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EMERGENCY MEDICAL SYSTEM AND NURSING HOME PATIENTS: IS THERE A WAY TO BETTER USE EXISTING RESOURCES TO IMPROVE THE QUALITY OF CARE?

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Background: Our population is aging and there are a growing number of Nursing Home (NH) residents who benefit from ambulance transport to the Emergency Department (ED), which are not known to be 'senior friendly' and are often on surge capacity. Simultaneously, we face a reduced availability of General Practitioners (GP) to visit these patients prior their transport to the ED.

Hypothesis: Many NH patients are transported by ambulance to the ED without having benefitted from a medical evaluation on site. Palliative and end of life care could sometimes be provided on site rather than having the patient transported.

Setting: The State of Vaud (Switzerland) dispatch centre sends ambulances and, when a life-threatening situation is suspected, a Pre-hospital Emergency Physician (PEP) too.

Results: We previously published a case series where PEPs have been able to provide palliative and end of life care on site, according to the patient and relative's will, and we with the support of the NH.

Discussion: EMS systems that dispose of PEPs should use this resource not only for life-threatening emergencies but also to provide palliative and end of life care, when all parties (patient, relatives, NH) agree with this strategy, therefore avoiding unnecessary transport to crowded ED.

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CANCER NARRATIVES WITHIN A CANCER TRAJECTORY

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The aim of this paper is to offer the meanings and experience of a group of people who were given a cancer diagnosis. The power of their stories and the insightfulness of their narrative provided a rich tapestry from which healthcare professionals can gain insight. The discussion will focus on the meanings attributed to their experience of what will be refereed to as the diagnosis trajectory. Recipients (people who received a cancer diagnosis) and significant others (identified by recipient) were invited to participate. For the purpose of this presentation, the focus will be on the narrative of the recipient and the meanings which they attributed to their story. Interviews were coded using a phenomenological descriptive approach. A number of core themes which emerged were: the waiting game; being seen; pretty is important; dismissive mantra; living the diagnosis. Truth and openness were seen as critical to enabling the person to cope. The need to have ones suspicions acknowledged and not dismissed and the overwhelming cry for recognition as a person, a mother, a lover and not just a lump or blockage was a heart cry of many as they shared from the depth of their experience and the reality of the everyday celebration of surviving. The study highlights the use of narrative to inform and challenge practice as a powerful tool and recognises the strength of voice and clarity of experience as offering methodological and ethical challenges for the nurse and the researcher.

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