

Challenges of setting up a Palliative Care team

Tamer Aljafari Palliative Care Coordinator Nurse RN, High diploma Oncology and Palliative Care MSN, Nursing management



Outline



- Previous palliative care in Palestine
- Lewin's force field Analysis
- Palliative care team Beginning
- Strategies for change
- Health professions response
- Characteristics of the palliative care leader
- Future Plans

Previous Palliative care in Palestine



- Cancer patients in Palestine are usually diagnosed at a late stage. (Khleif. M And Dweib. A, 2015).
- Healthcare providers living in west bank and Gaza have little or no knowledge about the principles of palliative and end of life care, week healthcare system and scarcity of resources, and unavailability of medication (Abu Seir & Kharroubi, 2017).
- Palliative care in Palestine is an emerging specialty, without organized national guidelines and programs to be study up to date for health professions (Halahleh & Gale, 2018).



Palliative Care Education





Lewin's force-field Analysis



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Driving Forces	Restraining Forces	
Administration support 10/10	Opioids are not available 10/10	
Palliative Care Specialist 9/10	Lack of guidelines 5/10	
Palliative Care Nurses 9/10	Palliative care clinical experience 5/10	
Interested and motivated people 9/10		
Palliative Care continuous Education 9/10		
1 st Palliative care team in Palestine 5/10		
Palliative care Expertise support 8/10		
59	20	

1st Unfreeze the existing situation 2nd change implementation

Palliative Care team AVH beginning



- Palliative Care was officially recognized as a service at AVH July 2019
- AVH Comprehensive Cancer Care Center (Medical Oncology, Radiation Oncology, Hematology, BMT, Infectious Disease and Palliative Care)



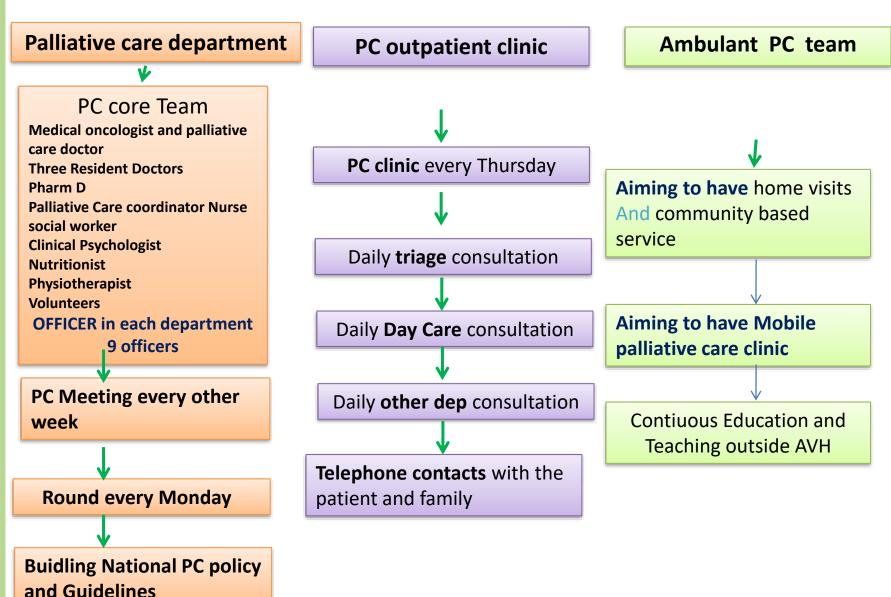
Key message

- Start small
- Involve others
- Keep going !



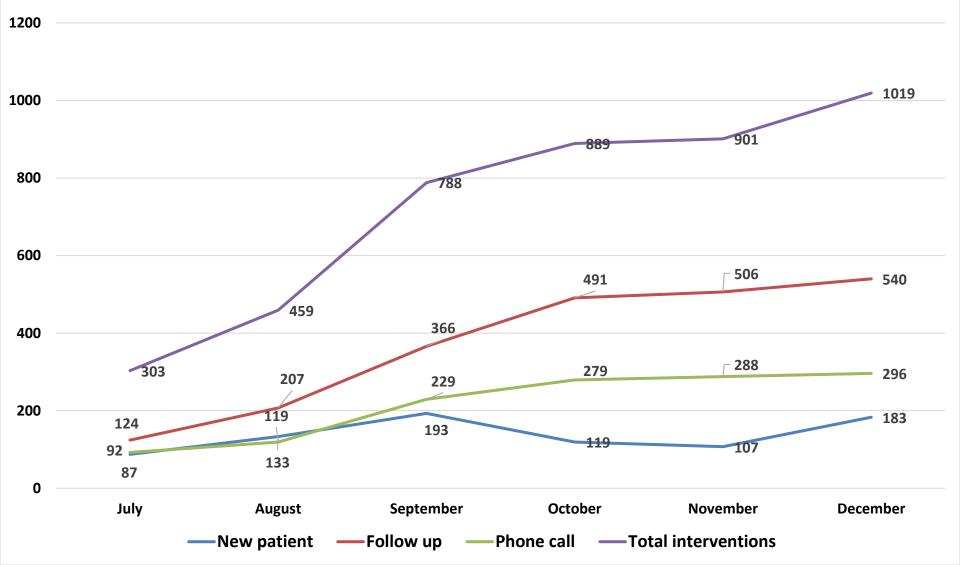
AVH Palliative Care Unit





Total interventions in the 2nd half of 2019

- Total Number of patients is 822 in 6 months
- These patients had received total interventions of 4359.



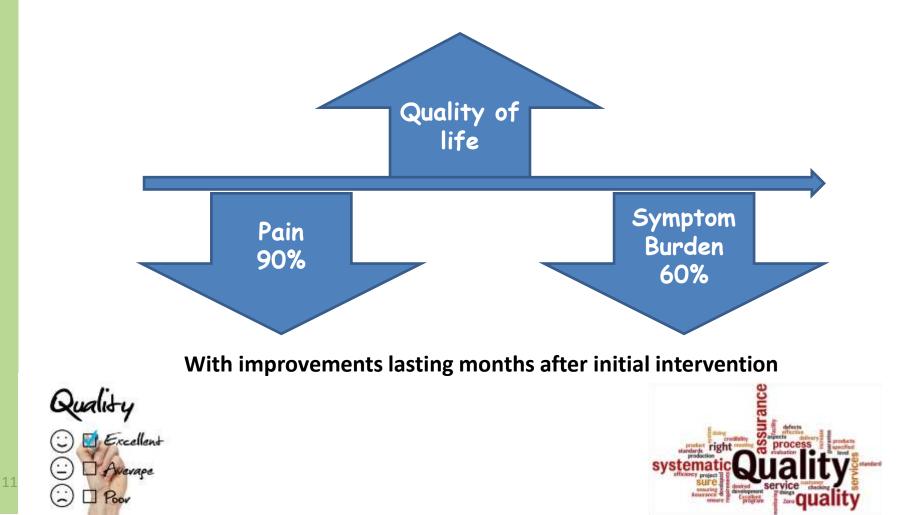
Opioid Consumption in west bank and AV



Medication	Annual Consumption	AVH annual
	(mg/capita)	Consumption for 6
		months
Morphine Immediate release		342720mg
	0.5mg	
Morphine continuous release	1	838860mg
Oxycodone Immediate release		267350mg
Oxycodone continuous release	0.14mg	407520mg
Fentanyl Patches	0.0046mg	364.795 mg
Methadone	0 mg	27800 mg
	(Palestinian National	(AVH 2019)
	Authoritiy 2011)	



Palliative Care Improves Quality of life and symptom burden



Change Strategies

- Rational-empirical: uses knowledge as power base
- Normative-reeducative: uses social. orientation and the need to have satisfactory relationships in the workplace
- Motivate employees to participate in the palliative care team activities.
- Involve others
- **Power -Reward and coercive**: uses authority





- Innovators: embrace change
- Early adopters: open and receptive to change
 - Early majority: enjoy status quo, but readily adopt change
- Late majority: skeptical of change, but will accept it
- laggards: prefer status quo and accept change with reluctance and suspicion
- **Rejecters**: openly hostile to change



Characteristics of the palliative care leader

- Ability to elicit trust and respect from employees.
- Credibility
- Flexibility
- Ability to maintain and articulate palliative care vision, mission and values.
- Ability to communicate well
- Good manager of interpersonal relationships
- Ability to involve and empower people in palliative care implementation process
- Believe the team Spirit.



Future Plans for AVH Palliative care team



- Increase Core team members, training, education and workshops
- Collaboration with Palestinian ministry of health to Establish national Palliative care Guidelines
- Community and home Based Palliative care
- Inpatient Hospice Department
- Palestinian Palliative Care Researches



