



'The Palliative Care Toolkit'

June 2005, No 3

(The palliative care education sheet from Michael Sobell House)

Welcome to the third edition of the palliative care tool kit from Michael Sobell House. This bi monthly education sheet delivers to you palliative care information and tips that you can use in your day-to-day practice. This month we are looking at hospice day care – what patients do you have who may benefit?

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Effectiveness of palliative day care in improving pain, symptom control, and quality of life.

Goodwin DM, Higginson IJ, Myers K, Douglas HR, Normand CE.

J Pain Symptom Manage. 2003 Oct;26(4):886-7
To evaluate the effectiveness of palliative day care in improving pain, symptom control, and quality of life (QOL), 120 consecutive new referrals to five specialist palliative day care centres were recruited into a prospective comparative study. Fifty-three comparison patients were identified as those patients receiving usual palliative care services (home care, inpatient care), but did not attend day care. Patients were assessed at 3 interviews (baseline, 6-8 weeks, and 12-15 weeks) using measures of health-related quality of life: McGill Quality of Life Questionnaire (MQOL) and Palliative Care Outcome Scale (POS). There were two main analyses: 1) patient demographic data were analyzed using chi-square (χ^2), and 2) QOL data were compared, based on distribution of scores, using the Mann-Whitney test (MQOL and POS), and Wilcoxon Signed Rank for within group differences (POS data only); $P < 0.05$ was taken as significant. The patients were representative of those attending palliative day care in the UK. At baseline, the day care group were (non-significantly) worse than the comparison group in the MQOL support domain ($P = 0.065$). The comparison group had marginally more severe pain at baseline ($P = 0.053$) and more severe symptoms at second assessment ($P = 0.025$). Both patient groups maintained overall health-related quality of life during the three months of the study. Palliative day care was not found to improve overall health-related quality of life. The limitations of the QOL measures in identifying the effects (patient outcomes) of palliative day care and the differences between the two patient groups (age, employment, unequal sample sizes) were limitations of the study and indicate the need for further research in this area.

How Do We Meet Patient Palliative Care Needs Within The Day Therapy Unit at Michael Sobell House?

Margaret Wilcock and Team

“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, psychological and spiritual.” (WHO 2002)

This article will explore how the above issues are addressed within the Day Therapy Unit (DTU) in Michael Sobell House (MSH). The DTU offers alternative therapies including reflexology, aromatherapy massage, reiki, hand and foot massage, art therapy for the individual and groups. Referrals are made by faxing or telephoning the department (ext 4570). All patients attending the DTU are assessed using the Edmonton Symptom Assessment System (see overleaf) and reassessed at regular intervals. The time between assessments varies according to the problem or change in patients health.

Case One

Mrs A, is a 59-year-old professional lady. In July 2002, she was diagnosed with Acute Myeloid Leukaemia. She had four cycles of chemotherapy and went into remission. In March 2003, Mrs A relapsed and no suitable bone marrow donor could be found. She became increasingly weak, anaemic and declined further chemotherapy. Mrs A, had regular transfusion at her local general hospital, and was referred to DTU by her Macmillan nurse for psychological and emotional support. Mrs A, was invited to visit the unit to establish what her needs were and how we could help her. Mrs A, was very clear in her mind what she wanted from the DTU. Her priority was having a ‘safe’ place to die, she appeared to have accepted that she was coming to the end of her life She requested that any necessary transfusions were given at MSH but she did not want to attend as a regular patient, and did not want to be parted from her husband. We agreed that we would check her blood and transfuse her as required and that we would transfer her care from the general hospital environment to MSH. She was introduced to complementary therapies which she felt were of great benefit to her. This agreement worked extremely well until Mrs A, had to be admitted for terminal care and died in MSH as she wished.

This highlighted that although using assessment tools are very useful during this process other problems/needs will surface. Clark & Molson (2001) state, ‘while answering some questions, needs assessment will raise many others’, and only then can we address these issues.

Mrs A, was very clear on what her needs were (having a safe place to die) however on further assessment and reassessment we were able to offer her sustained psychological, spiritual and emotional support.

Case Two

Mr B, a 47-year-old gentleman with a Grade 2 Glioma had undergone biopsy and radiotherapy and subsequent chemotherapy. He was referred to the DTU for psychological support. Mr B, attended and settled in well. Due to the nature of his illness he wanted something to keep his mind occupied, he had just given up a high-powered job. He had no pre-conceived ideas of what to expect from the DTU therefore all the available therapies were explained to him. He decided to work with the art therapist and found this very beneficial as it helped with his concentration and hand eye co-ordination. He also received aromatherapy massage for relaxation. During conversation with Mr B, it became apparent that he was having relationship problems with his wife and teenage children This was due to the fact that there were certain things he could no longer do and rather than being treated as a father and husband he felt he was being treated like a child. We asked him if he would like to speak to a counsellor regarding these issues and he agreed to this, consequently he now attends the DTU twice a week in order to accommodate all the therapies. Over the months there has been a huge improvement in both his social interaction and his confidence. Goodwin et al (2003) states that social support and social contact appear to have a positive influence on palliative day care patient's quality of life and this would certainly apply to Mr B.

Although the first impression of these two patients referrals was that they had similar needs, through assessment we are able to identify very specific problem areas and facilitate therapies accordingly. A common concept of day care is a 'day out' for the patient and a 'day off' for the carer (Thompson 1990). We aim in the DTU at MSH to offer the patients activities and therapies to enhance their quality of life.

References

- Clark D & Molson H (2001) 'Key issues in palliative needs assessment. Researching palliative care' Open University Press.
- Goodwin et al (2003) 'Effectiveness of palliative day care in improving pain, symptom control and quality of life'. Journal of Pain and Symptom management 25 (3) 202-212
- Thompson B. (1990) AM Journal of Hospice Care Jan/Feb 28-30.

The Edmonton Symptom Assessment System is a patient rated 9-item tool designed to assist in the assessment of common symptoms in cancer patients. Patients use a Visual Analogue Score (VAS) to rate the following - pain, tiredness, nausea, depression, anxiety, drowsiness, appetite, well-being and shortness of breath.

<p>Michael Sobell House Education & Training:</p> <p>June 9th Palliative Care Study Day for HCA's 15th Working with Families and Children 17th Symposia – Pain Management 22nd Action Learning Sets 23rd Training on –“The Integrated Care Pathway for the Dying Phase” – WGH</p> <p>July 6th Syringe Driver Update 7th Volunteer Training 13th Managing Bad News and Situations 15th Oncology & Palliative Student Conference (am) Palliative Care Symposia – Cultural Issues (pm)</p> <p>Sept 1st Reflection on Practice Set 7th Syringe Driver Training 1 8th Palliative Care Study Day (Trained Nurses) 8th Palliative Care Update (ward based) 14th Volunteer Training 16th Symposia – Constipation 22nd Care of Hickman /PICC Line (am) Pain Management Update (pm) Palliative Care Update (ward based) 28th Principles of Palliative Care (Uni of Hertfordshire) 29th Principles of Palliative Care (Uni of Hertfordshire) 29th Reflection on Practice Set</p>	<p>Useful Contact Numbers:</p> <table border="0"> <tr> <td>Michael Sobell House (ward)</td> <td>Ext 4281</td> </tr> <tr> <td>Palliative Care Mac Nurse</td> <td>Ext 4110/Bleep 547</td> </tr> <tr> <td>Palliative Care Registrar</td> <td>Ext 4281/Bleep 547</td> </tr> <tr> <td>Garden House Hospice (Letchworth)</td> <td>01462 679517</td> </tr> <tr> <td>Harlington Day Hospice (Hayes)</td> <td>0208 7590453</td> </tr> <tr> <td>Peace Hospice (Watford)</td> <td>01923 330330</td> </tr> <tr> <td>Pasque Hospice (Luton)</td> <td>01582 492330</td> </tr> <tr> <td>St Francis Hospice (Berkhamstead)</td> <td>01441 862960</td> </tr> <tr> <td>St Lukes Hospice (Harrow)</td> <td>0208 3828000</td> </tr> <tr> <td>Berkhamstead Mac Nurses</td> <td>01442 862960</td> </tr> <tr> <td>Dacorum Mac Nurses</td> <td>01442 240726</td> </tr> <tr> <td>“</td> <td>01923 330343</td> </tr> <tr> <td>Hillingdon Mac Nurses</td> <td>01895 279412</td> </tr> <tr> <td>Ian Rennie Hospice at Home</td> <td>01442 890222</td> </tr> <tr> <td>University of Hertfordshire</td> <td></td> </tr> <tr> <td>Lauren Hemming</td> <td>01707 285148</td> </tr> <tr> <td>David Maher</td> <td>01707 285265</td> </tr> </table>	Michael Sobell House (ward)	Ext 4281	Palliative Care Mac Nurse	Ext 4110/Bleep 547	Palliative Care Registrar	Ext 4281/Bleep 547	Garden House Hospice (Letchworth)	01462 679517	Harlington Day Hospice (Hayes)	0208 7590453	Peace Hospice (Watford)	01923 330330	Pasque Hospice (Luton)	01582 492330	St Francis Hospice (Berkhamstead)	01441 862960	St Lukes Hospice (Harrow)	0208 3828000	Berkhamstead Mac Nurses	01442 862960	Dacorum Mac Nurses	01442 240726	“	01923 330343	Hillingdon Mac Nurses	01895 279412	Ian Rennie Hospice at Home	01442 890222	University of Hertfordshire		Lauren Hemming	01707 285148	David Maher	01707 285265
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<p>For enquires and booking forms contact Anni Hall (Education Co-ordinator) on ext 4177</p>	<p>Useful Websites www.palliativedrugs.com www.pallcare.info www.endlink.lurie.northwestern.edu www.albertapalliative.net</p>																																		