



“Galilee” Palliative Care Centre Innovations in Chronic Diseases’ Service Provision

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Over



Palliative Care . The Holistic Model of Care

Palliative Care Service Provision

*Interdisciplinary Team (IDT), IDT meetings, Electronic Health Record,
Patient Reported Outcome Measures (PROMs)*

“Galilee” PCC, Performance and Quality Indicators

IMPROVING ACCESS TO PALLIATIVE CARE

WHAT IS PALLIATIVE CARE ?

It is care for patients with life-threatening illnesses & their families

It can be given in homes, health centres, hospitals and hospices

It improves quality of life

It benefits health systems by reducing unnecessary hospital admissions

It relieves physical, psychosocial & spiritual suffering

It can be done by many types of health professionals & volunteers



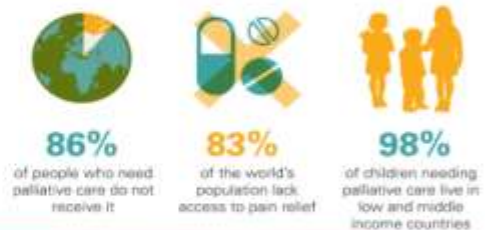
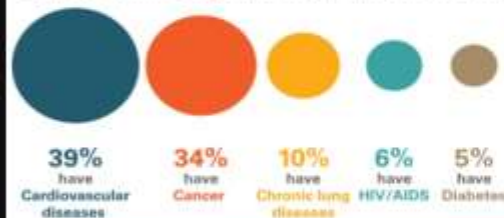
WHEN IS PALLIATIVE CARE NEEDED ?



WHO NEEDS IT ?

WHAT ARE THE GAPS ?

Of the 40 million people who need palliative care each year:



WHAT ARE THE BARRIERS ?



Poor public awareness of how palliative care can help



Cultural & social barriers, such as beliefs about pain and dying



Insufficient skills and capacities of health workers



Overly restrictive regulations for opioid pain relief

WHAT CAN COUNTRIES DO?

Implement the 2014 World Health Assembly Resolution 67.19 on palliative care, by:

INTEGRATING PALLIATIVE CARE INTO NATIONAL HEALTH POLICIES



Revise laws & processes to improve access to opioid pain relief



Include palliative care in the training for health workers

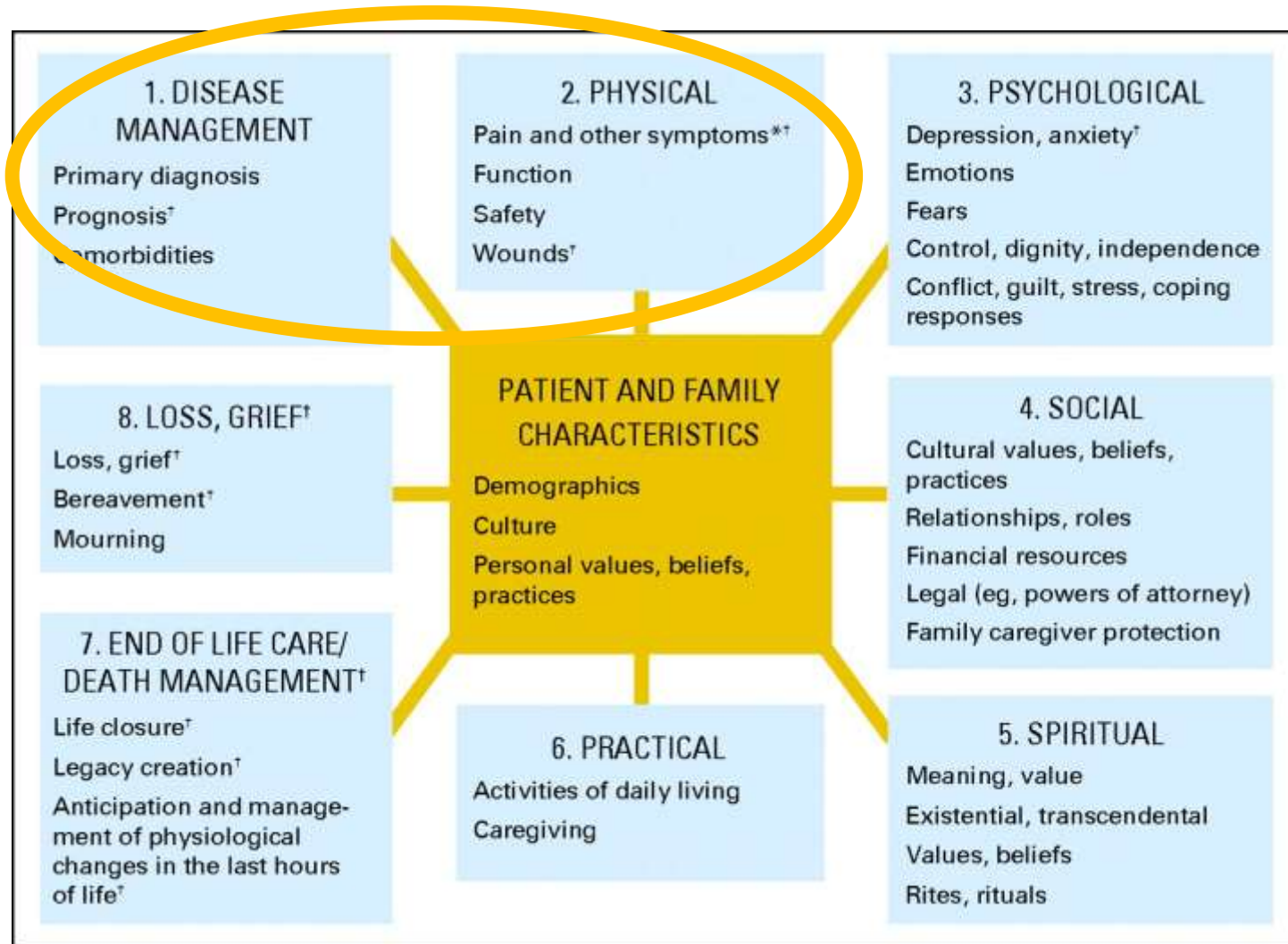


Provide palliative care services, including through primary health care centres and homes

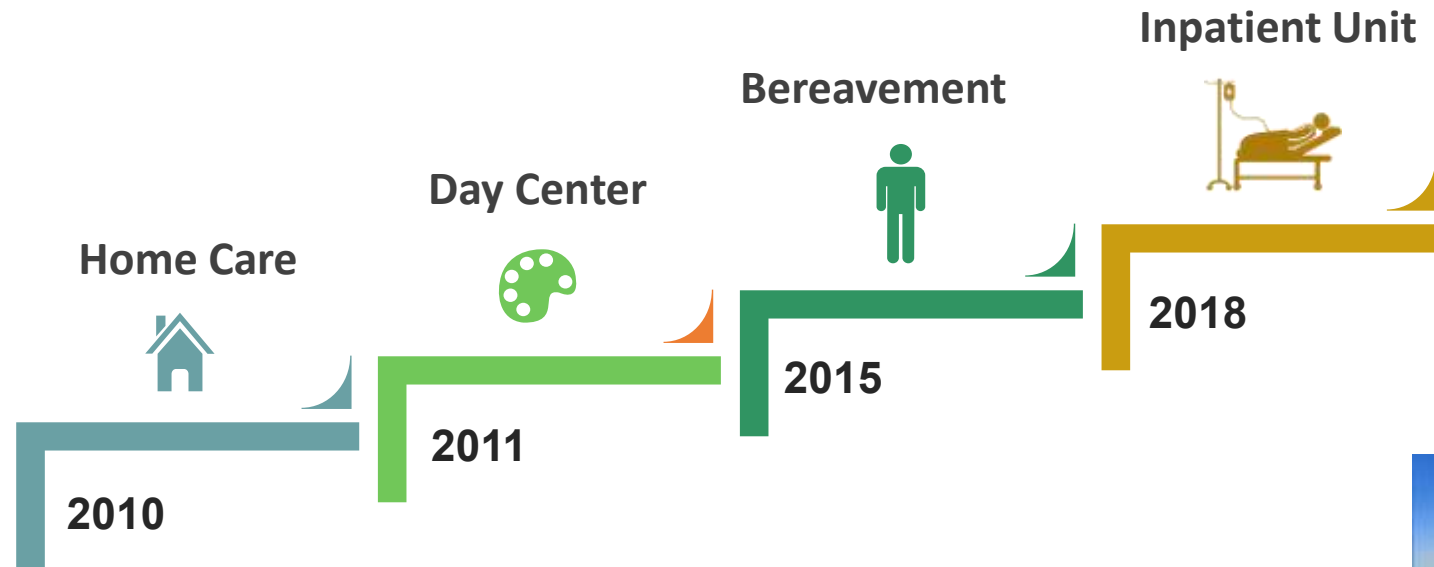
WHO Definition of Palliative Care

Palliative care is an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual. Palliative care:

The Holistic Model of Palliative Care



Galilee Palliative Care Center : The Settings



Area of Home Care Services
300,000 inhabitants in the winter
1.100,000 inhabitants in the summer
50km max distance radius

Services are Free of Charge
Cancer and ALS patients
20% -26% Organic Failures
24/7



Area of Inpatient Unit Services
3,800,000 inhabitants

Human Resources – The Interdisciplinary Team

Interdisciplinary team of: 3 doctors, 18 nurses, 2 aid nurses, 3 social workers, 2 psychologist, 3 physiotherapists, 1 occupational therapist, 3 priests
7 administration staff and 5 in the supportive team (47 members)



7 Member Senior
Management Team

More than 100 trained volunteers are engaged in a great number of activities (Day Center, Bereavement, Secretariate, Transfers, Funding & Education Events etc.)

It is estimated that their time adds up to that of 8 more full time staff members

Interdisciplinary Team meetings are a key element of Palliative Care provision

They offer the opportunity for coordination of the multiple complex patient/carer needs

They provide a platform for team development and support

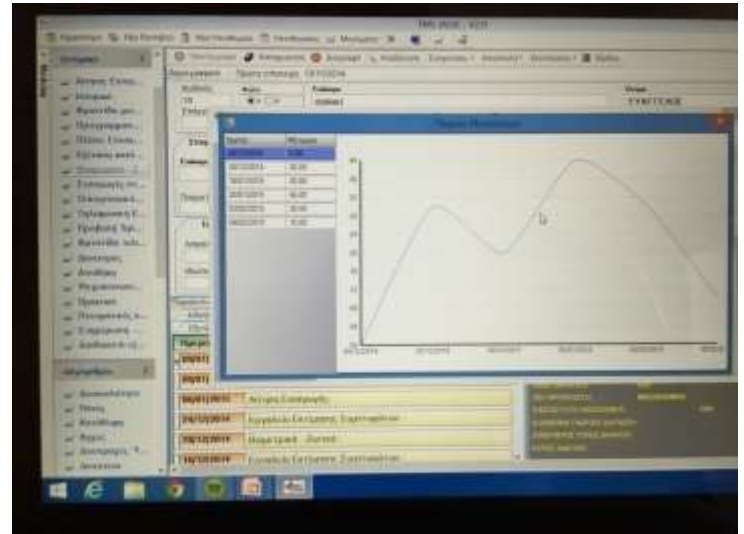
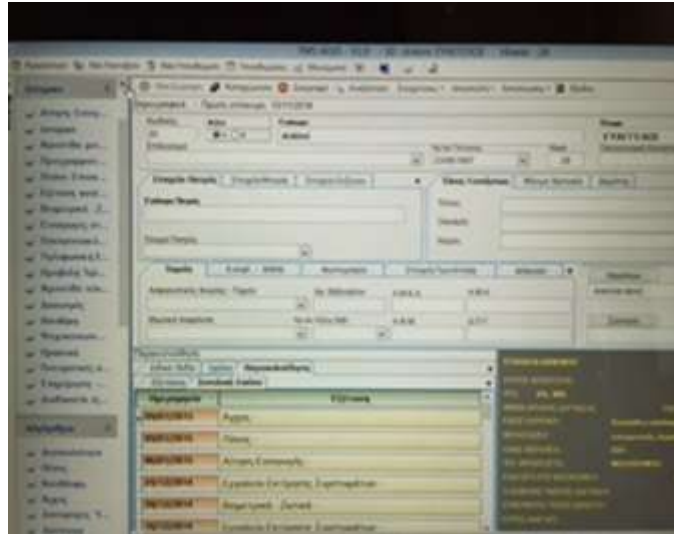
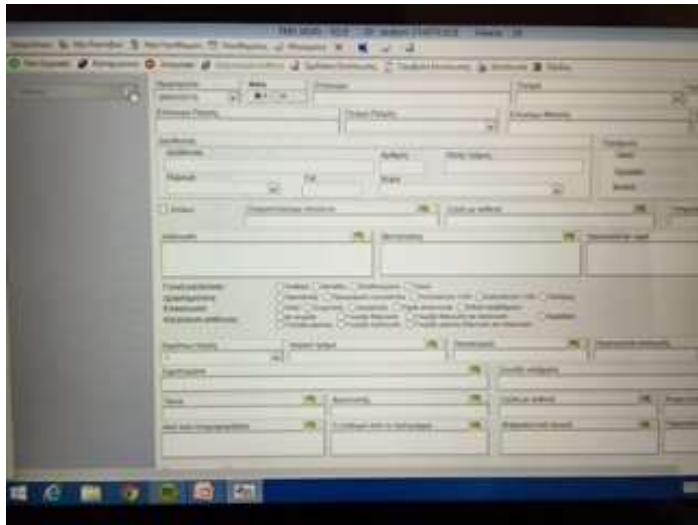
Interdisciplinary Team Meetings - Context

- Presentation of new admissions and team allocation
- Presentation of deaths/discharges
- Presentation of hospital admissions
- Discussion on complex cases and ethical dilemmas

- Sharing emotions/ psychological support
- Enhancing team knowledge and experience

Galilee Palliative Care Center

Documentation of Data



PPS:	30%	Γενική Κατάσταση	Σταθερή	ΦΡΟΝΤΙΔΑ	Μέτρια
ΗΜΕΡΙΑ ΑΡΧΙΚΗΣ ΕΚΤΙΜΗΣΗΣ	7/4/2023 12:22:32 μμ				
ΕΙΔΟΣ ΚΑΡΚΙΝΟΥ:	CA ΧΟΛΗΦΟΡΟΥ (02/04/2023)				
ΜΕΤΑΣΤΑΣΕΙΣ:					
ΚΑΝΕΙ ΘΕΡΑΠΕΙΑ:	ΟΧΙ				
ΠΟΥ ΦΡΟΝΤΙΖΕΤΑΙ:	ΚΟΕ				
ΕΙΣΑΓΩΓΗ ΣΤΟ ΝΟΣΟΚΟΜΕΙΟ:	ΟΧΙ				
Ο ΑΣΘΕΝΗΣ ΓΝΩΡΙΖΕΙ ΔΙΑΓΝΩΣΗ:	ΝΑΙ				
ΕΠΙΘΥΜΗΤΟΣ ΤΟΠΟΣ ΘΑΝΑΤΟΥ:	ΣΠΙΤΙ				
ΚΥΡΙΕΣ ΑΝΑΓΚΕΣ:					
ΕΙΔΙΚΑ ΘΕΜΑΤΑ:					
ΑΝΟΙΚΤΟΙ ΛΟΓΟΤΥΠΟΙ:	Δείκτης Πόνου c, Έλλειψη αυτοπροστίδας, Δύσπνοια, Άλλο ΓΑΣΤΡΟΕΙΣΦΑΓΙΓΗ ΠΑΛΙΝΔΡΟΜΗ, Άλλο ΑΔΥΝΑΜΙΑ/ΜΕΛΛΕΝΗ ΕΝΕΡΓ				

Outcome Measures in Daily Clinical Practice

Palliative Phase of Illness (<https://www.uow.edu.au/ahsri/pcoc/palliative-care/assessment-forms>)

Integrated Palliative Outcome Score – IPOS (<https://pos-pal.org/maix/ipos-translations.php>)

Palliative Performance Scale - PPS (*Anderson F et al J Palliat Med 1996*)

Παρακαλώ συμπληρώστε με καθαρά χέρια. Τοποθετείται ένα χρώμα ή ταινία σε κάθε κελί.

Το Όνομα του ασθενούς: _____ IPOS-Για το προσωπικό

Το αριθμό παρόντων ασθενών: _____

Ημερομηνία (ΗΜΕΡΑ/ΜΗΝ/ΕΤΟΣ): _____

Κ1. Πόσο φροντίζετε τα προβλήματα του ασθενούς, με τίς μέγιστες 3 ημέρες:

1. _____

2. _____

3. _____

Κ2. Παρακαλώ επιλέξτε (σε κύκλο) πιο appropriate καλύτερο από κάθε ένα από τα παρακάτω επίπεδα του ασθενή, με τίς μέγιστες 3 ημέρες.

Διακριτικό σε κλίμακα/δηλ. έκταση/απόκλιση

Επίπεδο	Απόλυτο	Μέτα	Μέτρια	Σημαντικό	Ανεπαρκές/αποκλιση
Πόσο	0	1	2	3	4
Κινητικότητα στην κλίνη	0	1	2	3	4
Αίσθηση ή έλλειψη ευεξίας	0	1	2	3	4
Ναση (τόση για φαγητό)	0	1	2	3	4
Στάση	0	1	2	3	4
Μεταβολή όρασης για οδήγηση	0	1	2	3	4
Αυτοκόσμιος	0	1	2	3	4
Επιθετικότητα ή οργισμός	0	1	2	3	4
Υπερβολή	0	1	2	3	4
Παραρρητική κινητικότητα	0	1	2	3	4

Παρακαλώ συμπληρώστε προσεκτικά επιλέγοντας με φρονιμία και επιλέξτε (σε κύκλο) για να δείξετε ποιο θεωρείτε ότι καλύτερο από αυτά **επιλέγει** τον ασθενή με τίς μέγιστες 3 ημέρες.

1. _____

2. _____

3. _____

IPOS-Για το Προσωπικό www.pos-pal.org IPOS-1-01-01-01-01-01



Βιομετρικά - Ζωτικά

Νέα Εγγραφή Καταχώρηση Διαγραφή Σχεδίαση Εκτύπωσης Προβολή Εκτύπωσης Εκτύπωση Εξοδος

Βιομετρικά

29/09/2022
22/09/2022
08/09/2022
21/07/2022
07/07/2022
30/06/2022
16/06/2022
09/06/2022
02/06/2022
26/05/2022
19/05/2022
05/05/2022
28/04/2022
14/04/2022
17/03/2022
02/03/2022

Ημερομηνία: 02/10/2022

Βάρος (kg): [] Υψος (cm): [] BMI: [] Θερμοκρασία (°C): [] Οδηγίες

A.Π. Συστολική (mmHg): [] A.Π. Διαστολική (mmHg): [] Σφύξεις (ανά min): [] SPO2(%): [] Σάκχαρο: []

Αναπνοές (ανά min): [] PPS (%): [] **Φροντίδα:** Χαμηλή Μέτρια Αυξημένη

Κατάσταση Πορείας Νόσου:

Σταθερή
 Ασταθής
 Επιδεινούμενη
 Τελική
 Φροντίδα μετά θάνατον

Σχόλια



PPS Level	Ambulation	Activity & Evidence of Disease	Self-Care	Intake	Conscious Level
100%	Full	Normal activity & work No evidence of disease	Full	Normal	Full
90%	Full	Normal activity & work Some evidence of disease	Full	Normal	Full
80%	Full	Normal activity with Effort Some evidence of disease	Full	Normal or reduced	Full
70%	Reduced	Unable Normal Job/Work Significant disease	Full	Normal or reduced	Full
60%	Reduced	Unable hobby/house work Significant disease	Occasional assistance necessary	Normal or reduced	Full or Confusion
50%	Mainly Sit/Lie	Unable to do any work Extensive disease	Considerable assistance required	Normal or reduced	Full or Confusion
40%	Mainly in Bed	Unable to do most activity Extensive disease	Mainly assistance	Normal or reduced	Full or Drowsy +/- Confusion
30%	Totally Bed Bound	Unable to do any activity Extensive disease	Total Care	Normal or reduced	Full or Drowsy +/- Confusion
20%	Totally Bed Bound	Unable to do any activity Extensive disease	Total Care	Minimal to sips	Full or Drowsy +/- Confusion
10%	Totally Bed Bound	Unable to do any activity Extensive disease	Total Care	Mouth care only	Drowsy or Coma +/- Confusion
0%	Death	-	-	-	-

IPOS What have we achieved

EAPC2024: 612

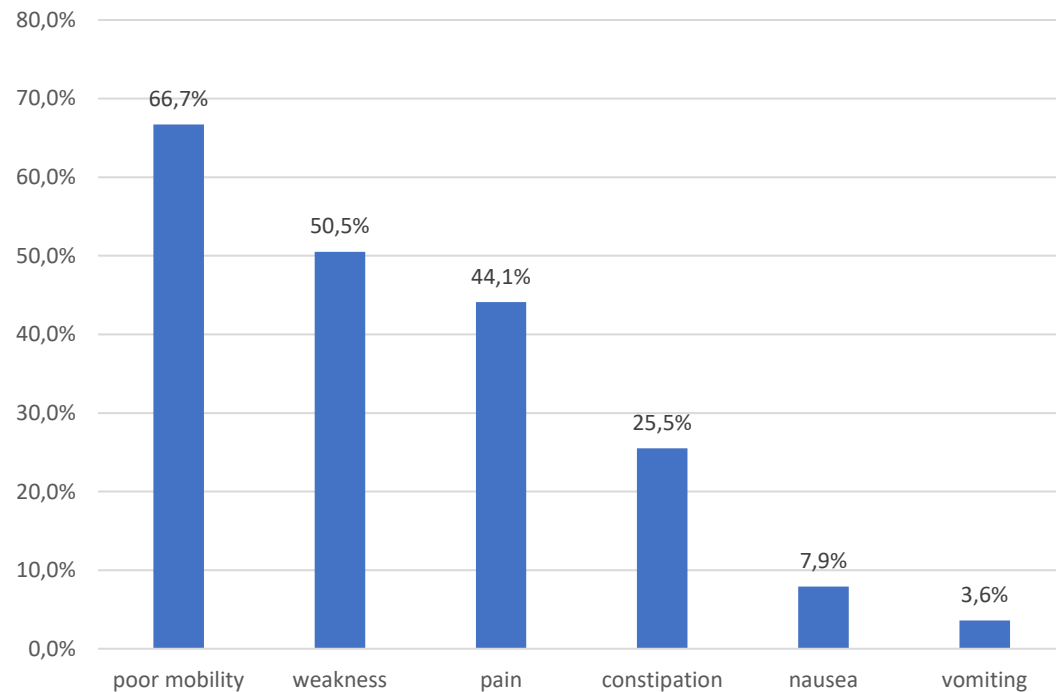
Symptom Burden and Concerns: Integrated Palliative Care Outcome Scale upon Admission to a Palliative Care Centre

H.A. Mullali¹, M.F. Xenikou¹, T. Arnaouti¹, M. Parara¹, A. Tserkezoglou¹

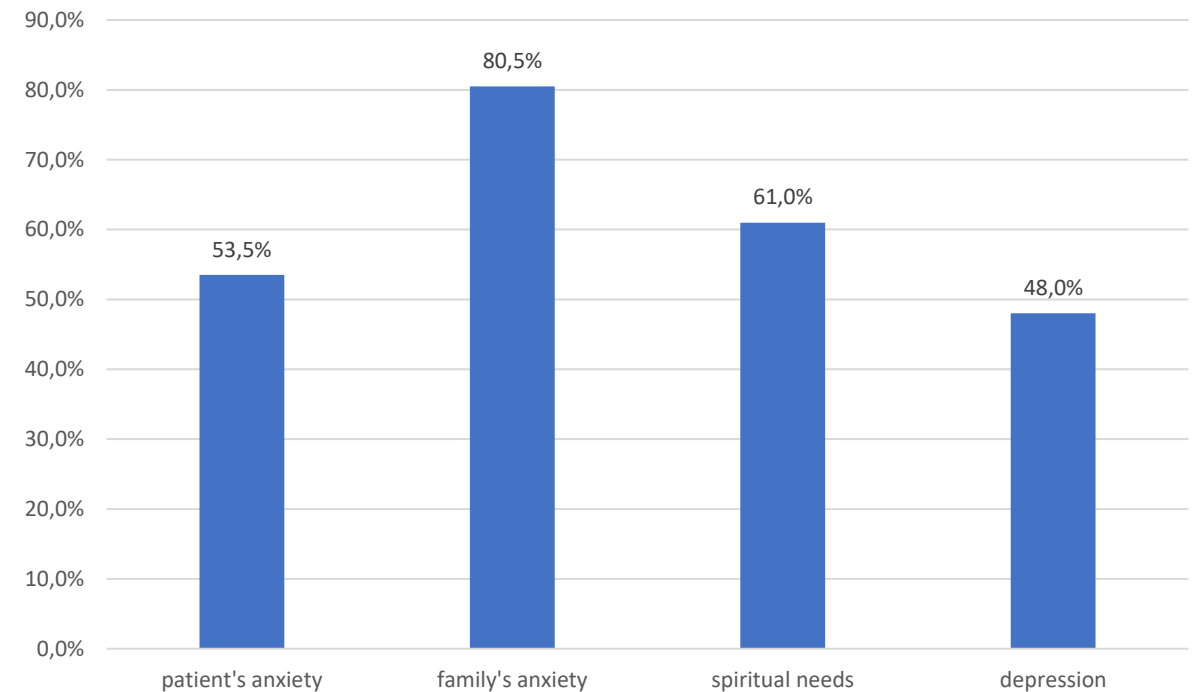
¹"Galilee" Palliative Care Centre, Athens, Greece

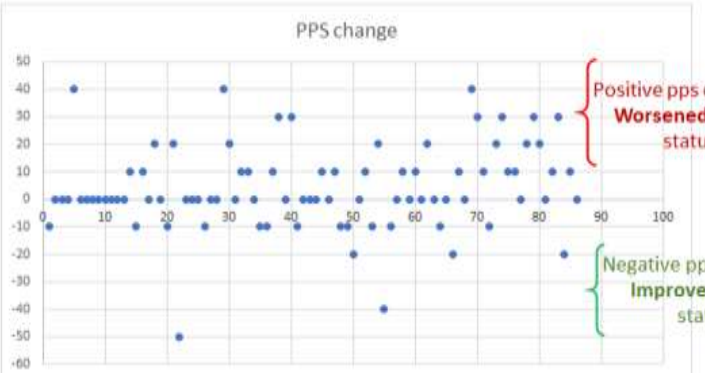
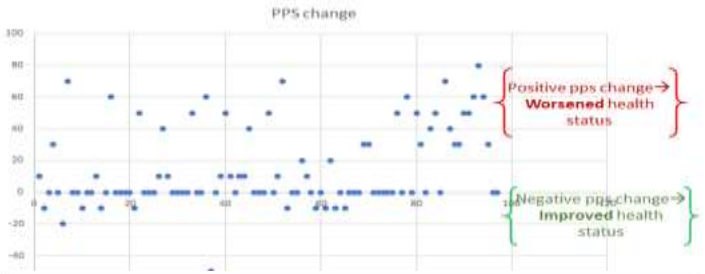


Clinically relevant symptoms



Emotional concerns



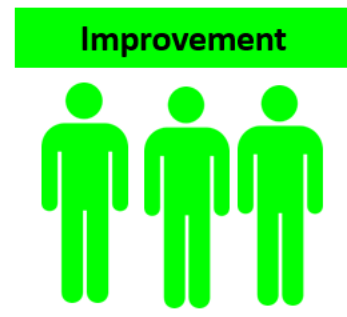
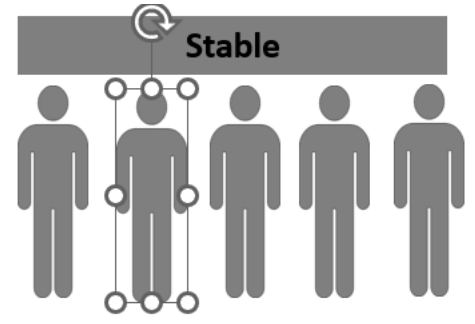


PHASE of ILLNESS	1st IPOS	2nd IPOS
UNSTABLE	82	16
STABLE	12	47
DYING	1	0
DETERIORATING	0	9
MV	2	25

IPOS ASSESSED PAIN FOR 97 COMMUNITY PATIENTS

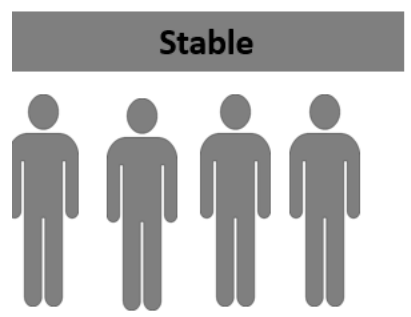
PHASE of ILLNESS	1st IPOS	2nd IPOS
UNSTABLE	66	17
STABLE	1	1
DYING	1	4
DETERIORATING	0	5
MV	21	62

IPOS ASSESSED CONSTIPATION FOR 86 HOSPICE PATIENTS



Time period (1 st to 2 nd IPOS, in days)	
Average	18
Median	14
Standard Deviation	16
Max	103
Min	2

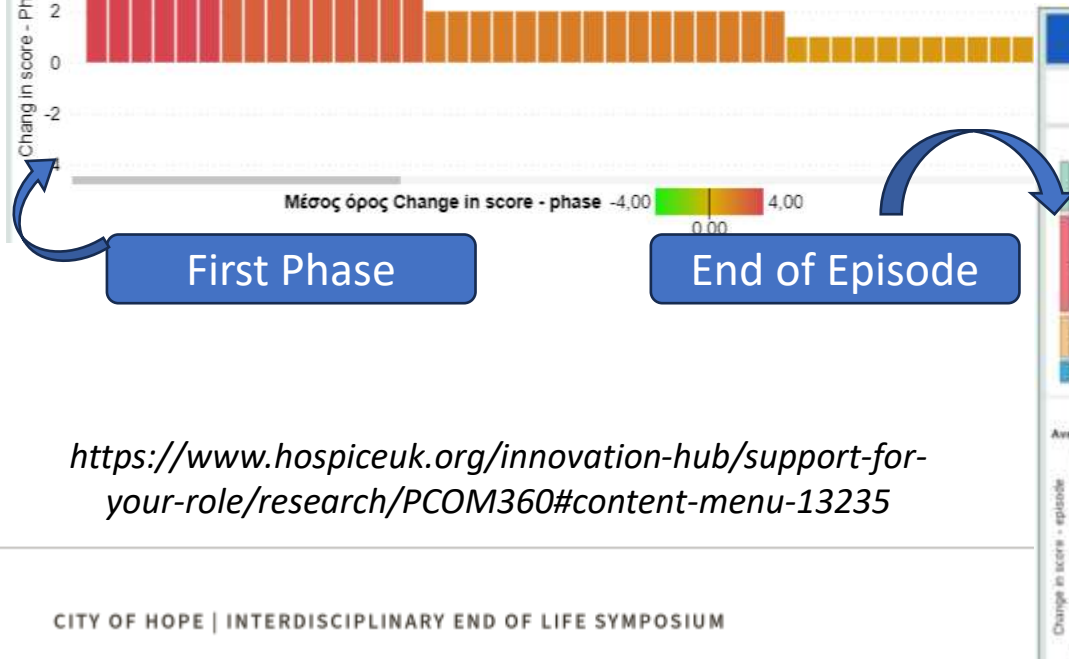
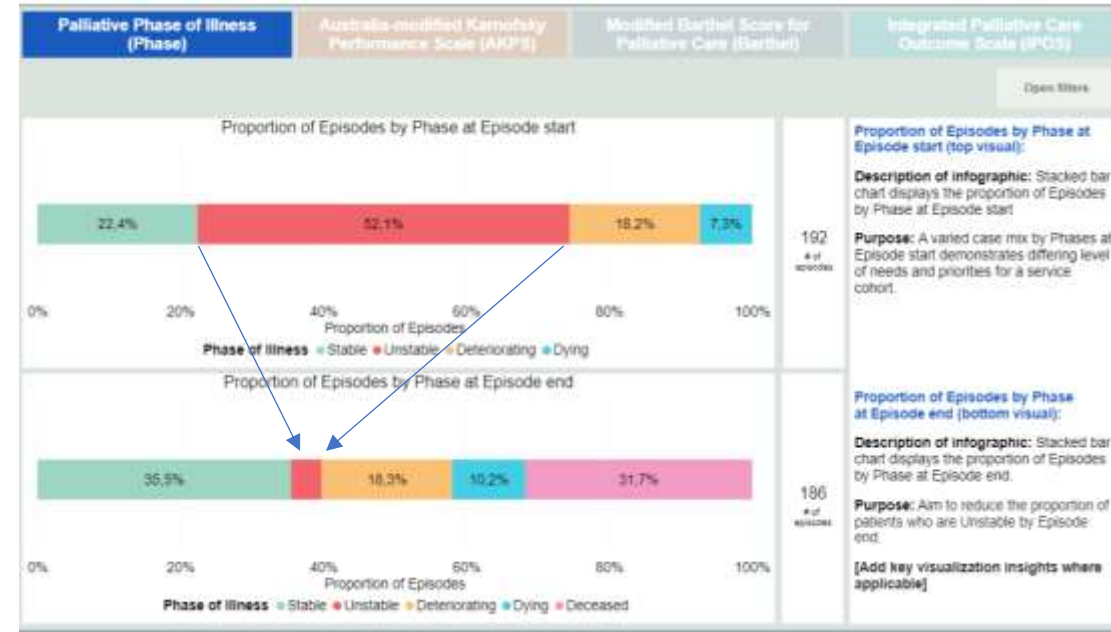
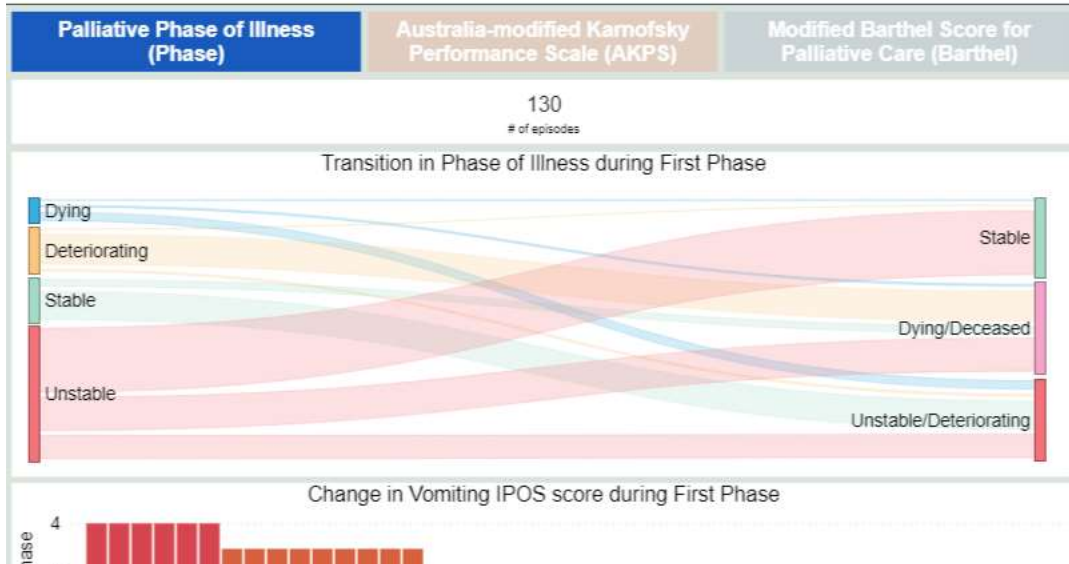
IPOS ASSESSED PAIN FOR 97 COMMUNITY PATIENTS



Time period (1 st to 2 nd IPOS, in days)	
Average	7
Median	7
Standard Deviation	2
Max	10
Min	1

IPOS ASSESSED CONSTIPATION FOR 86 HOSPICE PATIENTS

IPOS Data Analysis, what are we aiming at



<https://www.hospiceuk.org/innovation-hub/support-for-your-role/research/PCOM360#content-menu-13235>

Patient Outcomes in Palliative Care

National report for

January to June 2024

September 2024



1 Benchmark summary

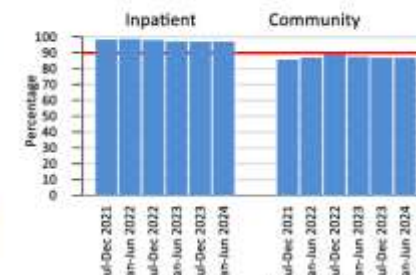
Table 1 Summary of outcome measures by setting of care

Outcome measure	Benchmark	Inpatient % BM met?	Community % BM met?	Benchmark Reference No.	
Timely commencement of palliative care					
Care commencing within two days of the patient being ready	90%	97.1 Yes	86.9 No	1	
Responsiveness in managing patients with urgent needs					
Patients unstable for three days or less	90%	90.2 Yes	81.6 No	2	
Symptoms & problems in the absent to mild range at phase end					
Anticipatory care when patient symptoms or problems are in the absent to mild range at phase start	90%	Pain (clinician reported)	91.5 Yes	85.8 No	3.1
		Pain (patient reported)	91.3 Yes	84.5 No	3.3
		Fatigue (patient reported)	93.7 Yes	83.1 No	3.5
		Breathing problems (patient reported)	95.9 Yes	93.0 Yes	3.7
		Family/carer problems (clinician reported)	93.4 Yes	84.2 No	3.9
Responsive care when patient symptoms or problems are in the moderate to severe range at phase start	60%	Pain (clinician reported)	63.3 Yes	58.9 No	3.2
		Pain (patient reported)	60.2 Yes	55.8 No	3.4
		Fatigue (patient reported)	57.6 No	46.6 No	3.6
		Breathing problems (patient reported)	56.7 No	48.3 No	3.8
Family/carer problems (clinician reported)	58.5 No	52.3 No	3.10		
Casemix adjusted outcomes (change scores)					
Clinician reported problems (PCPSS)	0.0	Pain	0.09 Yes	-0.04 No	4.1
		Other symptoms	0.26 Yes	0.04 Yes	4.2
		Family/carer problems	0.23 Yes	0.05 Yes	4.3
		Psychological/spiritual problems	0.24 Yes	0.05 Yes	4.4
Patient reported symptom distress (SAS)	0.0	Pain	0.29 Yes	-0.08 No	4.5
		Nausea	0.21 Yes	0.01 Yes	4.6
		Breathing problems	0.29 Yes	0.07 Yes	4.7
		Bowel problems	0.31 Yes	0.05 Yes	4.8

Figure 1 Time from date patient is ready for care to episode start (BM1)



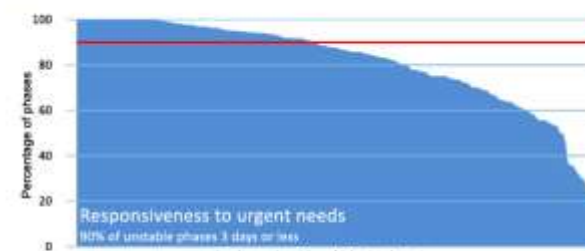
a. National benchmark profile for BM1



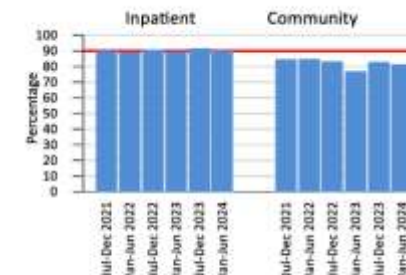
b. Outcomes over time for BM1

Key: ■ National service profile — Benchmark ■ National results

Figure 2 Time in unstable phase (BM2)



a. National benchmark profile for BM2

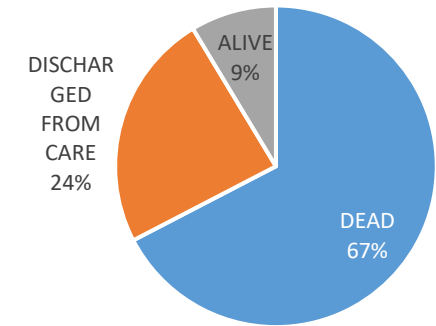
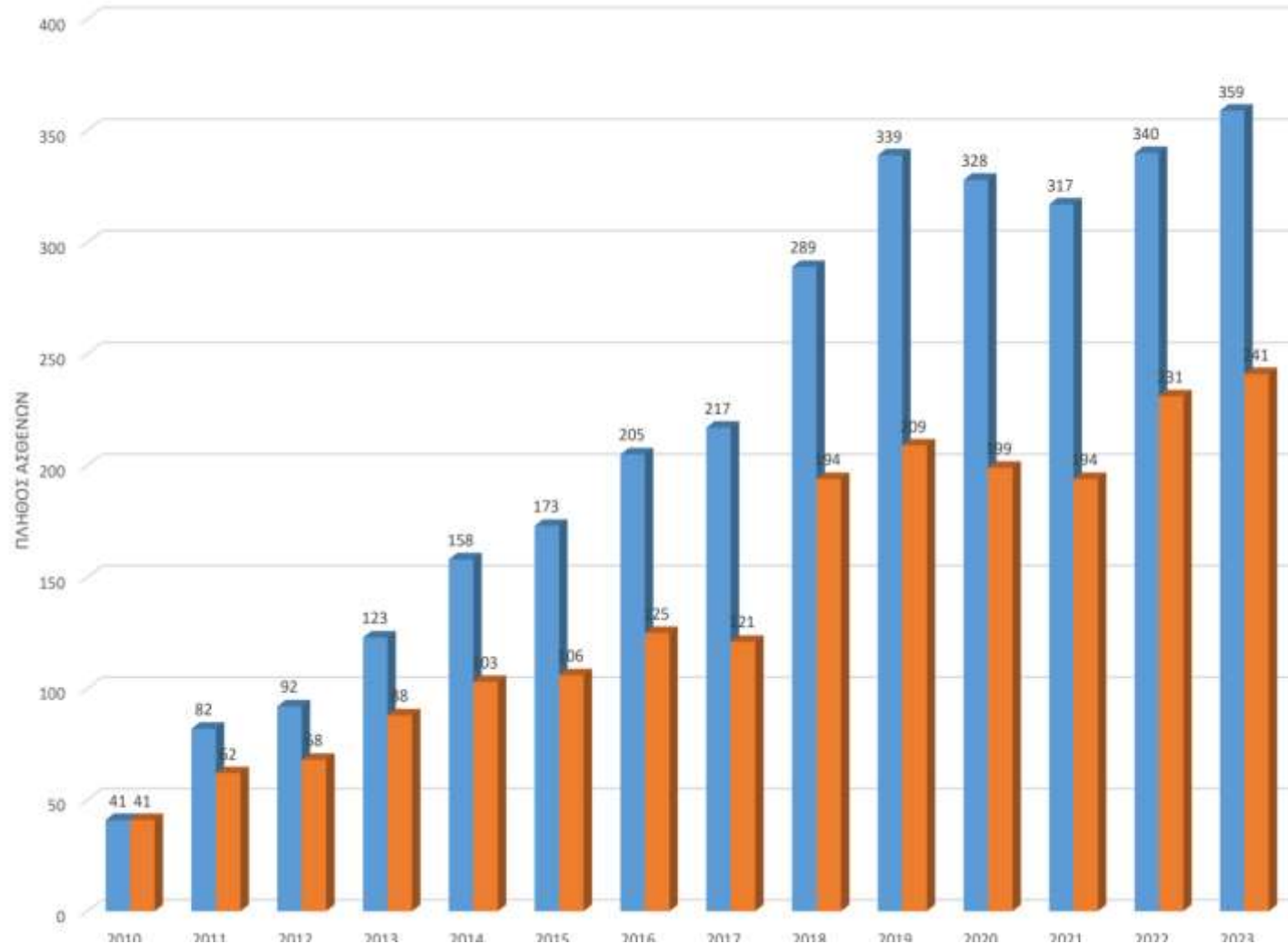


b. Outcomes over time for BM2

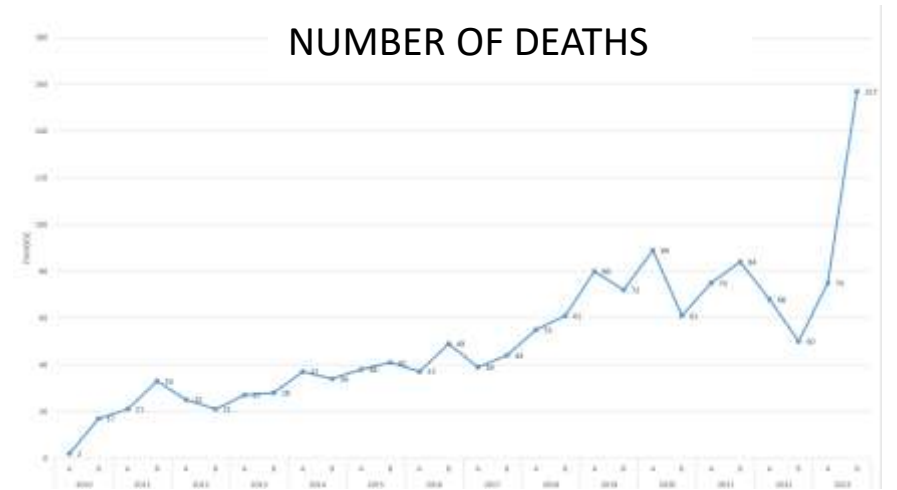
Key: ■ National service profile — Benchmark ■ National results

Galilee's Data Analysis – admissions/discharges

NEW ADMISSIONS/ PATIENTS IN CARE

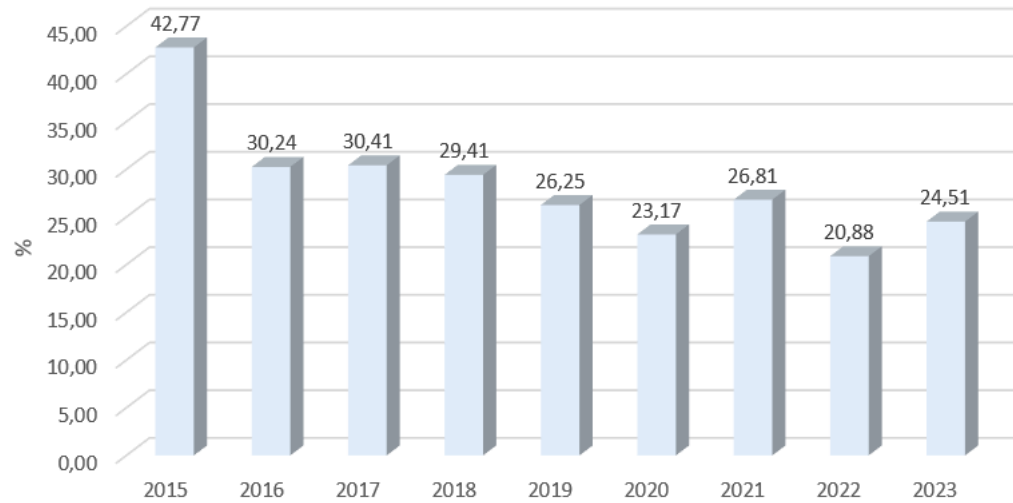


NUMBER OF DEATHS

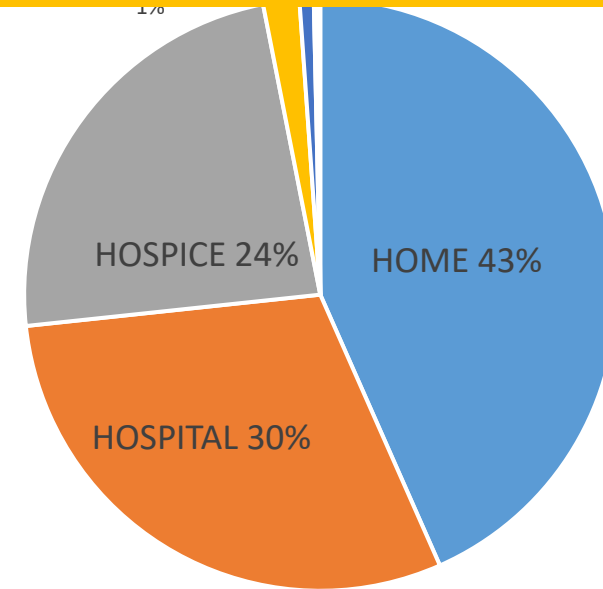


Hospital Admissions

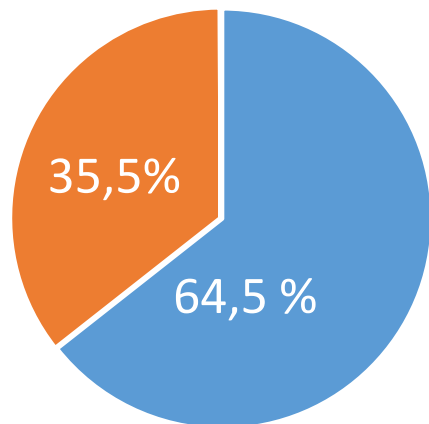
Percentage per number of treated patients



Place of Death – No Prior Hospital Admissions

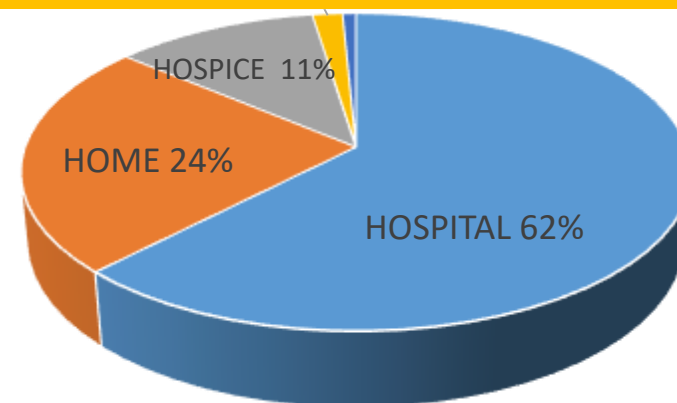


Hospital Admissions



■ No Admissions ■ Admissions ■ ■

Place of Death – Prior Hospital Admissions

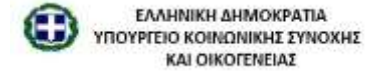


Quality and Transparency

Quality Insurance ISO 9001:2015



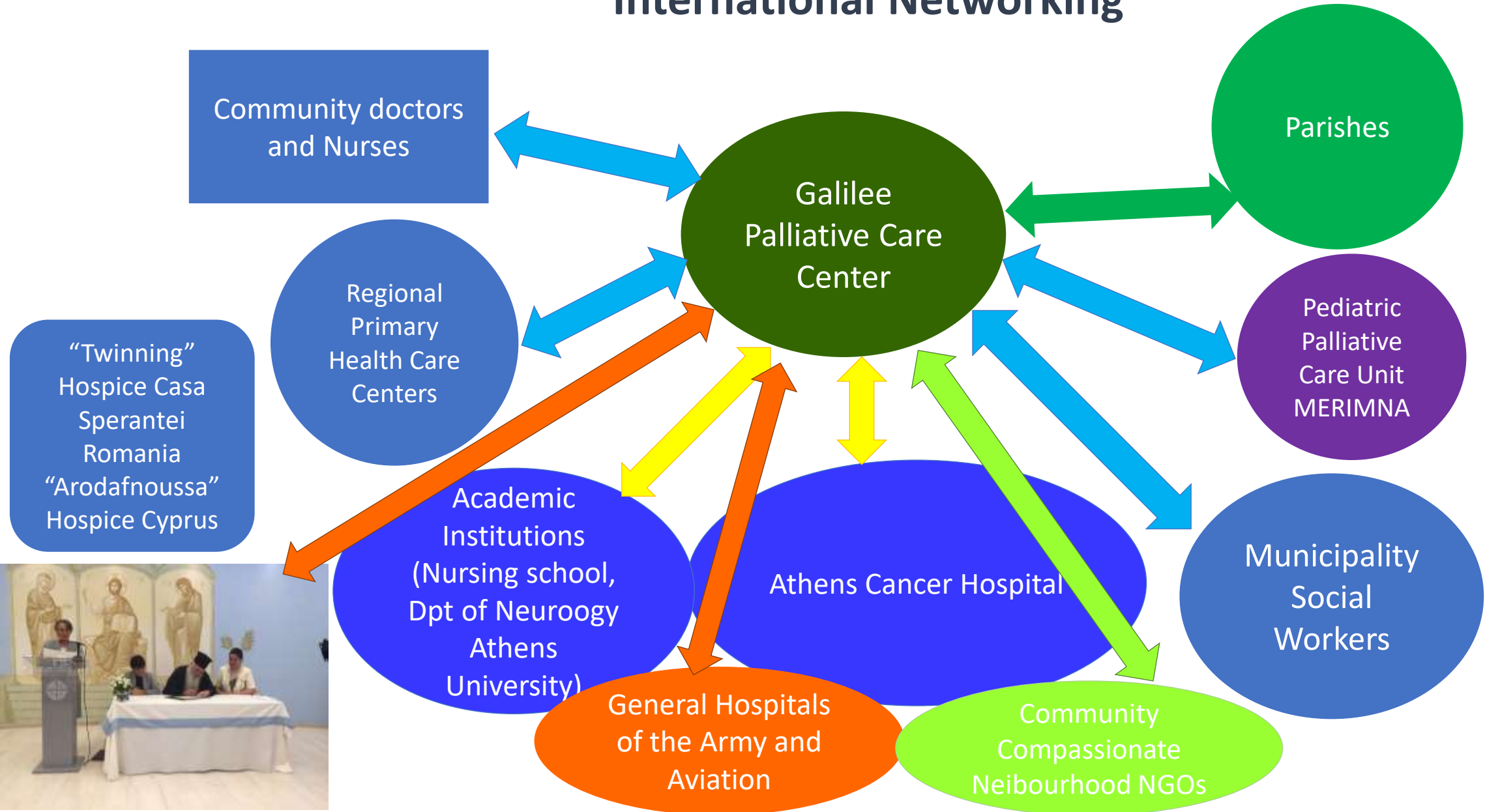
Accreditation from the National Center of Social Solidarity EKKA



Sound Financial Management



Galilee's National and International Networking





Thank you

