

New Seal of Quality as a Result of Empirical Studies: Palliative-friendly Hospital and Palliative-friendly Residential Care Facility

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Received date: March 16, 2016; Accepted date: March 18, 2016; Published date: March 21, 2016

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Editorial

Up to now there are no empiric results to the care quality of the care of dying at nursing homes. In this from 30-40% of all Germans pass away. Thus it is to be described to the aim of the study carried out in 2014, the nursing, medical and psychosocial situation and to formulate improvement suggestions.

All together 2080 questionnaires of employees from 467 nursing homes came into the evaluation. With their choice federal state, size and situation of the equipment as well as their sponsorship were considered. A proven questionnaire slightly conformist for this purpose was used. This encloses 11 institution-related, personal and 33 content variables [1]. It can be shown that the temporal and personnel resources are described by one third of the interviewees as very insufficient Only 34% give that professionally certified maintaining supply the dying. Half (53%) gives that for this with the complementary care partners was co-operated. 38% feel prepared by her education good or very good, 31% badly on the Sterbebetreuung. 44% attest to themselves the possibility on the situation to have influence. 75% give that after the death talks with the colleagues take place.

In 6 of 10 facilities the possibility insists that members can spend the night. Members are included to 33% obligingly in the care of the dying. 27% of the interviewees give that her equipment is supported regularly by honorary employees. 75% give that the pain- and symptom control succeed. 30% give that it came to no needlessly life-extending interventions. The group which describes this as a norm is similarly big. Only 35% give that basically about the forecast was cleared up [2]. Although 35% of the interviewees give that pass away basically only patients, 75% of the interviewees are persuaded of the fact that in her job a stately death is possible. It could be shown that in bigger, urban-stamped and private facilities, the more problematic conditions exist. The arising recommendations have turned out up to now a little effective [3]. Hence, the author recommends to check the

care process of dying by an independent quality inspection society. The facilities which dispose of good and very good care processes had to go by one "Deutsches Palliativsiegel" are distinguished.

The central challenge in the care for the dying in Germany is to provide a dignified death regardless of the place of death safely. Because approximately 85% of all people in Germany die in inpatient facilities, the primary attention should particularly focus on these areas of work. For this purpose, the quality seal "palliative-friendly hospital" was developed. A total of 101 relevant criteria in the areas of communication, decision making, spatial and temporal situation, family integration, training, symptom control, and treatment, internal and external co-operation were identified [4]. At last 22 criteria include the test method. In this way, the hallmark of a dignified death care, of the necessary structural quality, process quality and the quality of results achieved to date are recorded. With the death care mandated institutions have the opportunity to purchase the new quality seal in a separate process combined. The aim is, however, that the seal is acquired as part of the general audits of the facilities. First awards of German and Austrian hospitals encourage for further action. A systematic evaluation has yet to be completed.

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