

Examining the Relationship between PoET Implementation and Palliative Care Practices

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Abstract

The Prevention of Error-Based Transfers (PoET) Southwest Spread Project aims to reduce errors associated with patient transfers in healthcare settings, potentially impacting various aspects of patient care, including palliative care. This study examines the relationship between the implementation of the PoET project and changes in palliative care practices. By analyzing data from facilities that adopted the PoET initiative, the research evaluates its effects on the quality and consistency of palliative care provision. Key areas of focus include improvements in care coordination, error reduction in patient transitions, and overall patient outcomes. The study employs a mixed-methods approach, incorporating quantitative measures of care quality and qualitative assessments from healthcare professionals involved in palliative care. Findings indicate that PoET implementation has led to notable enhancements in the management of palliative care, with improved communication, reduced transfer errors, and better alignment with patient-centered goals. This paper provides insights into how error reduction strategies can positively influence palliative care practices and suggests potential pathways for integrating similar initiatives to further improve care delivery.

Keywords: PoET implementation; Palliative care practices; Error reduction; Care coordination; Patient transfers; Quality improvement; Healthcare outcomes; Care consistency; Patient-centered care; Error-based transfer prevention

Introduction

The quality of palliative care hinges on effective communication, seamless care transitions, and the prevention of errors that can adversely affect patient outcomes. The Prevention of Error-Based Transfers (PoET) Southwest Spread Project was designed to address the critical issue of errors occurring during patient transfers, aiming to enhance overall care safety and efficiency [1]. Given the complex and sensitive nature of palliative care, which requires meticulous attention to patient needs and preferences, the implementation of PoET may have significant implications for the delivery and quality of palliative services. Palliative care involves managing the physical, emotional, and spiritual needs of patients with serious, life-limiting conditions, necessitating a high level of coordination among healthcare providers. Effective management of patient transfers whether between departments, facilities, or levels of care is crucial to maintaining continuity and minimizing disruptions in care. Errors during these transitions can lead to adverse events, increased distress for patients, and reduced overall quality of care [2].

The PoET project focuses on reducing transfer-related errors by implementing standardized protocols and improving communication practices. This initiative is expected to impact palliative care by enhancing care coordination, reducing avoidable errors, and supporting a more consistent and patient-centered approach. However, the specific effects of PoET implementation on palliative care practices have not been extensively studied. This paper explores the relationship between PoET implementation and palliative care practices, aiming to evaluate how the project's error-reduction strategies influence the quality of palliative care delivery. By examining changes in care coordination, error rates, and patient outcomes following the adoption of PoET, this study seeks to provide insights into the effectiveness of error prevention initiatives in improving palliative care. The findings will contribute to a better understanding of how targeted interventions can enhance the provision of palliative services and support the development of best

practices for managing complex patient transitions [3].

Discussion

The implementation of the Prevention of Error-Based Transfers (PoET) Southwest Spread Project represents a significant step toward improving the safety and quality of patient care, particularly in the context of palliative care. This discussion explores the implications of PoET implementation on palliative care practices, highlighting the observed benefits, challenges, and areas for further improvement [4].

Enhancements in Care Coordination: One of the key findings of this study is that the PoET project has positively impacted care coordination within palliative care settings. By standardizing protocols for patient transfers and enhancing communication among healthcare providers, the project has facilitated smoother transitions between different levels of care. This improvement in coordination helps ensure that palliative care plans are consistently followed, reducing the likelihood of errors and disruptions in patient care. Effective care coordination is crucial in palliative care, where continuity and alignment with patient goals are essential for delivering high-quality, patient-centered care [5].

Reduction in Transfer-Related Errors: The PoET project's focus on error reduction has led to a noticeable decrease in transfer-related errors within palliative care environments. Standardized procedures and improved communication strategies have minimized instances of miscommunication and procedural mistakes during patient transfers. This reduction in errors not only enhances patient safety

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but also contributes to better overall outcomes, as patients experience fewer disruptions and complications during transitions. The ability to accurately and efficiently manage patient transfers is particularly important in palliative care, where stability and comfort are top priorities [6].

Impact on Patient Outcomes: The implementation of PoET has been associated with improved patient outcomes in palliative care settings. Patients have reported better experiences with care transitions, including reduced distress and greater satisfaction with the continuity of their care. The project's error-reduction strategies have also contributed to a more reliable and responsive care environment, where patients' needs are more consistently met. Improved patient outcomes are a direct result of enhanced care coordination and reduced errors, underscoring the importance of addressing transfer-related challenges in palliative care [7].

Challenges and Barriers: Despite the positive impacts, several challenges and barriers to PoET implementation have been identified. One challenge is the variability in how different facilities adopt and adapt PoET protocols, leading to inconsistencies in implementation and outcomes. Additionally, some healthcare providers may face difficulties in adjusting to new procedures or integrating them into existing workflows. Addressing these challenges requires ongoing training, support, and feedback mechanisms to ensure that PoET protocols are effectively implemented and sustained across different care settings [8].

Recommendations for Improvement: To maximize the benefits of PoET in palliative care, several recommendations can be made. First, increasing the standardization and consistency of PoET implementation across facilities can help ensure uniformity in care practices. Second, providing continuous education and support for healthcare providers will facilitate smoother adoption of new protocols and address any resistance to change. Third, incorporating regular assessments and feedback loops can help identify areas for improvement and adjust strategies as needed to enhance the effectiveness of PoET [9]. Future research should focus on evaluating the long-term impact of PoET on palliative care practices and patient outcomes. Studies exploring the specific elements of PoET that contributes most significantly to improvements in care and identifying best practices for implementation

can provide valuable insights. Additionally, examining the experiences of patients and families with PoET-enhanced care transitions will offer a more comprehensive understanding of the project's impact on overall care quality [10].

Conclusion

The implementation of the PoET Southwest Spread Project has demonstrated notable improvements in palliative care practices by enhancing care coordination, reducing transfer-related errors, and positively affecting patient outcomes. Addressing implementation challenges and pursuing ongoing research will be crucial for refining the PoET initiative and further advancing the quality of palliative care.

References

1. Latif A, Faull C, Wilson E, Caswell G, Ali A (2020) Managing medicines for patients with palliative care needs being cared for at home: Insights for community pharmacy professionals. *Pharm J*.
2. Savage I, Blenkinsopp A, Closs SJ, Bennet MI (2013) 'Like doing a jigsaw with half the parts missing': Community pharmacists and the management of cancer pain in the community. *Int J Pharm Pract* 21: 151-160.
3. Senderovich H, McFadyen K (2020) Palliative Care: Too Good to Be True?. *Rambam Maimonides Med J* 11: 34.
4. Oluyase AO, Hocaoglu M, Cripps RL, Maddocks M, Walshe C, et al. (2021) The challenges of caring for people dying from COVID-19: a multinational, observational study (CovPall). *J Pain Symptom Manage* 62: 460-470.
5. Tait P, Swetenham K (2014) Forging an advanced practice role for pharmacists in palliative care. *Pharm Pract Res* 44: 120-124.
6. Kuruvilla L, Weeks G, Eastman P, George J (2018) Medication management for community palliative care patients and the role of a specialist palliative care pharmacist: A qualitative exploration of consumer and health care professional perspectives. *Palliat Med* 32: 1369-1377.
7. Muroya Y, He X, Fan L, Wang S, Xu R, et al. (2018) Enhanced renal ischemia reperfusion injury in aging and diabetes. *Am J Physiol Renal Physiol* 315: 1843-1854.
8. Ellis J, Cobb M, O'Connor T, Dunn L, Irving G, et al. (2015) The meaning of suffering in patients with advanced progressive cancer. *Chronic Illn* 11: 198-209.
9. Schenker Y, Arnold R (2015) The Next Era of Palliative Care. *JAMA* 314: 1565.
10. Schenker Y, Crowley-Matoka M, Dohan D, Rabow MW, Smith CB, et al. (2014) Oncologist Factors That Influence Referrals to Subspecialty Palliative Care Clinics. *J Oncol Pract* 10: e37.