THE CHAMPLAIN SYMPTOM MANAGEMENT KIT: ENHANCING EOL CARE BY PROVIDING TIMELY ACCESS TO MEDICATIONS AND SUPPLIES IN THE HOME

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Adequate pain and symptom management is an essential component of palliative and end-of-life care and has a direct impact on patient and caregiver experience. In September 2014, the Champlain CCAC, in collaboration with regional pharmacies, service provider organizations, the Regional Palliative Consultation Team and community palliative care physicians, introduced a Champlain Wide Pain and Symptom Management Kit (SMK). The SMK is a standard package of medications and related medical supplies placed in the home of a patient who is approaching the end-of-life for the purpose of relieving unanticipated or rapidly escalating symptoms in a timely manner.

The overall purpose of the Kit is to facilitate pain and symptom management at the end of life by providing timely access to medications and supplies, therefore optimizing patient's chances of remaining at home until death; enhancing informal caregiver support in the home; and enabling nurses to manage symptoms without needing immediate access to a physician, which is often difficult.

One year after implementation, a robust evaluation was completed. The results demonstrate a positive impact of the Kit on patients, caregivers, and provider experience, including reduction of caregiver anxiety and increased self-efficacy. The results also demonstrate a positive impact on a number of outcome measures, such as reduced emergency department visits and hospital admissions, and increased patient deaths in their preferred location.

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THE SYSTEMATIC EARLY INTEGRATION OF PALLIATIVE CARE INTO MULTIDISCIPLINARY ONCOLOGY CARE IN THE HOSPITAL SETTING (IPAC), A RANDOMIZED CONTROLLED TRIAL: THE STUDY PROTOCOL

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Background: Previous studies in the US and Canada show the positive impact of early palliative care programs for advanced cancer patients on quality of life (QoL) and even survival time. There has been a lack of similar research in Europe. In order to generalize the findings from the US and Canada research on a larger scale, similar studies are needed in different countries with different care settings, such as Belgium. Method: A randomized controlled trial (RCT) is being conducted as follows: 186 patients with advanced cancer were recruited from the departments of Medical Oncology, Digestive Oncology and Thoracic Oncology of the Ghent University Hospital. Patients are randomized to either systematic early integration of palliative care in standard oncology care or standard oncology care alone. Patients and informal caregivers are asked to fill out questionnaires on QoL, mood, illness understanding and satisfaction with care at baseline, 12 weeks and every six weeks thereafter. Other outcome measures are end-of-life care decisions and overall survival time. Results concerning baseline characteristics are due June 2016.

Discussion: This is the first RCT in the Belgian health care setting to evaluate the effect of systematic early integration of palliative care for advanced cancer patients. The results will enable us to evaluate whether systematic early integration of palliative care has positive effects on QoL, mood and patient illness-Understanding and which components of the intervention contribute to these effects. Trial registration Clinical trials.gov Identifier: NCT01865396, registered 24th of May, 2013.

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