway project has not demonstrated any differences in the patients' scores on the EORTC-questionnaire between the project group (8 patients) and the control group (4 patients).
- Communication across sector interfaces has been a major problem in 3 cases.

Conclusions:

- The integrated care pathway medical journal should be on paper but electronically based to allow access and updating by participants from all three sectors.
- Patient Rights legislation is counterproductive to rapid communication across the sector interfaces.
- Nurses demonstrate more engagement in the project than do the doctors.
- Patients and relatives easily accept the EORTC-questionnaire.

- The project has proved feasible, but more patients need to be included to establish whether application of the integrated care pathway will yield any benefit to the patients' quality of life. Wider implementation in the county will provide these.