



**Integrating Palliative Care in Health System
as a key strategy to reduce the nosocomial
infections & use of antibiotics.**

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اهداف کارگاه

انتظار می رود که شرکت کنندگان در پایان بحث بتوانند به سوالات زیر پاسخ دهند :

1. وضعیت عفونتهای بیمارستانی ، مصرف انتی بیوتیک ها و مقاومت های دارویی در نظام سلامت ایران چگونه است ؟

2. وضعیت ارائه مراقبت های تسکینی در نظام سلامت ایران چگونه است؟؟

3. توسعه و ادغام مراقبتهای تسکینی استراتژی موثری بر کاهش طول مدت اقامت ، میزان عفونتهای بیمارستانی ، مصرف انتی بیوتیک ها و مقاومت های دارویی خواهد بود؟؟

سیمای خدمات بالینی کشور ما در بیمارانی که با شرایط **تحدیدکننده** **حیات (مزمن، لاعلاج و در مراحل آخر زندگی)** مواجه اند

1. خدمات پرهزینه غالباً با مصرف بیش از حد خدمات

2. در مراکز و واحدهای غیرادغام یافته

3. با پاسخگویی و بدون متولی

4. با مشکلات در دسترسی بهنگام، ترخیص علی رغم دستور پزشکی بالا

5. بدون مداومت و پی گیری و

6. طول مدت اقامت ...، میزان عفونتهای بیمارستانی ...، مصرف آنتی بیوتیک ها... و
مقاومت های دارویی...

بویژه در بیمارانی که در شرایط

تحدیدکننده (مزمن، لاعلاج و در مراحل آخر زندگی) قرار دارند

سؤال؟

آیا راه اندازی

مراقبتهای تسکینی

گامی در راستای

تعالی خدمات بالینی است؟

WHO definition of palliative care:

- **“An approach that 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.”**

- Palliative care focuses on “caring” for the patient and family, not on “curing” the patient, Can be valuable for any age and any stage of a serious, life-limiting illness, Provides symptom relief and support to help patients function as well as possible, Is used in hospitals, **other community settings, or homes**

- **Who Provides Palliative Care?**

Nurse , Nursing Assistant ,**Physician** ,Social Worker
,Psychiatrist/Psychologist, Dietitian, Chaplain ,Physical/Occupational
Therapist

• کارگروهی شماره ۱:

1- میزان نیاز به مراقبت های تسکینی در نظام سلامت ایران را در گروه بحث و برآورد نمائید:

2- چه بخشی از این بیماران در بیمارستانها بستری می شوند و برای چه مدت؟

عفونت های بیمارستانی

- Today, according to Cassini et al **2,609,911** new cases of HCAI occur every year in the (EU/EEA). The cumulative burden of the six HAIs was estimated at **501 (DALYs) per 100,000** general population each year.
- In a recent publication, **426,277** healthcare-associated infections caused by antimicrobial resistant microorganisms were calculated to occur in the EU every year.
- Attributable deaths in the EU due to antimicrobial resistant microorganisms were estimated to **be 33,110 per year**. *Wien Med Wochenschr (2019) 169 [Suppl 1]:S25–S30 <https://doi.org/10.1007/s10354-018-0676-5>*
- The rate of NI in Iran hospitals is exceptionally low when compared to its counterparts in a few other developed countries . *Pezhman et al. BMC Infectious Diseases (2021) 21:1256 <https://doi.org/10.1186/s12879-021-06948-1>*

عفونت های بیمارستانی

- Studies suggest that bacterial infection occurs in more than **one-third of patients** with advanced cancer or terminal illness and are associated with significant mortality.
- The goal of palliative care is helping people die with dignity but there comes a time when treatment may do more harm than good. Almost **90% of patients** hospitalized with advanced cancer are treated with **antimicrobials** during the **week before their death**.
- Infections are a common complication in terminal illness, and infections due to multidrug-resistant organisms (MDROs) are particularly challenging to manage in palliative care. MDROs also add psychological burden through infection prevention measures including patient isolation and contact precautions which conflict with the goals of palliation.

• مقاومت های دارویی

- The median of antibiotic prescribing in inpatient settings accounted for 68.2% of patients. The results of meta-analysis also showed that the antibiotic prescribing accounted for 39.5%, 66%, and 75.3% of patients in all wards, pediatrics wards, and ICU wards respectively. Nabovati *et al.* *Antimicrob Resist Infect Control* (2021) 10:15-<https://doi.org/10.1186/s13756-021-00887->
- One of the main problems of public health is multidrug resistance. High utilization of last line and reserve antibiotics is one of the main responsible factors for multidrug resistance.
- According to this study, insufficient and ineffective interaction and information flow regarding antibiotics between agents are among key causes of irrational antibiotics use in Iran. Sharif *et al.* *BMC Public Health* (2021) 21:778 <https://doi.org/10.1186/s12889-021-10619-w>
- studies' conclusions about antimicrobial therapy in survival of patients: No difference between treated and not treated .*Supportive Care in Cancer* (2018) 26:1361–1367-<https://doi.org/10.1007/s00520-018-4090-8>

مقاومت های دارویی

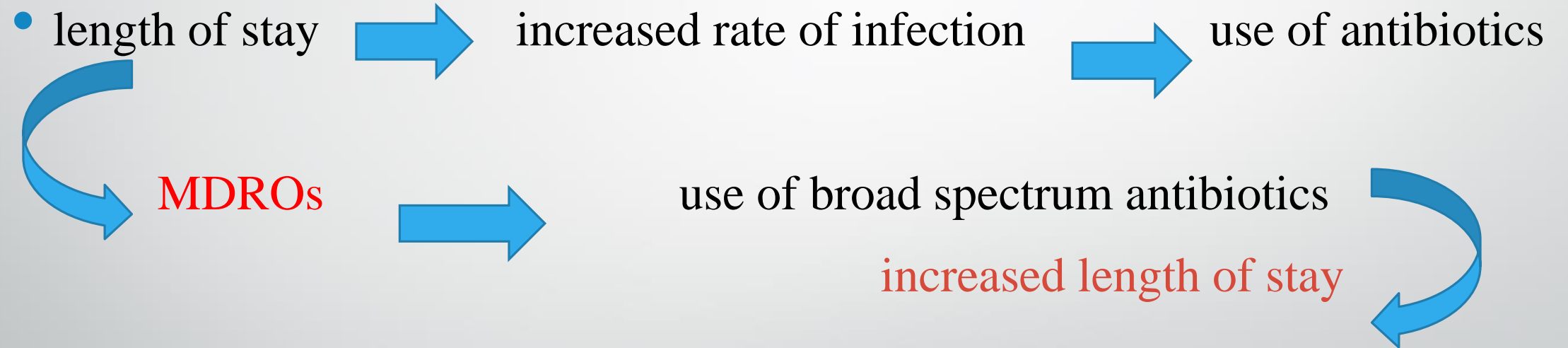
- The burden of MRSA among hospitalized patients and nursing home residents appears greater than the burden of MRSA among patients receiving palliative care. For example, 20% of intensive care unit (ICU) patients and up to 50% nursing home residents carry MRSA
- Antimicrobial therapies and infection prevention methods for MDROs are complex, confer significant physiologic and psychosocial risks, and often conflict with the goals of palliation.
- The ethical aspects of managing MDROs in palliative care patients are also problematic.
- Further research is needed to quantify the burden of MDROs in palliative care settings and inform advance care planning interventions for patients and clinicians.

طرق انتقال عفونتها

- **Means of MDROs Transmission:** Among patients and health care personnel, microorganisms are spread to others through four common routes of transmission: contact (direct and indirect), respiratory droplets, airborne spread, and common vehicle. Vector borne transmissions (from mosquitoes, fleas, and other vermin) are atypical routes in U.S. hospitals.
- specific transmission pathways: (1) patient to HCW, (2) patient to environment, (3) HCW to patient, (4) environment to patient, and (5) environment to HCW
- The effect of palliative –home care in **MDROs Transmission?**
- There is a great need for studies examining the prevalence of all MDROs in the PC setting - <https://doi.org/10.1089/jpm.2019.0654>

مصرف انتی بیوتیک ها

- **Conclusions:** A vicious circle in palliative care involves the following order:

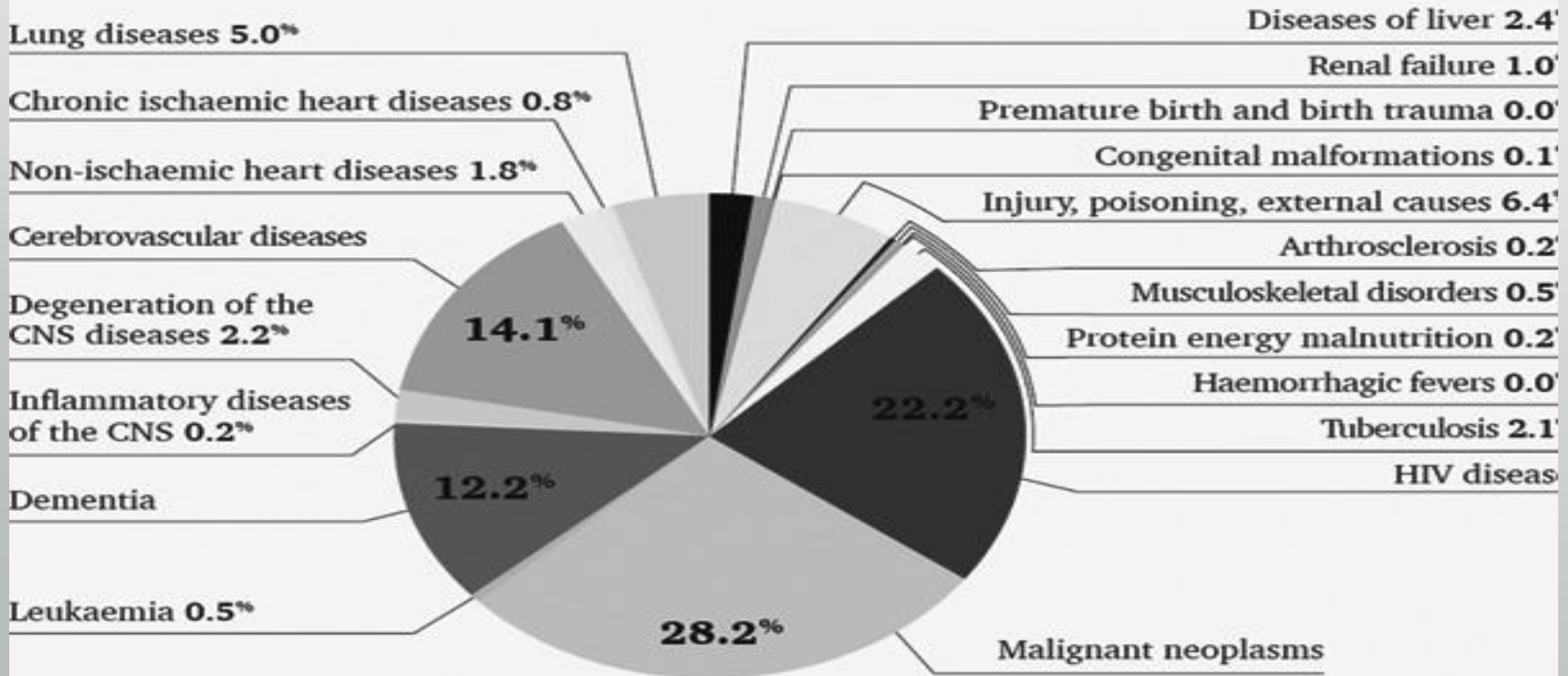


- Therefore, using antibiotics for aggressive treatment of infections in palliative care is contraindicated as it opposes to real philosophy of palliative care.

PC

- . Estimates from the United States indicate that 25% of health-care expenditure is related to patients in their last year of life.
- In the United Kingdom, it is estimated that approximately 20% of hospital bed days are taken up by end-of-life care.
- Palliative care services have been expanding worldwide with the aim of improving the experience of patients with terminal illness at the end of life through better symptom control, coordination of care and improved communication between professionals and the patient and family.

نیاز به مراقبتهای تسکینی در افراد بالای 20 سال

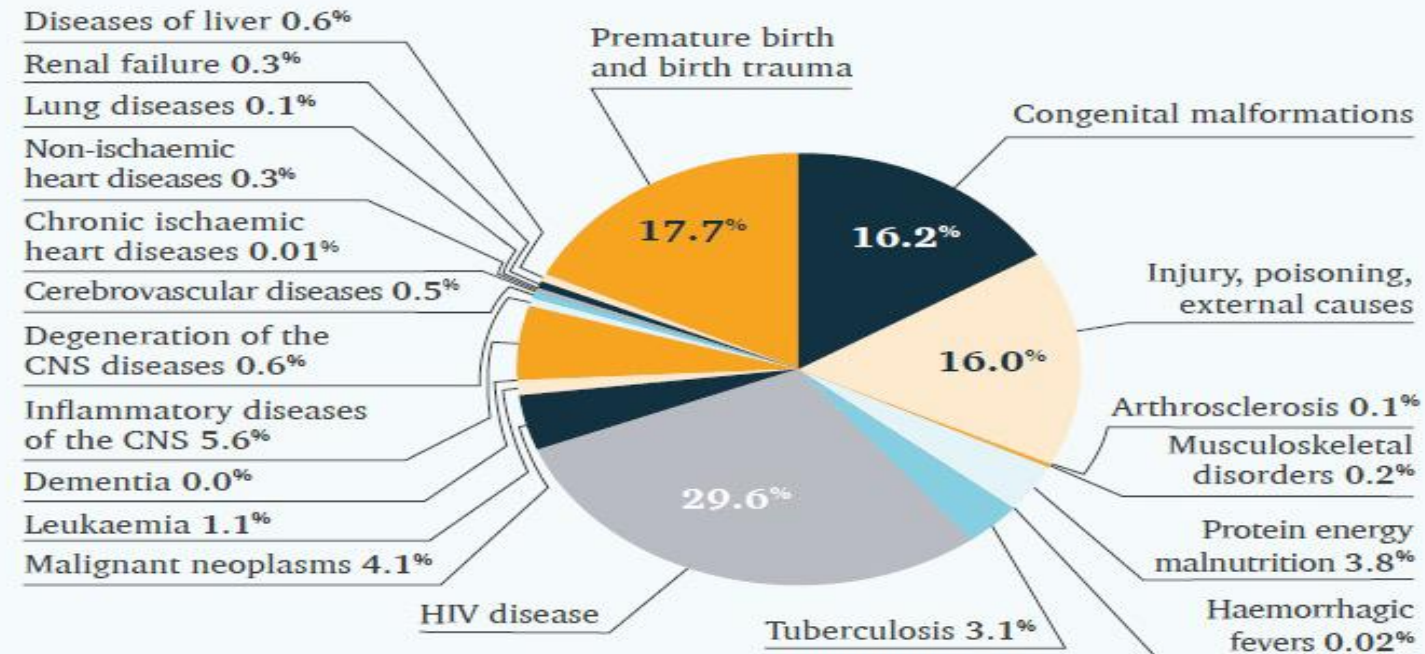


نیاز به مراقبتهای تسکینی در افراد زیر 20 سال

Progressive non-malignant diseases excluding HIV/AIDS, generate the greatest need for palliative care among children in all WHO regions except Africa. Cancer generates a small proportion of the need in every region (Fig. 19).

Figure 18
Worldwide need for palliative care for children by disease groups (0-19 years; 2017)

N = 3,957,030 children



نیاز به مراقبت‌های تسکینی بر حسب گروه‌های سنی

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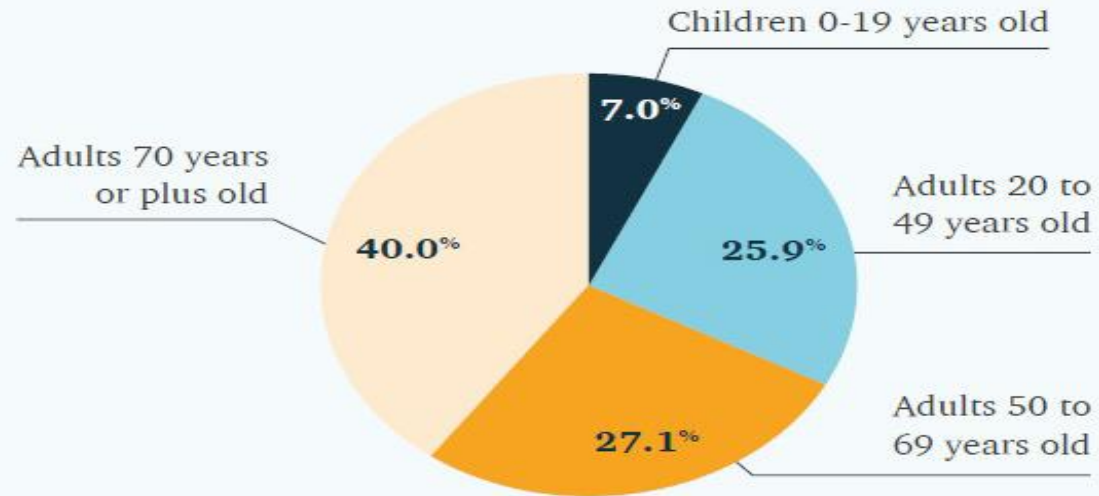
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(0-17 years) (Fig 3).

Figure 3
Worldwide need for palliative care by age group (2017)



N = 56,840,123 people

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Palliative care provision



What is a health system?

- A health system consists of all organizations, people and actions whose *primary intent* is to promote, restore or maintain health.
- This includes efforts to influence determinants of health as well as more direct health-improving activities.
- It includes, for example, a mother caring for a sick child at home; private providers; behaviour change programmes; vector-control campaigns; health insurance organizations; occupational health and safety legislation.
- It includes inter-sectoral action by health staff, for example, encouraging the ministry of education to promote female education, a well known determinant of better health.

چند شاخص: عملکرد نظام سلامت ایران

Cancer rates/100000: 243 in 2020

UHC Service Coverage Index (SDG) : 72 in 2019

Quality Of Death Index: 73rd 80 in 2015

رتبه نظام سلامت ایران..... 114 در سال 2000

- درصد عفونتهای بیمارستانی
- میانگین طول مدت اقامت
- مصرف انتی بیوتیک ها
- مقاومت های دارویی
- ترخیص با رضایت شخصی

۷ تا ۱۰ درصد

Primary health care



- **Primary health care**, often abbreviated as PHC, is:

"essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and the country can afford to maintain at every stage of their development in the spirit of self-determination"

(Alma Ata international conference definition)

Primary care

- “ A care which provides integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, in the context of family and community”.



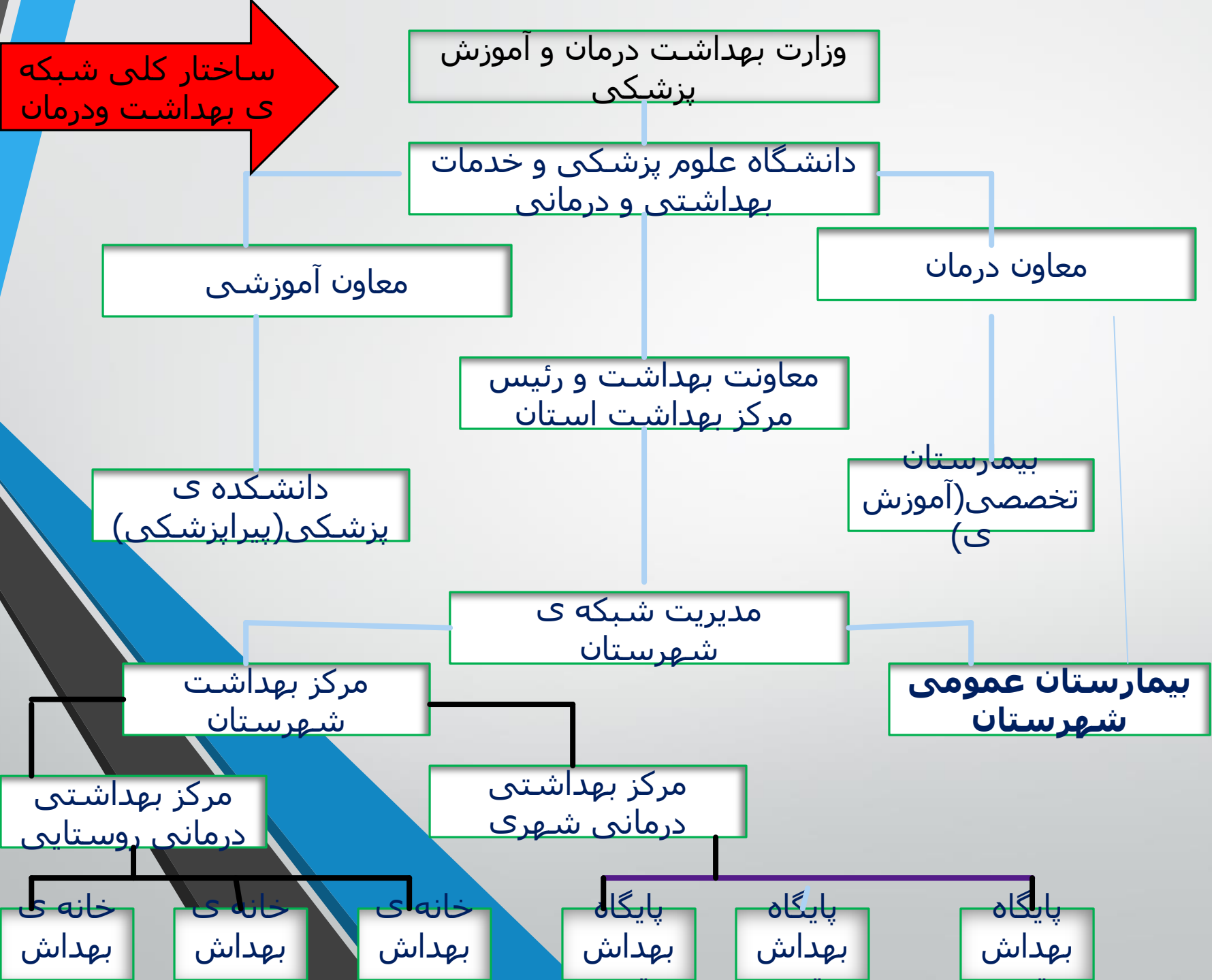
کارگروهی شماره ۲:

- خدمات مراقبت‌های تسکینی در کدام واحدهای نظام سلامت ؟
- توسط چه کسانی ؟
- با تامین مالی چه سازمان و نهاد و ؟

قابل ارائه و تداوم است

All people receiving **quality health services that meet their needs** without being exposed to **financial hardship** in paying for the services.

Definition UHC



ابزار و رویکرد ؟

Primary Health Care

- **Essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families ... through their full participation and at a cost the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination.** WHO 1978

- **مراقبت های اولیه: خدمات بهداشتی که اولین نقطه تماس افراد هستند، قابل دسترسی، مداوم و جامع هستند و مراقبت های هماهنگی را برای افراد، خانواده ها و جوامع انجام می دهند. این یک فرایند کلیدی در سیستم بهداشت و زیرمجموعه PHC است. مراقبت های اولیه عمدتاً توسط کلنشین ها ارائه می شود.**

Palliative Care is defined as:

- An approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illnesses, through the prevention and relief of suffering by means of early identification, impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.

- **FACTS**

- **Health professionals need to be trained well in palliative care**
- **Good quality care towards the end of life must be recognized as a basic human right**
- **Simple measures, including pain relief, sensitive communication and well coordinated care, are effective in relieving symptoms and suffering.**
- **Many innovative ways of improving the quality of care towards the end of life are being developed**

Definition of Hospice

- Hospice care is end-of-life care provided by health professionals and volunteers.
- They give medical, psychological and spiritual support. The goal of the care is to help people who are dying have peace, comfort and dignity.
- The caregivers try to control pain and other symptoms so a person can remain as alert and comfortable as possible.
- Hospice programmes also provide services to support a patient's family.

Reasons & needs to Palliative Care

1. Non-Communicable Diseases (NCDs): 56.4 million global deaths in 2015, 70%, due to non communicable diseases.

In your provenance??

1. 2. Ageing of the population , the most significant social transformations, need of supportive care.
2. The majority (67.1%) are adults over 50 years old and at least 7% are children.
3. Palliative care was needed for 45.3% of all deaths in 2017

Approximately

PHC and PC

- **Overlapping principles of PHC and palliative care**
- **Palliative care as part of PHC**
- **The cost savings of integrated care**
- **Overcoming fragmentation in health care services through integration**
- **Integrated PHC and palliative care are necessary to achieve UHC**

**Primary Health Care on the
Road to Universal Health Coverage
2019 GLOBAL MONITORING REPORT**





IMPROVING ACCESS TO PALLIATIVE CARE

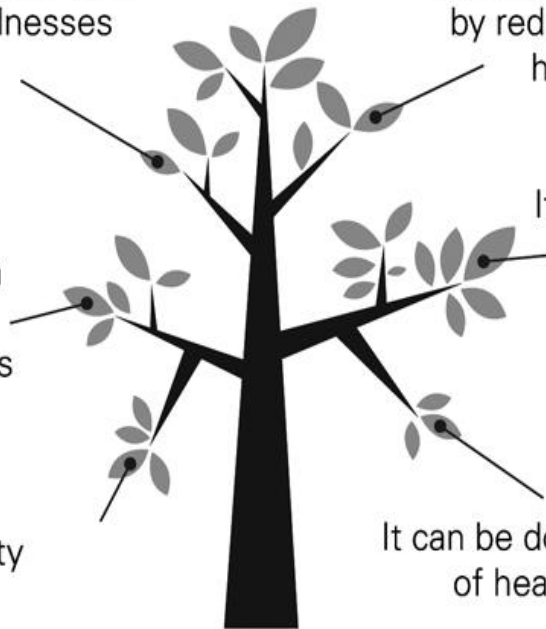
WHAT IS PALLIATIVE CARE ?

It is care for patients with life-threatening illnesses & their families

It benefits health systems by reducing unnecessary hospital admissions

It can be given in homes, health centres, hospitals and hospices

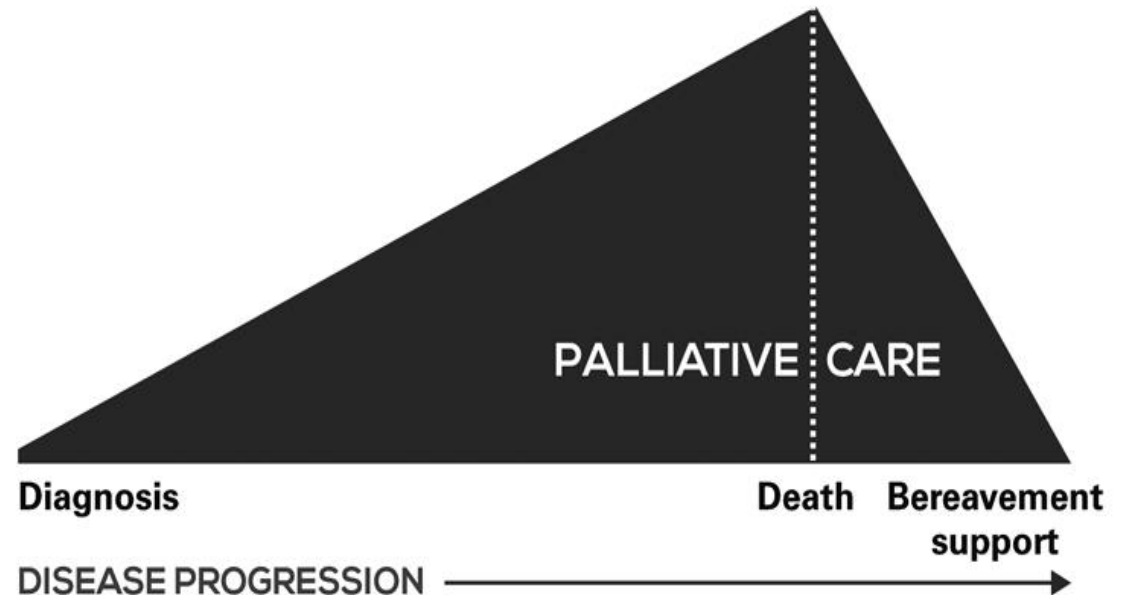
It improves quality of life



It relieves physical, psychosocial & spiritual suffering

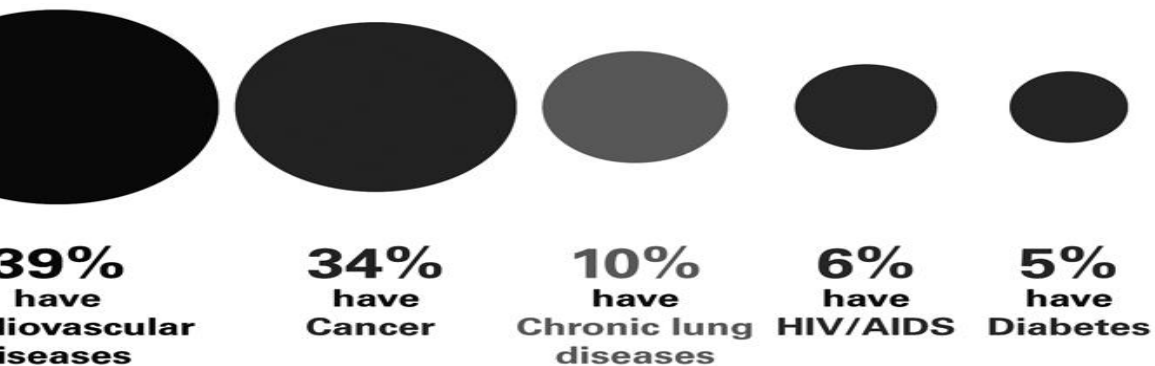
It can be done by many types of health professionals & volunteers

WHEN IS PALLIATIVE CARE NEEDED ?

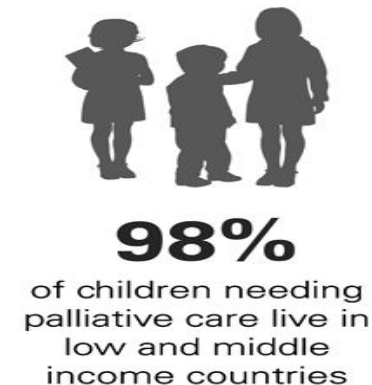
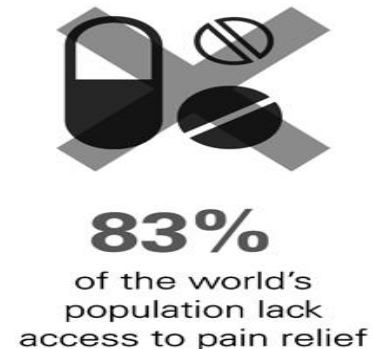
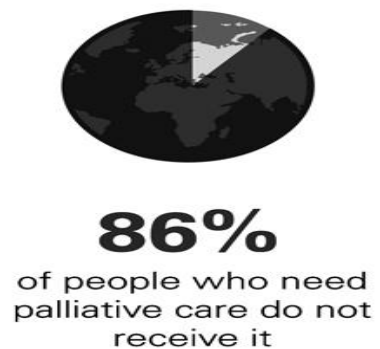


WHO NEEDS IT ?

The **40 million** people who need palliative care each year:



WHAT ARE THE GAPS ?



WHAT ARE THE BARRIERS ?



WHAT CAN COUNTRIES DO?

Implement the 2014 World Health Assembly Resolution 67.19 on palliative care, by:

INTEGRATING PALLIATIVE CARE INTO NATIONAL HEALTH POLICIES



Revise laws & processes to improve access to opioid pain relief



Include palliative care in the training for health workers



Provide palliative care services, including through primary health care centres and homes

Integrating palliative care and symptom relief into primary health care

A WHO guide for planners, implementers and managers



World Health
Organization

2015 Quality of Death Index—

- **Iran Overall scores:73rd80**
- **Ranking by income group/Middle income:23rd25**
- **Palliative and healthcare environment category (20% weighting):63rd80**
- **Human resources category (20% weighting):78rd80**
- **Affordability of care category (20% weighting):56rd80**
- **Quality of care category (30% weighting):71rd80**
- **Community engagement (10% weighting):77rd78**
- **Capacity to deliver palliative care* (%):0/1 % -70**
- **در ایران شاخص مصرف مرفین؟؟**

کارگروهی شماره 3

• اقدامات ضروری برای راه اندازی این خدمات و کاهش عفونتهای بیمارستانی در کشورمان را به ترتیب تا چهار عنوان پیشنهاد نمایید:

• ۱-

• ۲-

• ۳-

• ۴-

مدل ها و تجارب موفق جهانی در ادغام مراقبتهای تسکینی در نظام ارائه خدمات

- **The European Union has considered end-of-life and PC at the PHC level as a part of its current plans.**
- **In addition, several countries including Canada, Spain, and recently Brazil, have implemented PC in PHC.**
- **Integration of Palliative Care into the Primary Health Care of Iran ???**

Thailand: palliative care integrated into PHC

- **Thailand has a three-tiered public health care system: primary care units; district hospitals; and provincial hospitals.**
- **The home care teams are supervised by palliative care units that now exist in 95% of the district hospitals. The palliative care units in district hospitals link with the palliative care units at the provincial hospital and with the CHCs .**
- **This success was possible because of the existence of:**
 - 1. A strong PHC network;**
 - 2. A national programme for UHC; and**
 - 3. An effective training programme at a palliative care training center.**

Uganda: community-based palliative care with minimal integration into PHC .

- **Uganda was the first country in the world to enable specially trained and registered nurses to prescribe morphine .**
- **Nongovernmental organizations (NGOs) play a major role in providing palliative care at the community level.**
- **Basic palliative services now exist in 75% of the countries districts. However, these services often are provided by only one trained nurse at only one site in a district, which may be quite large .**
- **Palliative care is not yet well integrated into the public health care system at all levels**

Kerala, India: integration of palliative care into PHC using a public health approach

- **The state of Kerala in southern India has integrated palliative care into much of its well-developed PHC system.**
- **In this state of 33 million people, an NGO in the city of Calicut created a palliative care service for the poor in the early 1990s**
- **As of 2017, all the 1000 PHC centres in Kerala had a government nurse trained in palliative care who typically leads a home care programme staffed by local volunteers.**

Current Status of Palliative Care in Iran

- **Contrary to the progression of the primary health care program in Iran, a developed program for providing specialist palliative care services does not exist yet as health care services do not provide specifically designed end-of-life palliative care to patients and their families.**

Table 1: Lists of key challenges for palliative care in the region (14, 23, 28)

Policies and regulations

- Absence of laws that acknowledge and define that palliative care is part of the healthcare system.
- Lack of regional/national robust healthcare strategies related to the establishment and development of palliative care
- Lack of national standards of care for describing palliative care.
- Absence of clinical guidelines and protocols.
- Poor/inconsistent implementation of a national strategy on palliative care implementation.
- Weak infrastructure for primary healthcare, home healthcare and community services.
- Financial challenges such as lack of insurance coverage for palliative care services

Medication availability

- Limited availability of opioids and specific palliative care medication in the primary healthcare sector (28).
- Policy restriction (prescribing, dispensing and administration)
- Lack of training and experience of non-specialized palliative care professionals in safely using such medication.

Culture and public awareness

- Misconceptions regarding the use of opioids for pain relief.
- Lack of public awareness campaigns.
- Value of family decision-making over patient autonomy and choice.

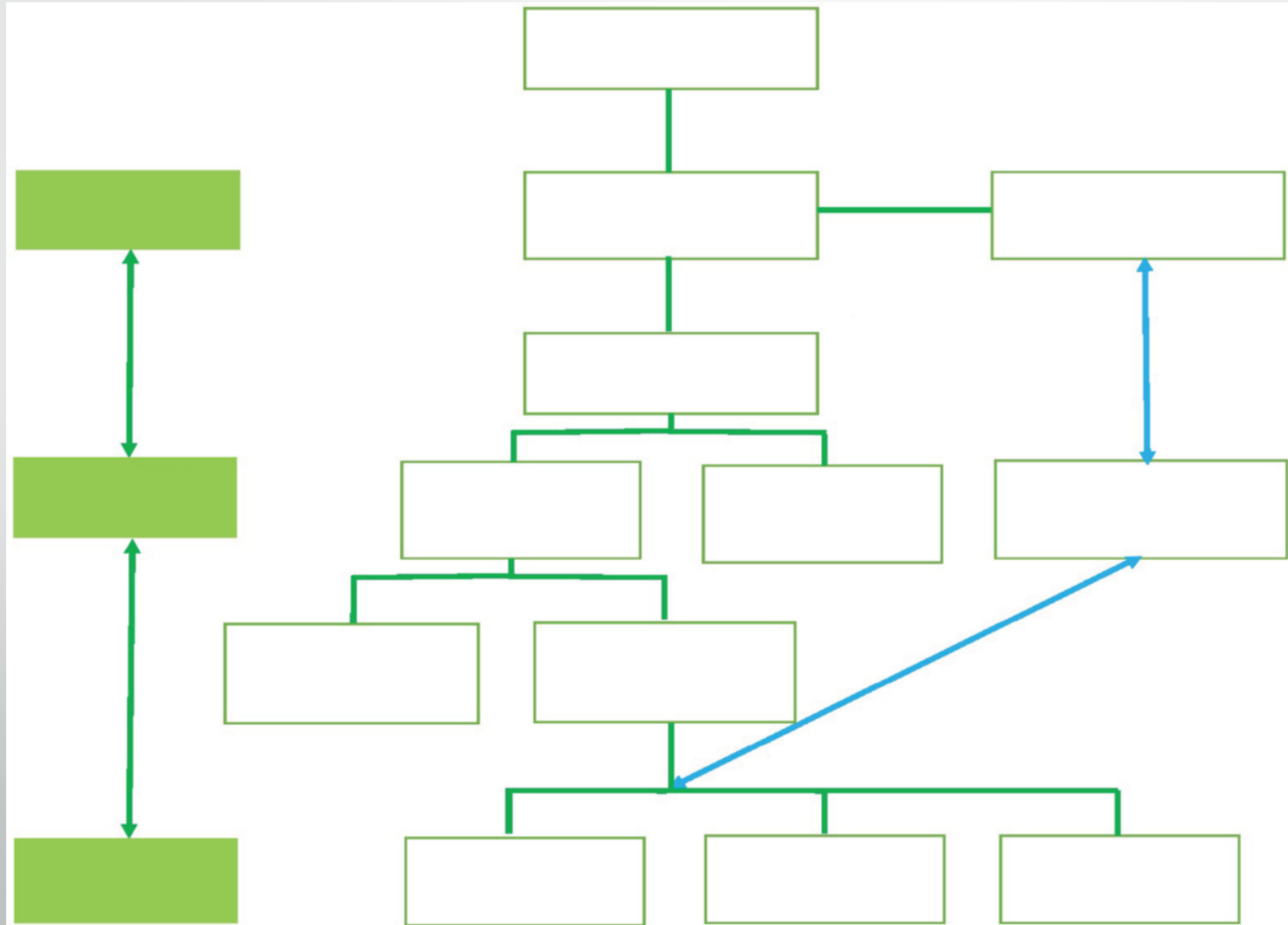
Education

- Lack of palliative education in medical schools.
- Lack of knowledge about opioids practice and pain management
- Lack of palliative education in nursing schools and postgraduate education.
- Lack of palliative care education in other healthcare disciplines (social work, physiotherapy, etc)
- Expanding Lack of postgraduate palliative care education courses at national level for postgraduates.
- Lack of undergraduate and postgraduate level palliative care education training/courses at a national or regional level.

جمع بندی و ارائه مدل پیشنهادی برای سطوح مختلف نظام سلامت ایران

- Organizing palliative care in Iran
- **Developing the family physician program / PHC approach /community base Initiatives /Health volunteer's**

Integrated PC in Iran PHC



Conclusion

- **In regard to the growing elderly population in the country, a surge in NCDs and the increase in health care costs, the integration of PC into PHC is an undeniable necessity.**
- **the concept of PC is required to be a point of consensus between the decision makers and providers of health care services. In addition, governmental organizations should create the necessary infrastructures for this integration, in co-operation with charity organizations, NGOs and volunteers through appropriate policy-making.**
- **شواهد نشان می دهند که راه اندازی و گسترش مراقبتهای تسکینی - منزل محور منجر به کاهش اقامت های غیر ضرور ، عفونتهای بیمارستانی ، هزینه ها و خواهد شد.**

پرسش و پاسخ

با تشکر از حوصله شما

