Strategic Objective 2:- Integrate palliative care services at the all levels of care: tertiary, secondary, primary and community level

Facilitate the effective integration of specialist palliative care and palliative care services across all levels of service settings,

namely at tertiary, secondary, primary and at community level.

2.1 Palliative Care Consult Services at the tertiary and secondary care level

In general Specialist palliative care services should be undertaken by a professional palliative care team with recognized qualifications. The role of specialist palliative care services includes providing consultation services to support, advise, educate and mentor specialist and non-specialist teams to provide palliative care including end-of-life care or to provide direct care to people with complex palliative care needs.

These services can be developed in a phased out manner according to the need, institutional preparedness to develop the services and availability of human resources at the tertiary & secondary care.

Director or the Medical Superintendent of the hospital should coordinate with all stakeholders when commencing the formal palliative care services at the hospital.

Human Resource

A team of healthcare providers would form the Palliative Care Consult Service (PCCS), who should work to develop and implement a plan of care. This interdisciplinary team would consist of the following.

(i) Consultant - Team leader

Consultant Physician in Palliative Medicine will be the team leader of the palliative care service. Until such Consultants are available, any other specialist board certified in the PGIM as a specialist and serving in the relevant hospital can be appointed as the team leader.

Every patient that qualifies for palliative care must be identified only by a referral from specialist consultant in the relevant field and the name of referring consultant should be mentioned in the registration. Referring consultants at the hospital will need to liaise with the team leader of the Palliative Care Consult Service (PCCS), for arranging the optimal palliative care for the patients. The referring consultant may work in partnership with the PCCS team leader or may hand over the entire patient care to the team leader. When a cancer patient is referred to the PCCS, a Consultant oncologist should always be included in the palliative care team for the discussions & planning follow up care.

(ii) Medical Officers
At least one Medical Officer needs to be available on a full time basis under the supervision of the PCCS team leader. When medical officers with post graduate diploma in palliative medicine are available in the hospital those medical officers should be appointed.

(iii) Nursing Officers
When nursing officers with post basic certification in palliative nursing are available in the hospital those officers should be appointed to the PCCS. Until then, experienced and committed nursing officers having trained on the basics of palliative care can be appointed.
At least one nursing officer should be available on a full-time basis for PCCS

(iv) Social Service Officer – After communicating with the district social services officer, services of a social services officer can be arranged.
These Social service officers need training in the basic concepts of palliative care and the role of the social worker in palliative care

(v) Counsellor – If a medical officer or a nursing officer specially trained on counseling is available in the hospital, needs to be appointed to the PCCS. Also the services of hospital mental health team can be arranged.

(vI) Pharmacist – One of the hospital pharmacists should be part of the PCCS team

(vii) Health Care Assistants – Male & Female

In addition to above mentioned officers, physiotherapists, speech therapists, occupational therapists, psychologists, nutritionist etc. are ideally needed for optimal service delivery (Establishing extended 'Palliative care team').
Space & Equipment
Space for consultations for consultant, medical officers & nursing officers shoul be available.
A family consultation room should also be available.

Equipment
1 desktop computer, printer, portable hard disk,
Filing cabinets
Telephone, fax and internet services

Necessary medicines & equipment for patient management
Essential medicines- for symptom management

Equipments for patient care - Wheelchair, home oxygen, folding beds, air mattresses, nebulizers, syringe pumps, sub cutaneous cannula etc

Services

1. Outpatient clinic sessions

Initially at least one clinic session per week should be conducted, subsequently increasing the number of sessions per week based on the number of patients and other needs. In addition to the formal referrals from other units of the hospital, services should be provided for follow up palliative patients and other patients directly presenting from the community with unmet needs of palliative care.

2. Palliative care in-patient consult service

This consult service should receive and accept referrals from any unit of the hospital. The patient remains under the care and in the ward of the referring consultant. The palliative care team should visit each patient and provide advice and inputs on a daily basis or as needed.

3. Linking with palliative care services at primary care

The goals and the role of the primary care units for each palliative care patient will be identified in the shared care plan developed by the PCCS. This plan should be communicated to the respective primary care setting (Divisional Hospitals/Primary Medical Care Units/General Practitioners) using a common standard format developed for the purpose.

4. Linking up with hospices

PCCS should develop close collaboration with government, non government & private hospices for the provision of coordinated palliative care services. Necessary technical guidance & clinical supervision including training of hospice staff should be arranged by the closest PCCS.

5. Coordination with other government & non-government institutions

PCCS should coordinate with social service officers attached to the District /Divisional Secretariat Offices, Non-governmental organizations etc to coordinate extended holistic care.

All care givers should be educated and empowered by regular multi disciplinary team (MDT) meetings and family discussions.

If the patient or the family members feel that they need any other specialist care or other alternate care, they should have the freedom to do so respecting the patient centered care.

An identification system for fast tract of services in the hospital as well as other public institutions should be developed to prevent palliative care patients waiting in the queues.

2.2 Palliative care services at hospices

Hospice is a designated place where supportive care is provided for the palliative care patients. The focus of hospice care is provision of comfort & quality of life to palliative care patients without suffering of pain and other symptoms rather than cure.

Following services can be provided at the hospices

1. Residential care facilities for palliative care patients
2. Day care facilities for palliative care patients
3. Training of care givers
4. Training of health care staff on palliative care

Human resources of hospices should be carefully identified. Ideally, there should be a permanent staff including medical, nursing and other supportive care, in addition to any voluntary staff. Regular in service training should be arranged for the staff. It is necessary to conduct regular clinical audit in order to improve the services of hospice care.

Hospices also should develop direct communication links with palliative care consult services from which patients are referred to the hospice**.**

2.3 Palliative care services at the Primary Medical Care Institutions (PMCI)

In the delivery of palliative care for patients, the Primary Medical Care Institutions have a larger responsibility.

The patients are usually referred by the Palliative Care Consult Service along with a shared care plan. Those patients are registered at the primary medical care institutions (Divisional hospitals & Primary medical care units) as part of the shared care plan. If necessary, these patients can be referred back for complex care.

In addition, patients who need palliative care services but with unmet needs can be presented to the PMCI or may be identified by the Public Health Nursing Officer attached to the PMCI during their field visits. Those patients also should be registered at the PMCI and may be referred to the Palliative Care Consult Services for the development of shared care plan.

The services at primary care should be linked with the patient's General Practitioner, local MOH office, local religious leaders, community based organizations & volunteers etc according to the need and wishes of the patient.
All the staff, especially Medical Officers and Nursing Officers at the PMCI should receive formal training on palliative care. The head of the PMCI should ensure that 'Guidelines on Palliative Care at Primary Care Level for Medical Officers and Nursing Officers' are available at the institution for reference.

2.4 Palliative care services by the General Practitioners
Some palliative care patients and their care givers may prefer to receive palliative care services coordinated by their full time or part-time general practitioner. Then the goal of care and the shared care plan developed by the PCCS should be communicated with the General Practitioner.

In such an event, it is necessary that the General Practitioner communicates with the PCCS according to the needs of palliative care patient. The General Practitioner should also communicate with closest PMCI, MOH Office etc. for arranging necessary care for the patient and care giver.

Standard formal training should be given to all the General Practitioners on caring of palliative patients.

2.5 Palliative care services by the Medical Officer of Health (MOH) Office
Since Medical Officer of Health (MOH) staff closely working with the community, information on unmet need of palliative care patients may be initially identified by the MOH office staff. Therefore MOH office needs to coordinate with closest primary medical care institute to arrange palliative care services for such patients. As well as MOH office can coordinate with social services officer & counseling officer attached to the divisional secretariat, nongovernmental organizations (NGO), religious based organizations and other community based organizations to arrange supportive care.

2.6 Palliative care services at the home-based level
Home-based palliative care must be guided by the Primary Medical Care Institution where the patient is registered or with the patient's General Practitioner, as a part of shared care plan of the palliative care consult service. This service should be linked up with the primary care medical institutions and the secondary care hospital for specified advanced care if needed.

With the appointment of Public Health Nursing Officer, delivery of home-based palliative care can be initiated and linked with the closest primary medical care institution. Until then existing initiatives mainly coordinated by the hospitals and

non-governmental organizations (NGO) should support to look after the patients with palliative care needs.

Regular audits as well as feedback of the patients and public are recommended to improve the service delivery.