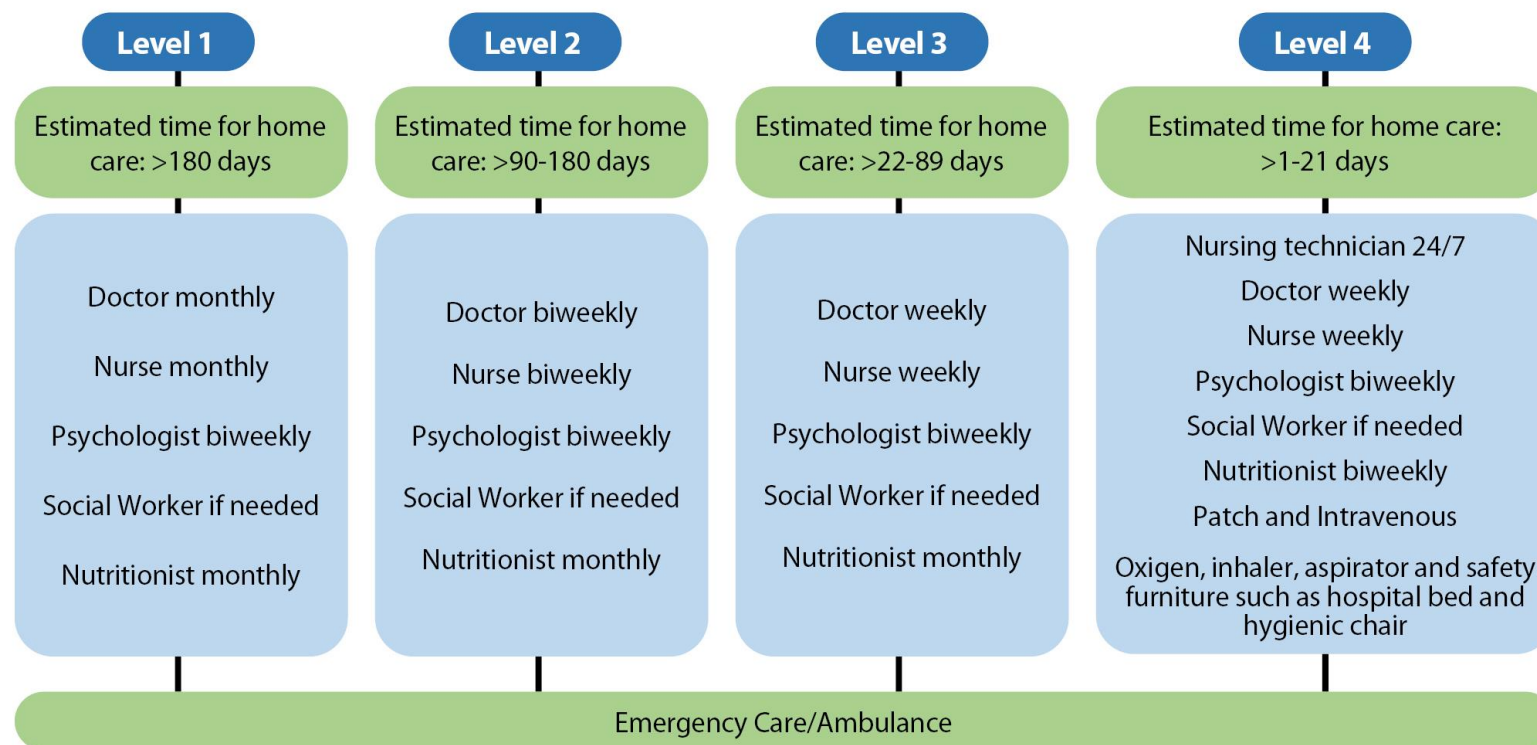


HOME PALLIATIVE CARE: PROGRAM DESIGN AND PRELIMINARY RESULTS

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Introduction: Structuring a palliative care team is essential for safe and quality care at home. Our objective is to describe the design of a home palliative care program and present preliminary results.

Methods: Descriptive study and retrospective cohort of patients eligible for palliative care at home from July 2019 to June 2020. The quality of the program was measured through hospitalization rate, home death rate and satisfaction survey.



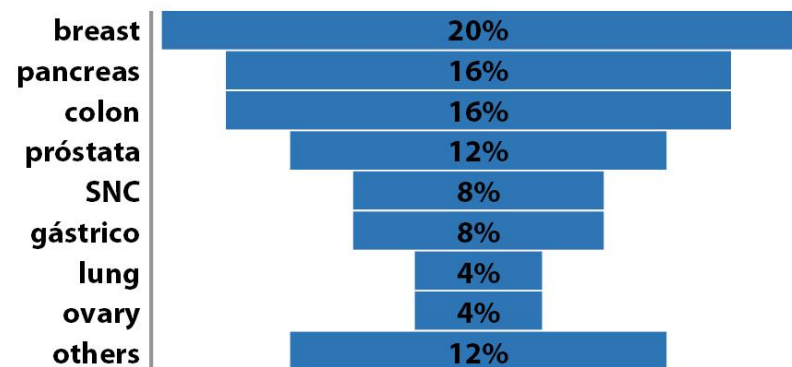
HOME PALLIATIVE CARE: PROGRAM DESIGN AND PRELIMINARY RESULTS

Results: We designed a specific palliative care program for home treatment of eligible oncologic patients. Program was designed with 4 levels of complexity, classified according to previously validated scores.

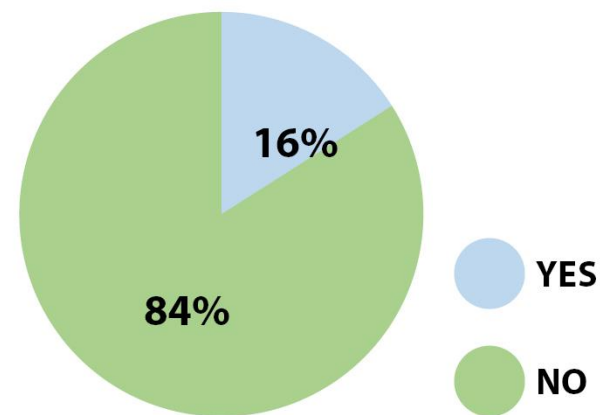
Estimated time for home care (life expectancy) was established for each level.

The frequency of multidisciplinary visits was defined according to the level of care and for level 4 patients was also provided 24h nursing care and intravenous medication. At all levels, patients receive urgent medical care in case of complications.

Cancer Topography

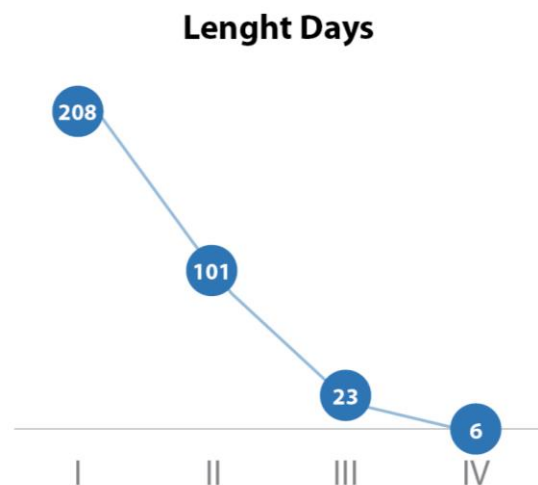


Hospitalization



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From July 2019 to June 2020, 25 patients were treated, 11 women (44%), mean age 66 years-old (34–91). Main diagnosis was breast cancer (20%). Pain was the most common symptom (19%). Four patients required hospitalization and 15 patients died, 6 at home (40%).



All patients who have already completed care stayed less than the estimated time and used only the resources defined for each level of complexity, demonstrating the adequacy of the composition of the Program.

NPS 100%

Conclusion: A home program specialized in palliative care can provide safety, comfort and dignity, with the possibility of home death, low hospitalization and high satisfaction.