ESMO

GOOD SCIENCE
BETTER MEDICINE
BEST PRACTICE

"Do not give me what I desire, but what I need.
Teach me the art of small steps"

A. de Saint-Expèry

Grottaferrata
IINI
ISTITUTO NEUROTRAUMATOLOGICO ITALIANO

PALLIATIVE CARE UNIT

HOSPICE

WHAT PALLIATIVE CARE IS AND WHO IT IS INTENDED FOR

The term palliative is often used as a synonym for something useless or fictitious; in fact, the term comes from "pallium", meaning cloak, and to palliate means to cover, envelop and care for.

Palliative care is active, comprehensive care intended for people affected by progressive diseases at an advanced stage. It is the "global" assistance provided when the disease no longer responds to treatments aimed at cure and when the control of pain and other symptoms, as well as psychological, social and spiritual issues, becomes of primary importance.

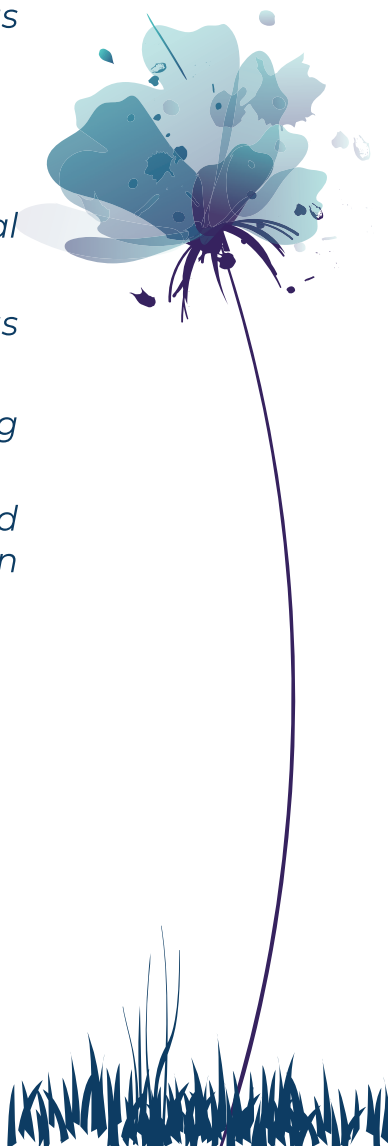
Palliative care may benefit not only cancer patients, but also all patients suffering from progressive chronic diseases whose causes can no longer be eliminated, when a high level of care intensity becomes necessary:

- *Degenerative neurological diseases (ALS, multiple sclerosis, Parkinson's disease, etc.)*
- *Severe respiratory failure*
- *Cardiac diseases with unstable clinical compensation*
- *Renal or hepatic disease with severe organ failure.*

THE MAIN FEATURES OF PALLIATIVE CARE

Palliative care is delivered by an interdisciplinary team (physicians, nurses, health and social care workers, social worker, psychologist, volunteers) and involves both the patient and their family.

- *It focuses on the patient's quality of life and regards dying as a natural process;*
- *It neither hastens nor postpones death;*
- *It provides relief from pain and other disorders;*
- *It integrates psychological, social, cultural and spiritual aspects into patient care;*
- *It offers support systems to help the patient remain as active as possible;*
- *It enhances the family's resources. It offers support during the person's illness and during bereavement;*
- *Diagnostic investigations are reduced to a minimum and treatments are directed at symptom control rather than disease control.*



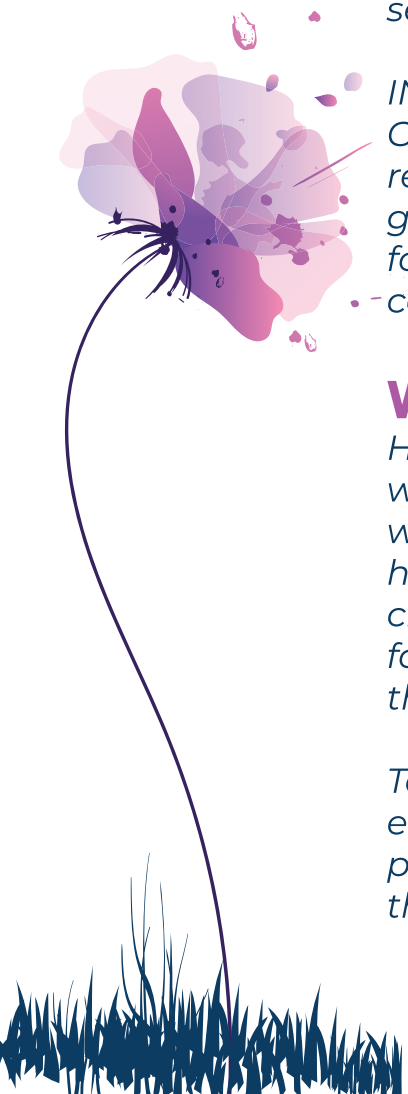
Palliative Care may also be provid ed early (simultaneous palliative care), alongside specialist therapies, when the main objective is not survival but quality of life.

It aims to ensure the patient's global care through integrated and progressive support between Specialist Therapies and Palliative Care, with meticulous attention to the many physical, psychological, social and spiritual needs of the patient and their family.

THE INI PALLIATIVE CARE UNIT - HOSPICE

The Palliative Care Unit aims to provide qualified, person-centred care, both at home (home hospice care) and at the Facility (residential hospice). The Hospice is accredited by the Regional Health Service (S.S.R.), and care is provided free of charge, both in residential and home settings.

INI is accredited by ESMO as a "Comprehensive Cancer Center"; in other words, it has obtained the highest recognition that the European Society for Medical Oncology grants to a limited number of Centres considered excellent for the integration of Oncology and Palliative Care in the care provided to patients



WHAT HOSPICE IS

Hospice is understood as a place where patients are welcomed and cared for with the same attention that would be offered at home. It is proposed as an alternative to home care when the patient's condition is no longer clinically sustainable or manageable at home, or when the family is no longer able to cope with the critical condition of their loved one and the complex issues involved.

To respect this philosophy and create a welcoming environment, the Hospice organisational model is based on personalised interventions, listening, and understanding the needs and expectations of people and their families.

ADMISSION TO HOSPICE

The facility has 5 single rooms, equipped with a sleeper chair for family members. Respect for the patient's habits is a key feature of Hospice care; therefore, the patient may personalise their room with personal everyday items (radio, music CDs, etc.) or items of emotional value (photographs, etc.).
The organisation is designed to encourage the presence of family members alongside the patient.

HOME HOSPICE CARE

Home is the place of familiarity and comfort.
Specialist Home Palliative Care involves the intervention of an interdisciplinary and multi-professional team (physician, nurse case-manager, psychologist, physiotherapist), able to provide the necessary support to the patient and their family unit according to care needs and requirements.

The healthcare team's availability is guaranteed continuously, 24 hours a day, 7 days a week.

ADMISSION TO CARE

This stage is essential for the future relationship that will be established between healthcare professionals, on the one hand, and the patient and their family members, on the other.

After receiving the "Admission to Care" request completed by the attending physician (General Practitioner or Hospital Specialist), an initial telephone contact is made to arrange an appointment with the patient's family contacts at our Hospice, for an introductory/informative interview prior to admission to care.

During the interview, the Medical Director / Nursing Coordinator, in addition to collecting the patient's medical history, explains to the family members the objectives and methods of care implemented by all professionals, in order to begin a pathway of mutual trust and respect.

Teamwork is fundamental, and family members are an integral part of it; therefore, a family contact person (caregiver) is identified, as this is necessary for subsequent appropriate communication.

The next stage involves the actual admission to care at the patient's home, including the first medical-nursing visit. For the Home Hospice service to provide effective care, certain important conditions must be in place:

- *Adequate housing conditions;*
- *The continuous presence, alongside the patient, of a family member or other person able to provide daily care and act as the link with the healthcare team.*

HOW TO ACCESS THE PALLIATIVE CARE UNIT

Activation of palliative care may be requested by:

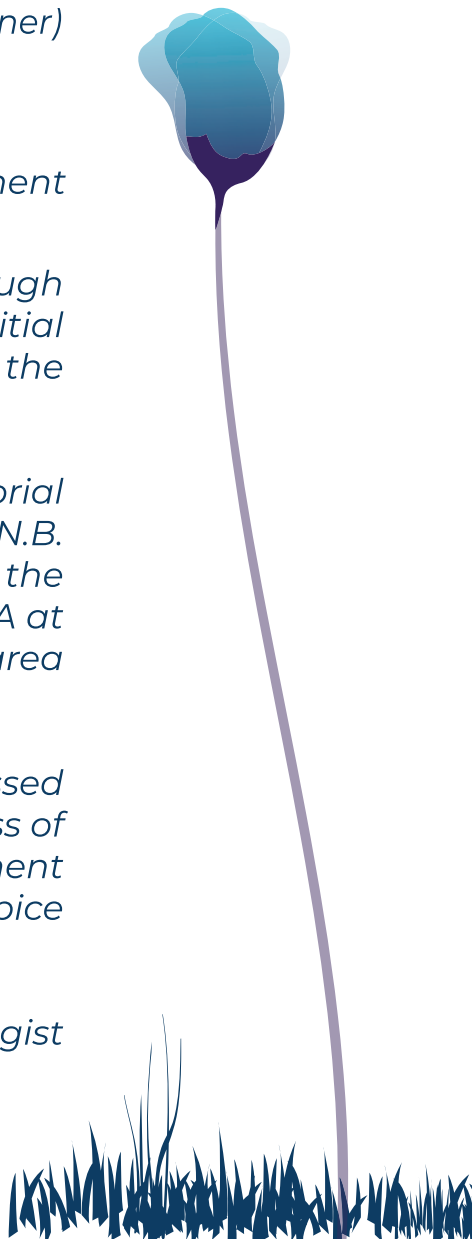
- *Hospital physician*
- *General Practitioner (formerly General Medical Practitioner)*
- *Family Paediatrician*
- *Specialist physician*
- *Physician belonging to the local territorial department (District)*

The request to activate Palliative Care is completed through the Regional Transitional Care System, with the initial indication of the home or residential setting and the selected facilities.

The request will be sent by the System to COT A (Territorial Operations Centre) of the patient's ASL of residence. (N.B. Temporarily, the physician will still be able to send the request, completed on the single regional form, to COT A at cota.ricoveri@aslroma6.it for patients resident in the area covered by ASL Roma 6).

Authorisation to start specialist palliative care is processed by the ASL, subject to assessment of the appropriateness of the request by the UVCPA (ASL Palliative Care Assessment Unit); COT A will then place the patient on the hospice waiting list.

Our Medical Director, Nursing Coordinator and Psychologist are available for individual interviews by appointment.



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