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NSCPM 2017 - 2019 Course project Abstract

Titel

Can further education of facilitators in palliative care increase the proportion of expectedly dying patients who receive assessment of their oral health during their last week of life?

Background

The National Board of Health and Welfare in Sweden has developed quality indicators for palliative care at the end of life and target levels for the individual indicators. Documented assessment of the oral health during the last week of life is one of those indicators and its target level is ≥ 90 %. Data on the level of this indicator and coverage ratio for the recorded deaths is available from the Swedish Register of Palliative Care (SRPC), a national quality register where caregivers are requested to record how caregiving at end of life has been at the time of death. In the Swedish region of Värmland further education of palliative care facilitators in a train-the-trainer course of action was chosen to approach the target levels. The aim of this study is to evaluate whether this intervention increased the proportion of expectedly dying patients who received assessment of their oral health during their last week of life.

Methods

Enrollment to the program was open to all health care professionals in the region and resulted in a group of 118 future facilitators mainly consisting of nurses. Workplaces varied from home care to ICU. Lectures, case discussions and a mandatory web-based program provided by the Institute for Palliative Care at the University of Lund/ Sweden, were conducted Nov 2017 to Nov 2018.

Results

SRPC data collected the 4th of March 2019 for all off Värmland's caregivers combined, showed an increase in the proportion of expectedly dying patients with documented assessment of their oral health during the last week of life from 34 % Nov 2016 - Feb 2017 to 51 % Nov 2018 - Feb 2019. The coverage ratio decreased from 65 % to 49 %. As deaths can be added to the register up to 180 days after the day of death, after-registration might change this data.

Discussion

The low coverage ratio makes it impossible to detect a statistically proven effect the conducted program might have had on the documented assessment of the oral health during the last week of life. One might expect that the facilitators will pass on their increased knowledge on the SRPC and on palliative care at their workplaces, which will higher the coverage ratio and the results for the quality indicators in future. Furthermore, one can expect that the facilitators influence increased the awareness of palliative care needs and thereby improved the end-of-life care at their workplaces. Further education of the facilitators in the use and usage of the SRPC and further follow up of the program's results is needed and will be started in spring 2019.

Conclusion

This study cannot determine if further education of facilitators in palliative care increases the proportion of expectedly dying patients who receive assessment of their oral health during their last week of life. This is due to the low coverage ratio in the SRPC and the short time passed since the program was started.