

COMFORT CARE ORDER SETS IN AMBULATORY SETTING



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INTRODUCTION

According to two Swiss surveys, many elderly people would like to die at home. The reality is different and most die in hospital. There are numerous reasons for this discrepancy, notably the lack of end-of-life drugs available at home. General practitioners may not have palliative training, and palliative care team intervention may not always be possible/necessary.

OBJECTIVE

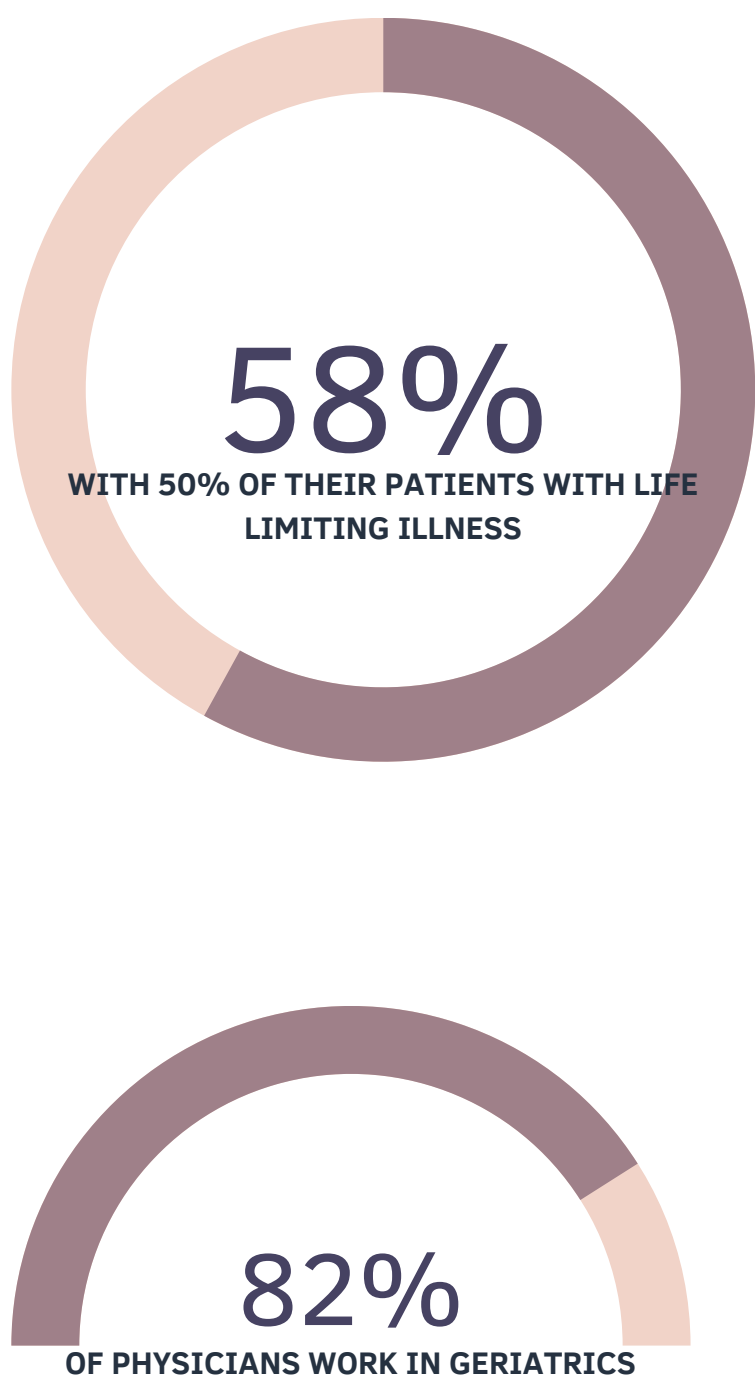
Understanding current barriers for prescribing end of life medications and the potential impact of comfort care order sets.

METHODOLOGY

An electronic survey was sent to physicians in ambulatory, geriatrics, and palliative care units. The survey addressed questions regarding current prescribing practices including knowledge and comfort of prescribing end-of-life medication. Surveys were anonymous.

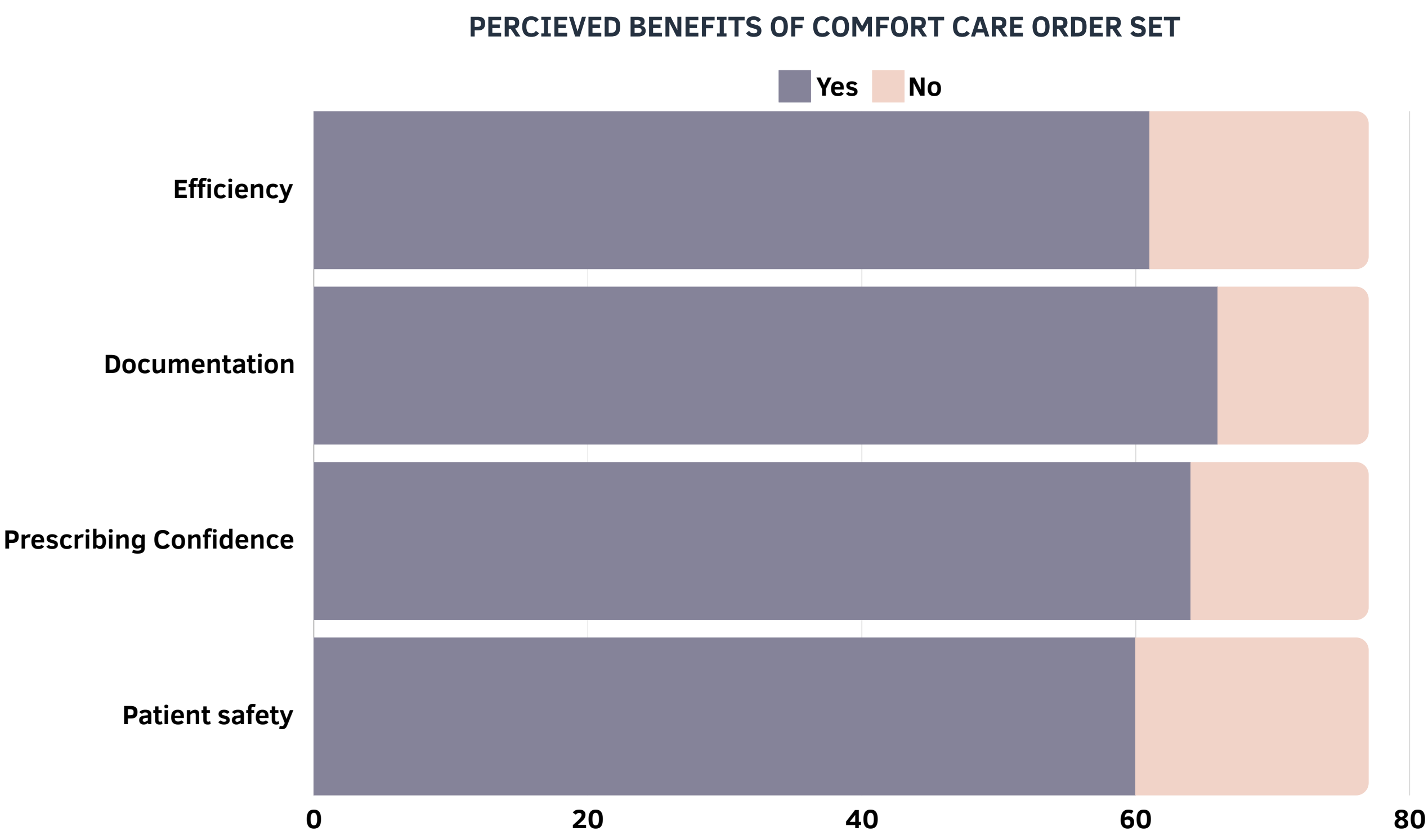
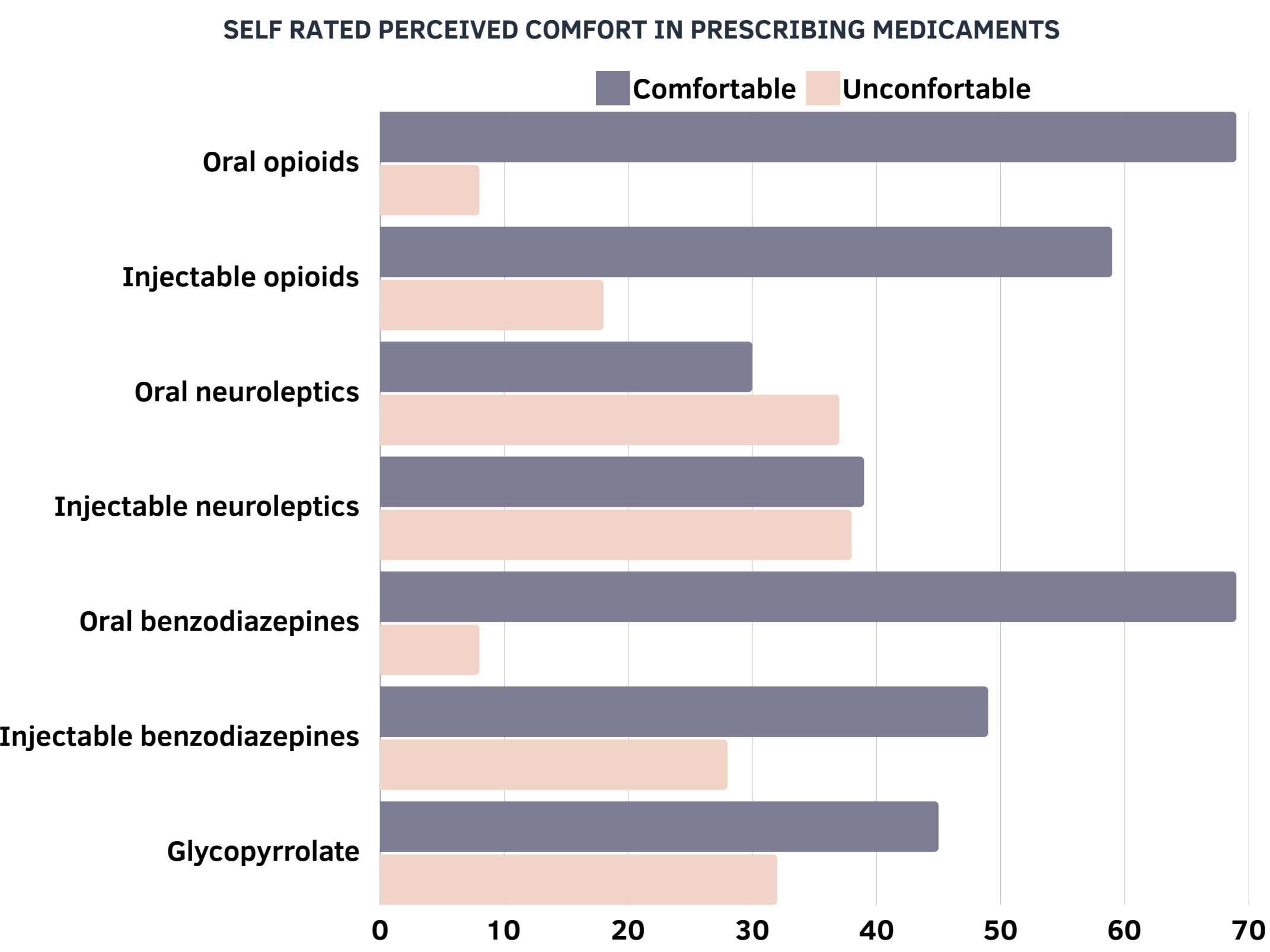
RESULTS

82 physicians surveyed with the majority working in geriatrics. 58% self-report that a majority (>50%) of their patients have a life limiting condition. 90% of physicians surveyed said they felt comfortable identifying patients with palliative care needs, however only 68% felt comfortable with initiating end-of-life care. 85% felt that having automated indicators identifying palliative care patients integrated in their medical records would be helpful.



DISCUSSION

Our results show that although many feel comfortable in identifying patients who meet palliative care criteria, there is a discrepancy with initiating treatment. Notably with certain medications (ie neuroleptics, and injectables), the comfort level is reduced. Regardless of the comfort, more than 80% feel that comfort care order sets would improve the efficiency, documentation, confidence and patient safety.



CONCLUSION

The study shows that physicians who work in a geriatric setting with many patients with a criteria for palliative care feel they would benefit from order sets despite their pre-existing comfort level. More studies are needed to see if comfort care order sets in ambulatory setting will translate to the same perceived benefits.

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