SCALING UP PALLIATIVE CARE THROUGH INTEGRATED CARE PATHWAYS
GOMBE HOSPITAL-BUTAMBALA

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Background
Palliative care services are lacking in rural hospitals. Implementing palliative care services in rural areas requires knowledge of available resources, specific barriers, and a commitment from the hospital and community.

Objective
To describe the role of integration of services in scaling up palliative care and raising public awareness of the importance of palliative care in the hospital catchment area.

METHOD
After training of the hospital palliative care team, a facility based palliative care model was chosen as a cost effective way of service delivery. Team members were assigned roles and responsibilities; services were integrated into the daily schedule. Link nurses on wards provided health education to all in-patients about selected topics; they also identified needy clients and linked them to a palliative care practitioner. Triage nurses with palliative care knowledge were deployed in special clinics and OPD to identify the “needy clients” and link them to a palliative care practitioner; provide psycho-social counselling. “Spiritual ward rounds” were conducted on a regular basis by invited spiritual leaders and sometimes for dying patients, special prayers were arranged. Clients with physical pain were managed by the team and followed up using phones.

LESSONSlearnt
Number of in-patients receiving end of life care increased; Morphine consumption increased from 3500mls to 9000mls within 3months; Clients got a better understanding of their rights and responsibilities; Team members developed personal skills and reoriented health services towards partnerships with the community; Care takers’ acceptance of loss and dying improved.

DISCUSSION AND CONCLUSION
Integration enhances collaboration and participatory relationships; recognizes the social character of health, illness and dying; emphasizes education and information-sharing.
Significant barriers to integrating palliative care exist: lack of mentorship, and access to palliative care resources; inadequate basic knowledge about palliative care strategies; inadequate resources and limited training/skills in palliative care.

RECOMMENDATION
Community hospitals offer untapped potential as a means to counter inequities in access to general palliative care, however there's need for integration within a framework for care.