Community end of life care in Switzerland – is health care going home

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### Qualität of death: the Swiss ranking

**„The economist intelligence unit“ 2010**

<table>
<thead>
<tr>
<th>Rank</th>
<th>Country</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>UK</td>
<td>7.0</td>
</tr>
<tr>
<td>2</td>
<td>Austria</td>
<td>6.9</td>
</tr>
<tr>
<td>3</td>
<td>New Zealand</td>
<td>6.8</td>
</tr>
<tr>
<td>4</td>
<td>Ireland</td>
<td>6.8</td>
</tr>
<tr>
<td>5</td>
<td>Belgium</td>
<td>6.6</td>
</tr>
<tr>
<td>6</td>
<td>Austria</td>
<td>6.6</td>
</tr>
<tr>
<td>7</td>
<td>Netherlands</td>
<td>6.3</td>
</tr>
<tr>
<td>8</td>
<td>Germany</td>
<td>6.2</td>
</tr>
<tr>
<td>9</td>
<td>Canada</td>
<td>6.2</td>
</tr>
<tr>
<td>9</td>
<td>US</td>
<td>6.2</td>
</tr>
<tr>
<td>11</td>
<td>Hungary</td>
<td>6.1</td>
</tr>
<tr>
<td>12</td>
<td>France</td>
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<td>Norway</td>
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<td>14</td>
<td>Taiwan</td>
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<tr>
<td>15</td>
<td>Poland</td>
<td>6.0</td>
</tr>
<tr>
<td>16</td>
<td>Sweden</td>
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<tr>
<td>17</td>
<td>Luxembourg</td>
<td>5.9</td>
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<tr>
<td>18</td>
<td>Singapore</td>
<td>5.5</td>
</tr>
<tr>
<td>19</td>
<td>Switzerland</td>
<td>5.1</td>
</tr>
</tbody>
</table>

„Quality of death“ – ranking Eol - care across the world

- Basic end-of-life healthcare environment: 1st. CH
- **Main problems CH: Information, Access, Reimbursement Homecare**
Setting of end of life care
A burning question

Increase of number of deaths – also in Switzerland

Anzahl Todesfälle CH

Quelle: Bundesamt für Statistik (2007)
Expectations: specialist care, institutional care

......or physician assisted suicide
Goal:

Improving community end of life care

Esp. readiness of the community/ the broad public:

CH: a developing country in terms of palliative care and community participation
Our project

To create and test a set of actions on three levels

1. Community members/ lay carers
2. Professional (primary) carers incl. volunteers
3. Administrators/ organisational framework

Participatory action research to improve access & attractiveness of home care at the end of life and beyond (chronic care)
WHO and GSF

Innovative Care for Chronic Conditions Framework

Positive Policy Environment
- Strengthen partnerships
- Support legislative frameworks
- Integrate policies
- Promote consistent financing
- Provide leadership and advocacy
- Develop and allocate human resources

Community
- Raise awareness and reduce stigma
- Encourage better outcomes through leadership and support
- Mobilize and coordinate resources
- Provide complementary services

Health Care Organization
- Promote continuity and coordination
- Encourage quality through leadership and incentives
- Organize and equip health care teams
- Use information systems
- Support self-management and prevention

Links

Community Partners
- Prepared
- Informed

Health Care Team
- Prepared
- Motivated

Patients and Families

Better Outcomes for Chronic Conditions

www.goldstandardsframework.nhs.uk
Research question

Which factors contribute most positively to allow people to die at home as their preferred place of death?
The Goals of the project

• To identify barriers and challenges for community palliative care networks in Switzerland compared to other countries and cultures and to provide guidance for such networks through a number of living models (“model communities”)

• To define roles and collaboration within interprofessional care teams including volunteers in palliative care and to test the results in daily care (model communities). To discuss the definition of “professionalism” within the context of dying and death.

• To establish structure and process for efficient end of life care in Switzerland and to apply the results in model communities. A) organisational issues within institutions/ among institutions; B) incentives for professionals + total costs
NFP „end of life“: 5 years, 15 Mio CHF

Our research plan

<table>
<thead>
<tr>
<th>Cohort 1</th>
<th>Intervention(s)</th>
<th>Cohort 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 parts: questionnaire related to</td>
<td>3 parts:</td>
<td>Outcomes regarding</td>
</tr>
<tr>
<td>Project 1</td>
<td>1. Patient/Family</td>
<td>1. Patient/Family</td>
</tr>
<tr>
<td>Project 2</td>
<td>2. Professional Team</td>
<td>2. Professional Team</td>
</tr>
<tr>
<td>Project 3</td>
<td>3. Policy and organisational framework</td>
<td>3. Policy and organisational framework</td>
</tr>
</tbody>
</table>

Phase 1: Year 1 +2 = baseline (cohort 1) + preparation interventions

Phase 2: year 3, 4, 5 = Interventions in selected regions + Cohort 2 (Incl. Evaluation)
NFP „end of life“: outcomes

Two bigger regions (Eastern CH, Geneva)
Two major diagnoses (ESHD, lung cancer)

Expected outcomes:
- Increase quality of eol Care
- Increased nr. home deaths
- Decreased costs (last 4 weeks)
- Increased satisfaction/ decreased distress carers (lay/ professionals)

→ “Community End of life care – Pathway” for Switzerland.
And learning from ressource poor countries

From a joint project with Kerala (2007-2009): handbook of community palliative care

To a new collaboration with Tansania (with strong ties to CH) = project 4
Partners

• **Project 1: „readiness“**
  Institute for community care, Univ. Geneva (A. Gaspoz);
  Institute for social and preventive medicine, Univ. Zurich;
  Institute for public health and tropical medicine TPH, Univ. Basel

• **Project 2: „interprofessional roles“**
  Institute for work psychology, Univ. Berne (A.Elfering)

• **Project 3: „Incentives and costs“**
  Inst. for organisational management, Univ. St.Gallen (J.Ruegg);
  Inst. for health economics, Univ. Lausanne

Coordination: Center for Palliative Care, St.Gallen