

Original Article

Assessment of Reasons for Referral and Activities of Hospital Palliative Care Teams Using a Standard Format: A Multicenter 1000 Case Description

Tomoyo Sasahara, RN, PhD, Akiko Watakabe, RN, MSN, Etsuko Aruga, MD, PhD, Koji Fujimoto, RN, Kenjiro Higashi, MD, Ko Hisahara, BPharm, Natsuki Hori, MD, PhD, Masayuki Ikenaga, MD, Tomoko Izawa, RN, MSN, Yoshiaki Kanai, MD, Hiroya Kinoshita, MD, Makoto Kobayakawa, MD, PhD, Koichiro Kobayashi, MD, PhD, Hiroyuki Kohara, MD, PhD, Miki Namba, RN, MSN, Natsuko Nozaki-Taguchi, MD, Iwao Osaka, MD, Mari Saito, MD, PhD, Ryuichi Sekine, MD, Takuya Shinjo, MD, Akihiko Suga, MD, Yuko Tokuno, RN, MSN, Ryo Yamamoto, MD, Kinomi Yomiya, MD, and Tatsuya Morita, MD

Division of Health Innovation and Nursing (To.S.), Faculty of Medicine, University of Tsukuba, Ibaraki; Saito-Yukokai Hospital (A.W.), Osaka; Department of Palliative Medicine (E.A.), Teikyo University School of Medicine, Tokyo; Palliative Care Team (K.F.), Seirei Mikatahara General Hospital, Shizuoka; Tsukuba Medical Center Hospital (Ke.H.), Ibaraki; Department of Palliative Care (Ko.H.), Teine Keijinkai Hospital, Hokkaido; Palliative Care Unit (N.H.), NTT Medical Center Tokyo, Tokyo; Children's Hospice Hospital (M.I.), Yodogawa Christian Hospital, Osaka; Kyoto University Hospital (T.I.), Kyoto; Niizashiki Central General Hospital (Y.K.), Saitama; Department of Palliative Medicine (Hiroya.K.), National Cancer Center Hospital, East, Chiba; Palliative Care Team (M.K.), Hiroshima University Hospital, Hiroshima; Department of Chest Surgery (K.K.), Toyama Red Cross Hospital, Toyama; Department of Palliative Care (Hiroyuki.K.), Hiroshima Prefectural Hospital, Hiroshima; Department of Anesthesiology and Palliative Medicine (N.N.-T.), Chiba University Hospital, Chiba; Division of Palliative Medicine (I.O.), Shizuoka Cancer Center Hospital, Shizuoka; Division of Chemotherapy and Palliative Care (M.S.), Yokohama City University Medical Center, Kanagawa; Kameda Medical Center (R.S.), Chiba; Palliative Care Unit (Ta.S.), Shakaihoken Kobe Central Hospital, Hyogo; Department of Palliative Medicine (A.S.), Shizuoka Saiseikai General Hospital, Shizuoka; Matsuyama Red Cross Hospital (Y.T.), Ehime; Department of General Internal Medicine (R.Y.), Saku Central Hospital, Nagano; Department of Palliative Care (K.Y.), Saitama Cancer Center, Saitama; and Department of Palliative and Supportive Care (T.M.), Palliative Care Team and Seirei Hospice, Seirei Mikatahara General Hospital, Shizuoka, Japan

Address correspondence to: Tomoyo Sasahara, RN, PhD, Division of Health Innovation and Nursing, Faculty of Medicine, University of Tsukuba, Ibaraki,

Ten-nodai, Tsukuba 305-8575, Japan. E-mail: tsasahara@md.tsukuba.ac.jp

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Abstract

Context. The many benefits of hospital palliative care teams (PCTs) are well known. However, their specific activities have not been fully clarified, and no standardized methods for reporting PCT activities are available.

Objectives. The aim of this study was to investigate, through the use of a standard format, the activities performed by hospital PCTs in Japan.

Methods. This was a prospective observational study. A total of 21 hospital PCTs were included in this study, and each recruited approximately 50 consecutively referred patients. Participating PCTs filled in a standard form for reporting activities.

Results. We obtained data from 1055 patients who were referred to PCTs. Of the 1055 patients, 1005 patients (95%) had cancer. The median number of reasons for referral and problems identified by PCTs was two (0–22) and four (0–18), respectively. The two major reasons for referral were pain (63%) and anxiety/depression/grief/emotional burden (22%). The major recommendations were pharmacological treatment (74%), care for the patient's physical symptoms (49%), and support for patient's decision making (38%). The major activities performed by the PCTs were comprehensive assessment (90%), care for the patient's physical symptoms (77%), and pharmacological treatment (74%).

Conclusion. The components of hospital PCT activities were successfully measured using the Standard Format for Reporting Hospital PCT Activity. The results of this study and the format for reporting hospital PCT activity could be effective in improving hospital PCT practice and for the education of new hospital PCT members. *J Pain Symptom Manage* 2014;47:579–587. © 2014 U.S. Cancer Pain Relief Committee. Published by Elsevier Inc. All rights reserved.

Key Words

Palliative care, hospital palliative care team, consultation, activity, multicenter study

Introduction

Since the Cancer Control Act was introduced in 2006 to improve the quality of life of patients with cancer in Japan, palliative care has been accredited as an essential part of cancer services, and access to hospital palliative care teams (PCTs) has been required in all designated cancer hospitals. The number of designated cancer hospitals is now 388. Hospital PCT services are one of the most common specialized palliative care services worldwide,^{1,2} which provide palliative care in the early course of disease and increase patient quality of life.

Many benefits of hospital PCTs have been reported and include symptom improvement,^{3–6} improved insight of patients into their disease,⁷ patient and staff satisfaction, and cost reduction.^{8,9} Intervention by hospital PCTs is complex, but their specific activities are not well described. Therefore, it is also unclear what components of interventions are the most beneficial.

Complex interventions need to be described fully,¹⁰ and by doing so, the intervention can be reproduced and compared between sites or countries. Kuin et al.¹¹ prospectively investigated 2040 consultations from 19 community PCTs and examined the components of those consultations. The results showed that the most frequently discussed topics during consultation were pain, choice of pharmacological treatment, and constipation. Jacobsen et al.¹² examined 67 patients with lung cancer in palliative care outpatient consultations and determined that the greatest amount of time in the initial consultation was spent addressing symptom management, patient and family coping, and understanding of the illness. These findings provide valuable insights to understanding the activities of hospital PCTs, but the components of the intervention and the respective proportions would vary between inpatient palliative care consultations and the outpatients/community because patient conditions are

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