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Building Bridges

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Abstracts

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engagement/understanding', 'conflict among different provincial health service initiatives', and 'lack of infrastructure' were identified as the most important local barriers. From a health practitioner point of view, 'lack of time to engage patients', and 'inadequate electronic reporting systems' were identified as significant barriers. 'Mastery of the skills needed', and 'emotional discomfort with initiating the ACP/GCD process' were also highlighted. These barriers were then explored through a semi-structured interview with key informants, who identified mitigating approaches.

Conclusion: Identifying and addressing local barriers to the uptake of innovation has been described as a core element of successful knowledge translation. Identifying and addressing local barriers to ACP uptake and identifying mitigating strategies through discussion with key informants was successfully undertaken through a brief survey and group discussion.

Abstract number: P2-339

Abstract type: Poster

Evaluation of the Efficacy of Psychosocial Teams' Intervention: A Randomized, Open, Controlled, Multi-centred Phase III Study

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Background: The Program for the Comprehensive Care of Persons with Advanced Diseases from 'la Caixa' Foundation (PCCPAD-CF) has implemented psychosocial teams that offer support in regards to emotional, spiritual and social issues and contribute to patients' integral care.

Aims: To evaluate the efficacy of the psychosocial teams' intervention on levels of emotional distress in people with advanced disease and emotional distress as measured by the Detection of Emotional Distress (DED) scale, being moderate (DED≥9) or severe (DED≥13).

Methods: A randomised, open, controlled, multi-centred, phase III study. 80 subjects (candidates to be taken care by the PCCPAD-CF, being ≥ 18 years old and giving informed consent) are randomised in a 1:1 ratio to Arm A: psychosocial intervention every 3 days (days +2 and +6) during a period of 7 days in combination with conventional intervention or Arm B: conventional intervention.

Psychosocial intervention consists of addressing patient's emotional distress through psychotherapeutic techniques depending on each patient's needs. Conventional intervention consists of non-specific psychosocial intervention offered by healthcare professionals. DED scale is administered to all enrolled subjects at days +2 and +6. Method of statistical analysis: Primary efficacy endpoint is the proportion of subjects with DED < 9 at 7 days after completed intervention. Test Z for two proportions will be used to determine if hypothetical difference between population proportions differs significantly from that observed in the samples. An interim analysis of data will occur when reached half the planned recruitment (40 subjects).

Results: Recruitment is currently ongoing (11.2% completed by October 2014). Results from the interim analysis are expected to be available in June 2015.

Conclusion/discussion: A study to evaluate efficacy of psychosocial teams' intervention within PCCPAD-CF has been designed and implemented.

Abstract number: P2-340

Abstract type: Poster

The Cost of Palliative Care in Breast, Colorectal and Prostate Cancer

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Aims: To explore the resource use and cost of palliative treatment among breast (BCa), colorectal (CRC) and prostate cancer (PCa) patients.

Methods: Patients in palliative care were recruited from the Helsinki University Hospital's Department of Oncology and from a local hospice (Terhokoti). Resource use, demographics and cost data at 2010 price level were extracted from a wide range of registers, and a self-administered questionnaire. Costs were divided into 1) direct health care costs (HCC), i.e., medication and in- and out-patient costs, 2) productivity costs, i.e., the value of days absent from work due to cancer, and 3) informal care costs, i.e., care given free by family or friends. Time dependency of HCC was explored by dividing them into two-week periods in the last 12 weeks of life.

Results: Of the 70 palliative care patients 43 (61%) were males, the median age was 70 (range 35–87), 13 had BCa, 33 had CRC, and 24 had PCa. The mean duration of palliative treatment was 179 days: 59 in BCa, 181 in CRC, and 239 in PCa, respectively. The last two weeks of life contributed 27% of the total HCC. The costs of palliative care were higher in patients living alone (Table). This was especially true for inpatient care (11013 vs. 4879 euro, p=0.018).

	Informal care	Productivity cost	Direct health care cost	Total cost
Cohabiting	5341(31)	2414(14)	9614(54)	17369(100)
Non-cohabiting	7657(23)	7664(23)	17642(55)	32963(100)
All patients	6136(27)	4216(19)	12370(54)	22722(100)

[Mean cost of palliative care in euros (%)]

Conclusions: Costs of palliative care are substantial but only a relatively small proportion of the costs is caused by direct health care resource utilisation. These costs are highest during the last two weeks of life. Living alone is clearly associated with higher costs and more inpatient days. Therefore, more support should be arranged for patients living alone to enable end-of-life care at home.

Abstract number: P2-341

Abstract type: Poster

Because Trust and Justice Matter: Perceptions of Health Professionals Providing Palliative Care in Primary Care Services

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Background: Organisations' true sustainable advantage is its people. Health professionals are key-players in providing quality patient-centred care. Their perceptions of the structure and processes of the workplace may affect their performance and quality of care. Trust and procedural justice are core features in healthcare organisations. Studying these variables is relevant to evaluate micro, meso and macro outcomes in health services research and evaluation.

Aims: To analyse the relationship between two organisational contextual factors (trust and procedural justice) and psychological empowerment among professionals providing generalist palliative care in primary care settings.

Methods: As part of a larger multicenter survey study, a random sample of 209 professionals (nurses and physicians) providing primary palliative care in two Spanish regions was drawn. Three pre-validated scales were used to measure trust, procedural justice and professional empowerment: The Trustworthiness, the Procedural Fairness and the Psychological Empowerment Questionnaires. Multiple regression analyses were performed to study the hypothesis of trust and procedural justice being positively associated with psychological empowerment.

Results: As hypothesised, both trust (β=.164, p<.05) and procedural justice (β=.229, p<.01) in the workplace were significantly and positively associated with perceptions of psychological empowerment in health professionals from primary palliative home care services.

Conclusions: Based on these findings, recommendations can be made to ensure that healthcare managers and professionals leading primary care teams facilitate the implementation and delivery of palliative care by promoting trustworthiness and fairness in their teams. These are critical to create conditions (trust within teams and fairness of formal decision-making policies) that facilitate teamwork and promote empowerment in primary care settings, contributing to the quality of care provided.

Abstract number: P2-342

Abstract type: Poster

Burnout in Palliative and Intensive Care Units: Does it Make a Difference?

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Background: Repeated contact with dying and death is a major burnout risk factor. Hence, professionals working in palliative and intensive care are at special risk.

Aims: To identify and compare burnout levels and its related factors among professionals working in palliative and intensive care units in Portugal.

Methods: Multicenter quantitative, comparative study. The Maslach Burnout Inventory was used for data collection together with a questionnaire of socio-demographic and profession-related variables, and a questionnaire of work-related experiences in the week and day prior to completion. 392 professionals participated in this study; 92 worked in palliative care units (PCUs) and 300 in intensive care units (ICUs). Univariate and multivariate logistic regression analyses were performed; OR sidelong with 95% of CI were calculated.

Results: While 25% of the professionals working in ICUs exhibited burnout, only 3% of those working in PCUs exhibited this syndrome. Univariate logistic regression analysis showed that burnout was inversely associated with working in PCUs (OR= .419; .224–.785 95%CI). When controlling for other variables (e.g., professionals' socio-demographic characteristics, post-graduated education in intensive/palliative care, work-related experiences), differences remained significant (OR= .396; .161–.976 95%CI). Higher levels of burnout in ICUs were related to being a nurse (OR=1.849, 95%CI 1.029–3.321) and experiencing conflicts (OR=2.170 95%CI 1.218–3.866).

Conclusions: Burnout is inversely associated to working in PCUs. Work-related experiences (e.g., conflicts in the work context) increase the risk of developing burnout among professionals providing end-of-life care. These findings suggest the need to further implement conflict-management strategies in these settings, helping professionals to cope with high-demanding situations associated to providing end-of-life care.

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