

# **The experiences and results of 3 years hospital consultation in palliative care**

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# The start

**2006**

May: startdocument for the hospitalboard

July: signed projectplan

August: projectteam

September: vision and mission document

October: jobprofile NP Palliative care

November: selection of the first candidate NP



# Medical & NP formation & NP training

10 hours a week supervisor hours

2007: 20 hours consulting nurse a week  
first NP in training

2008: 49 hours  
second NP in training

2009: september 68 hours (all in)  
first NP registered

2010: Second NP registered  
third NP in training



# Consulting questions

|                        | In-patient clinic | Out-patient clinic | Home visiting | <b>Total</b> |
|------------------------|-------------------|--------------------|---------------|--------------|
| <b>2007</b>            | 92                |                    |               | <b>92</b>    |
| <b>2008</b>            | 268               |                    |               | <b>268</b>   |
| <b>2009</b>            | 294               | 72                 | 19            | <b>294</b>   |
| <b>2010</b><br>27-9-10 | 307               | 48                 | 13            | <b>368</b>   |
|                        | (420)             | (66)               | (18)          | <b>(504)</b> |



## Questions from clinic

| <b>Ward</b>                      | <b>2009</b> | <b>2010</b> |
|----------------------------------|-------------|-------------|
| Oncology<br>26 beds              | 71          | 57<br>(78)  |
| Lungdis.<br>38 beds              | 23          | 54<br>(74)  |
| Neurology<br>38 beds             | 27          | 37<br>(51)  |
| Gastro-<br>enterology<br>37 beds | 26          | 54<br>(74)  |



# Consultations during the week

| Day       | Percentage consults |
|-----------|---------------------|
| Monday    | 8%                  |
| Tuesday   | 13%                 |
| Wednesday | 21%                 |
| Thursday  | 28%                 |
| Friday    | 30%                 |



## Procedure

- consulting form
- sections calls the APN
- appointment with patient and family member(s)
- making the first consult
  - ✓ questions from patient / family
  - ✓ 8 domains of palliative care
  - ✓ information & support
- report to, discussion and policy with supervisor
- advise for the section physician
- evaluation results



## Kind of questions (1)

### Symptommanagement

- painproblems
- nausea & vomiting
- dyspnoea
- uncomfortable
- delirium





## Kind of questions (2)

### Social & psychological

- support of the patient
- support of patient and family
- support young children
- anxiety

### Careproces

- discharge to own home?
- support discharge



## Kind of questions (3)

### End of life care

- where to die?

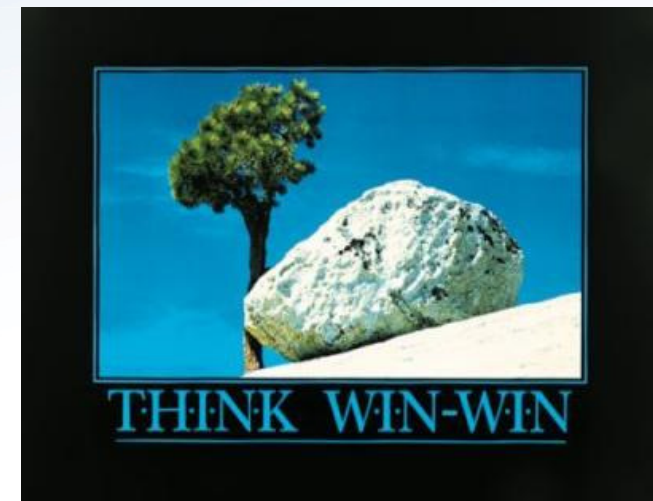
### End of life care & ethical and juridical

- palliative sedation
- euthanasia

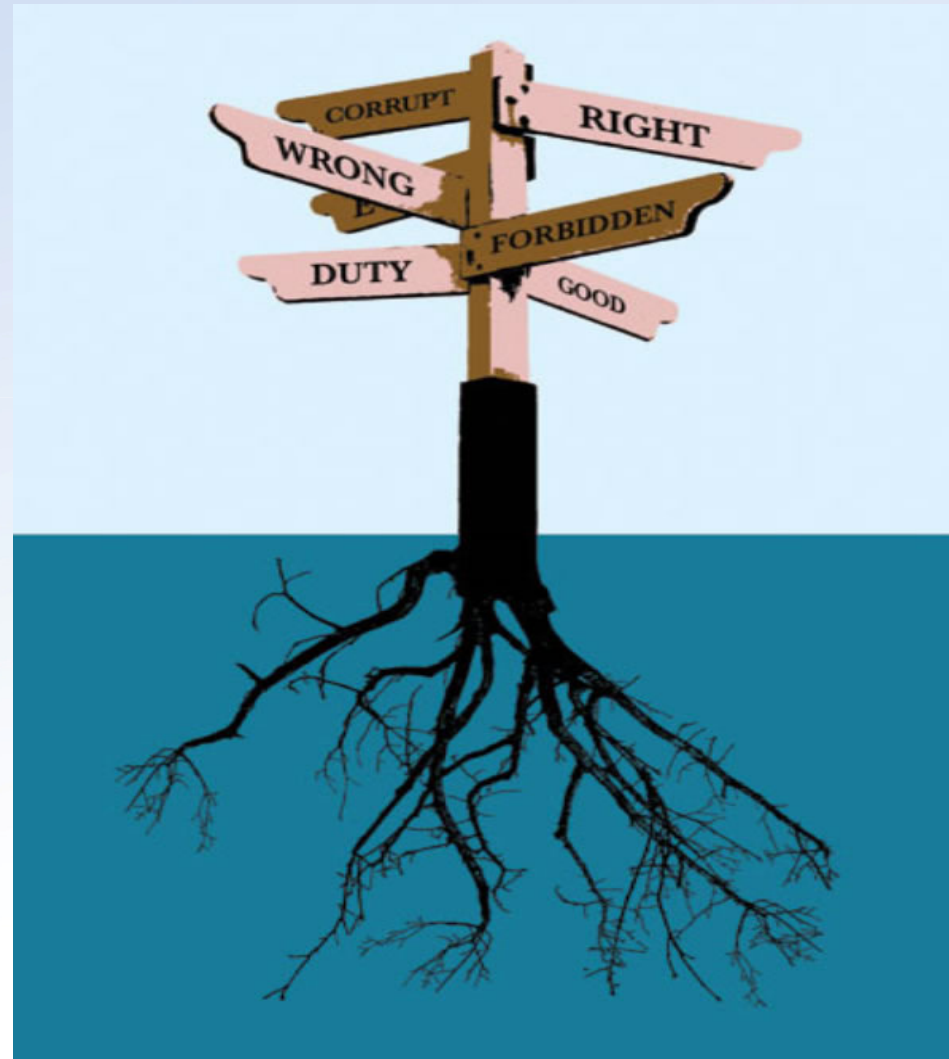


# Multidisciplinary meeting

- first skill of the consulting team
- weekly: 14.00- 15.30 pm
- agenda send in the morning
- 90 minutes
- chairman medical supervisor
- NP presents patients
- painnurse presents patients
- questions & discussion
- medical and nursing policy



# Core values



# Some core values

## Value

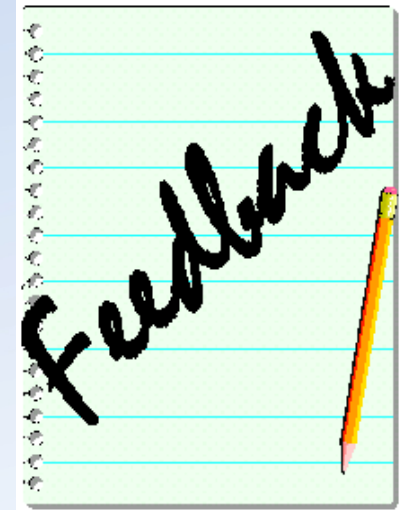
- patient centralized care
- patients have a choice
- multidisciplinary
- communication
- privacy is secured

## In practice

- total care
- advocating
- win – win situation
- more than important
- respect and reliable



## Feedback patients & family



- clarity
- good information & advise
- you ask the questions we are afraid off
- NP is easy accessible
- good symptom assessment and control
- quality of life increases
- attention to payload partners / family
- there is time to talk and support
- give attention to other questions: end of life and/or spiritual issues



## Feedback nurses

- anticipating advise
- symptom management
- added knowledge
- communication is on track
- clear structured report
- happy with support to nurses
- glad we support young people
- facilitate their 24 hours task
- good communication in difficult relations



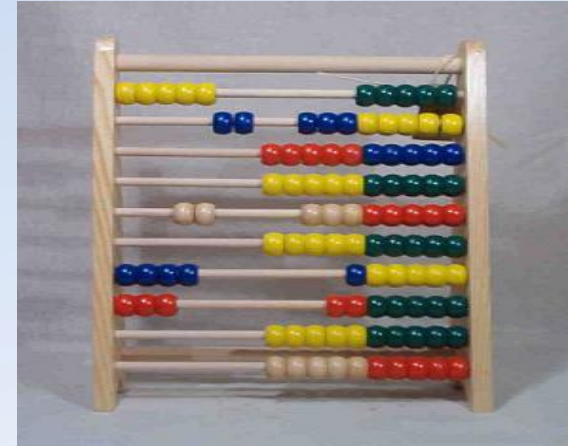
## Feedback physicians

- total view of situation
- good evidence based advise
- added knowledge
- increasing quality of symptom management
- happy with support breaking bad news
- new view on situation





# Conclusions



- patients and families are content
- physicians and team wards are satisfied and expanding knowledge
- NP is not a threat for nurses and physicians
- consultings clinic grow larger than in outdoor clinic
- most consultings at the end of the week
- home consultings stabalized



# Well built has a future

