

Appendix K – Primary Palliative Care

Outcomes

Improve

- pain and symptom control for all persons at end of life
- community and professional understanding and support
- coordinated 24/7 care for all persons at end of life
- satisfaction with care and control of family and provider distress
- assurance of quality, timely and cost-effective care

Decrease

- delay in commencement of a palliative approach
- multiple assessments, referrals and transfers
- ineffective use of hospital beds, emergency department and diagnostic testing

What else?



Outcome Measures for EOLC in Primary Care

- Have we identified those who should be identified as potentially palliative?
- Have we assessed their needs well?
- Has care been coordinated with others well?
- Have we provided good care?
 - Access
 - Patient-centred: patient goals, information sharing, joint decision-making
 - Physical comfort
 - Practical support

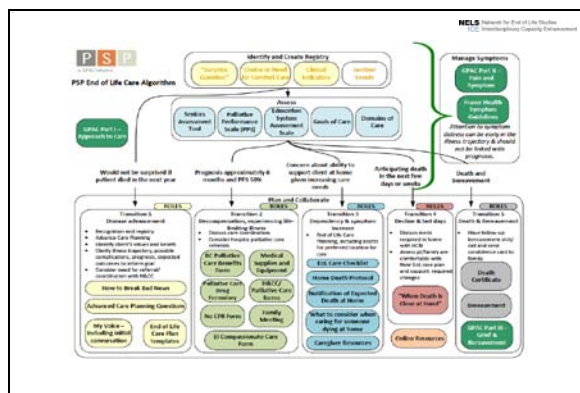
Primary Care

- Measures of patient outcomes?
 - POS or ESAS
 - PPS
 - Satisfaction: information, shared decision making
- Measures of access
 - To Primary Care-Family reported/patient reported/other Health Care Provider
 - To other services: palliative care, etc
- Markers of good care
 - Low Emergency Room use, minimal hospitalization, use of community resources, Advance Care Planning documentation

Primary Care

See Table in Appendix C which Elaine Loney prepared from a literature review on Outcome measures in Primary Care

Next Slide shows the end of life care algorithm for the Practice Support Program (PSP) developed in British Columbia for general practice. Appendix D has a larger view of this page. The functional PDF algorithm can be obtained from the BC website



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