

Abstract number: P135

Abstract type: Poster

A National Program for Palliative Care in the Netherlands

Hasselaar, Jeroen^{1,2}, van der Rijt, Karin³, Roelands, Jolanda⁴, Frohlecke, Birgit⁵, Leget, Carlo⁶, Ross, Clemence⁷, Vissers, Kris²

¹Netherlands Federation of University Medical Centres, Utrecht, Netherlands, ²Radboud University Medical Center, Nijmegen, Netherlands, ³Erasmus MC, Rotterdam, Netherlands, ⁴Stichting Fibula, Utrecht, Netherlands, ⁵Netherlands Comprehensive Cancer Organisation (IKNL), Utrecht, Netherlands, ⁶EAPC Board Member/ Universiteit voor Humanistiek, Utrecht, Netherlands, ⁷Core Group Palliative Care / Agora, Utrecht, Netherlands

Introduction: As advanced cancer and chronic disease increase, the anchoring of palliative care (PC) in national policy programs gains importance, as has been done before in Ireland. A Dutch national program with a funding of 51 million euro's has been launched to stimulate PC. The aim of this paper is to describe the constituent key factors of this program.

Methods: The program was initiated by the Netherlands Federation of UMCs (NFU) in conjunction with the Dutch core group (PC representatives). A position paper was developed early 2013. In 2013, round table meetings were organized with representatives from Dutch PC organizations to reach consensus on the main themes of the program. Additional policy meetings were organized with the Dutch Ministry of Health, leading to Parliament letters in 2013 and 2015. Regional palliative care networks were involved via their platform Fibula, supported by the Comprehensive Cancer Organisation. The program aims to improve PC for patients and relatives and will run until 2020, with periodic project calls and a national committee.

Results: Three success factors appeared constituent for the development of the Dutch national program. Firstly, consensus emerged among PC representatives about leading themes. Based on this, a matrix was developed comprising 4 themes (Table). Secondly, policy consensus was reached to allocate budget to this national program proposal. The negotiations with the Dutch Ministry of Health

Table. Dutch National Program Matrix.

Themes:	Research	Education	Implementation
1. Awareness & Culture			
2. Organisation & continuity of care			
3. care-innovation & quality			
4. Patient/relative participation			

were led by NFU/core group combining professional experience with policy impact. The third feature was the strengthening of regional collaborations between UMC centers of PC expertise and local palliative care networks, including regional PC organizations.

Conclusions: It is possible to identify constituent factors for the development of a national program for palliative care. This leads to a new phase in palliative care in the Netherlands and may also inspire other EAPC members.

Abstract number: P136

Abstract type: Poster

Implementation of PaTz Palliative Home Care Groups Improved the Way General Practitioners and District Nurses Define Patients Eligible for Palliative Care

Onwuteaka-Philipsen, Bregje D, van der Plas, Annicka G, Schweitzer, Bart, Pasman, H Roeline W

Dept of Public and Occupational Medicine, EMGO Institute, Expertise Center for Palliative Care, VU University Medical Center, Amsterdam, Netherlands

Background: In PaTz-groups general practitioners (GPs) and community nurses have regular meetings to improve palliative home care, inspired on GSF. A central aim is to timely identify patients in need of palliative care. PaTz participants should realize that patients can be eligible for palliative care

- (1) when they would not be surprised if the patient would die within a year or 6 months, and
- (2) also before all curative or life-prolonging treatments have stopped.

Aim: To study whether the implementation of PaTz had an effect on elements PaTz participants mention in defining who is eligible for palliative care.

Methods: Questionnaire study before and 14 months after implementation of PaTz in 40 PaTz groups. In the pretest 235/361 (65%) of GPs and 54/119 (45%) of community nurses responded; corresponding figures for the post test: 197/358 (55%) and 58/111 (52%). For all respondents who answered the open ended question on the definition of patients eligible for palliative care both times (n=164) the answers were coded; pre/posttest differences were tested with a McNemar test.

Results: After implementation of PaTz participants mentioned significantly more often the life expectancy of a patient being limited to a year or six months as element of being eligible for palliative care

(from 28% to 41%). The element 'no more treatment options' was mentioned significantly less often in the post-test (from 46% to 33%). Also for GPs and community nurses separate the same results were found. Other

elements mentioned most (posttest) were having a disease one would die from (36%), functional status or symptom burden of the patient (12%) and content or intensity of care (10%).

Conclusion: PaTz resulted in has brought about a positive change, with a palliative care definition more in line with the one of WHO. Possibly because of the attention in PaTz for among others the surprise question. Yet, the results also show room for further improvement.

Funding: ZonMw, PvF stichting.

Abstract number: P137

Abstract type: Poster

The Role of General Practitioners and Integrated Palliative Care at the End of Life from a Patients Point of View

Linge-Dahl, Lisa¹, Hesse, Michaela¹, Hughes, Sean², van der Eerden, Marlieke³, Van Beek, Karen⁴, Van Ende, Suzy⁴, Csikos, Agnes⁵, Radbruch, Lukas¹

¹Department of Palliative Medicine, University Hospital Bonn, Bonn, Germany, ²International Observatory on End-of-Life Care, Division of Health Research, Lancaster University, UK, Lancaster, United Kingdom, ³Radboud University Medical Center, Nijmegen, Netherlands, ⁴University Hospitals Leuven, Leuven, Belgium, ⁵Pecs University Hospital, Pecs, Hungary

Research questions: The early integration of palliative care treatment for patients with life limiting diseases is an important topic improving the efficiency level and quality of care. General practitioners (GPs) are part of this process because of their close contact to the patients that in many cases persists long term. But does the role of GPs change with the engagement of integrated palliative care (IPC) initiatives and if so, how is this perceived by patients and family care givers?

Methods: In the framework of the mixed methods InSup-C study 157 patients and 90 family care givers at the end of their life being treated by one of the 18 palliative care initiatives from four countries

(NL, BE, DE and the UK) were interviewed using a semi-structured approach. The transcripts of these interviews were qualitatively analysed in the light of an internationally agreed codebook.

Results: The role and engagement level differs from country to country. In Germany and the UK this data demonstrated that GPs often assume an administrative role when specialists (IPC teams, oncologist or other) get involved, limiting the work of GPs to making referrals and prescribing medications. Some GPs remain in their function as the primary person of trust. In Belgium and the Netherlands more GPs seem to continue their close contact and intensive treatment after the onset of palliative care treatment

which only holds an advisory role. Patients and family care givers are sometimes disappointed if the role of the GPs changes to less engagement.

Conclusion: The role of GPs after the onset of IPC can change in a more pronounced ways than might have been expected. What is most important to patients and family care givers, is to have a person of trust who can be contacted 24/7. It is necessary to evaluate how far the role of a GP can be compensated by an integrated palliative care initiative. Structural reorganisation might be necessary to prevent an overload of IPC initiatives.

Abstract number: P138

Abstract type: Poster

Development of a Database for Drug Compatibility

Remi, Constanze^{1,2}, Bausewein, Claudia¹

¹Department of Palliative Medicine, University Hospital of Munich, Munich, Germany, ²Pharmacy, University Hospital of Munich, Munich, Germany

Background: The parenteral route of drug administration is an essential alternative for patients where other routes are not feasible due to various causes. Mixing several drugs in one infusion device in order to achieve symptom control in a low-technology setting is common practice in palliative care although it is associated with the risks of drug incompatibility. Laboratory data on drug compatibility in palliative care is scarce. Due to a variety of influencing factors neither the laboratory data nor the clinical experiences alone can cover all aspects of drug compatibility.

Aim: To set up a database for collecting compatibility data as well as clinical experiences in order to increase knowledge on drug admixtures in palliative care.

Methods: The database was set up including a questionnaire for a structured clinical compatibility assessment. This was based on a review of the literature, databases and books for compatibility data relevant for the palliative care setting. The questionnaire was developed and piloted among in- and outpatient palliative care teams. Results from the literature review were integrated into the same database that is used by clinicians entering the compatibility data.

Results: In October 2015, compatibility data for 32 drugs relevant to palliative care and a total of 130 datasets on different drug admixtures have been included into the database so far. The database will be accessible for clinicians starting in December 2015. As data collection is ongoing during the preparation of this abstract, the final results will be presented at the conference.

Discussion: The combination of laboratory data and clinical experiences on drug compatibility can help to increase knowledge in this area and thus help to improve drug safety in palliative care infusions therapy.