

# Checklist for integrating palliative care

Palliative care involves supporting people who have a life limiting and/or life threatening condition. As outlined by WHO, palliative care:

*“improves the quality of life of patients and their families facing the problems associated with life threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems; physical, psychosocial and spiritual.”* (www.who.int/cancer/palliative/definition)

In 2011, The Diana, Princess of Wales Memorial Fund and The True Colours Trust each provided £300,000 towards the Waterloo Coalition - a time limited initiative to improve access to palliative care in Malawi and Kenya. The other members of the Coalition are the African Palliative Care Association, the Global Access to Pain Relief Initiative, the International Children's Palliative Care Network and the Worldwide Palliative Care Alliance, each of whom provided technical support and expert advice. The Coalition funded the Kenya Hospice and Palliative Care Association (KEHPCA) and the Palliative Care Support Trust in Malawi to help strengthen government health systems to deliver sustainable palliative care.

In Kenya, the government has directed that palliative care is integrated into the 11 large provincial hospitals in the public health system. The Kenya Hospice and Palliative Care Association received a grant of £129,232 to support this objective over a one-year period. Activities include training health workers, mentoring of hospitals and developing national guidelines.

In Malawi, the Palliative Care Support Trust is working to integrate palliative care into district health services in the southern region and to ensure palliative care is included in the budgets of these districts. A grant of £206,360 was made available over an 18 month period. The programmes are both due to complete this phase of their work in December 2012.

In both Kenya and Malawi there have been important changes in how people think about and provide palliative care. The learning from Malawi and Kenya can be summarised as simple checklists. List 1 contains top tips for individual hospitals and List 2 contains tips for those wanting to set up palliative care on a wider scale, co-ordinated by a regional or national programme.



# Checklist 1: Top tips for individual hospitals

- ☑ **Talk to managers** as often as possible so they know why palliative care is important and how it could help improve services, increase staff morale, increase efficiency and reduce suffering among patients and family members.
- ☑ Ask managers to **set aside resources** for palliative care, including enough money to purchase pain relief medications regularly and maybe a motorbike for outreach.
- ☑ Allocate a **hospital room** that is large enough to be used as a palliative care clinic so palliative care is visible and so a specific palliative care team can be formed.
- ☑ Make sure that at least one or two people have palliative care as their **whole job** role, so they don't have to juggle doing other things.
- ☑ Set up a **rota of doctors and nurses** to run a drop-in palliative care clinic at least once per week and have staff available to visit wards when a referral comes in.
- ☑ **Train as many people as possible**, from all cadres of health professionals. Training could be run once each year to provide a refresher and to account for staff turnover. Select people carefully to take part in training. These people need empathy and compassion and have to be able to use what they learn in practice.
- ☑ Run short awareness-raising **orientation sessions** so staff on hospital wards learn about the palliative care clinic and know how to make referrals.
- ☑ Use a **referral form** so that departments can easily inform the palliative care team when someone needs help and have the team visit wards regularly to check in.
- ☑ Reach out to **community organisations** to help with follow up at home. Volunteers from community organisations may be eager to help and get more training.
- ☑ Keep in touch with other areas and organisations to **share learning** and get new ideas.

# Checklist 2: Top tips for broader programmes

- ✓ Identify a **partner at government level** and contact government leaders regularly to let them know what is happening.
- ✓ Approach the **senior decision makers** in local areas to help them understand what palliative care is and that patients can be helped. Using personal stories can help. Ask senior managers to make a commitment to providing resources and following progress – a signed memorandum of understanding can work well to gain buy-in.
- ✓ Approach traditional leaders and other **community stakeholders** so they are aware of the programme and can pledge support publicly – local leaders can refer others.
- ✓ Petition senior managers to **allocate resources** towards palliative care, such as an appropriate drug budget and space for a palliative care clinic. This will make the changes sustainable for a longer time. Build in a budget for transport because the distances travelled are large.
- ✓ Run **short awareness-raising events** so that a large number of professionals have heard of the concept of palliative care and will be encouraged to make referrals. Train as many professionals as possible about palliative care to account for staff moving on.
- ✓ Run **longer training sessions** for a smaller number of professionals, including training about prescribing opioids. Use selection criteria to help choose which professionals would benefit most from training, including a mix of professions and those with real empathy for palliative care. Include clinical placements as an integral and required part of training.
- ✓ Include a **pharmacist** on the team helping to set up palliative care and work with central medicines supply organisations to improve access to pain relief medications because professionals may become disillusioned if drugs are not available.
- ✓ Include **follow up support** to keep professionals and managers motivated, such as regular telephone calls or mentoring visits.
- ✓ **Monitor progress** to share success stories but keep evaluation quick and simple.