Developing palliative and end-of-life care in Tays Hatanpää Hospital

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Background: Tampere University Hospital (Tays) provides demanding specialized care services to nearly one million Finns. It includes five hospitals. Tays Hatanpää Hospital in Tampere has been a part of Tays since 1 January 2018. It provides outpatient clinics and inpatient care in many specialities. There are 12 wards and a hospital at home unit in Tays Hatanpää Hospital.

Demanding and specialized palliative and end-of-life care in the hospital district of Tays is organized by the palliative care unit of Tays Central Hospital. Its tasks include providing high-quality palliative care as well as research and development. The unit includes an outpatient clinic and a palliative care consultation team.

Patients treated in Tays Hatanpää Hospital are mainly elderly with many co-morbidities. In 2017, 365 deaths occurred in the wards of Tays Hatanpää Hospital. A number of patients with advanced illnesses are transferred to a hospice for end-of-life care also. The quality of palliative and end-of-life care seems very variable in Tays Hatanpää Hospital, and the care may not always meet the criteria for high-quality treatment. The palliative care unit of Tays has made a development plan for palliative and end-of-life care in Tays Hatanpää Hospital and it suggests to start a palliative care unit in our hospital, at a ward of acute geriatrics. The initial plan has been accepted by the authorities, but due to financial obstacles, realization of the unit has been postponed. The planning of the unit, however, has continued in our hospital.

Aims: To evaluate the current state of palliative care in Tays Hatanpää Hospital and to participate actively in practical planning of the new unit. To describe the findings of the evaluation and the plans for the unit in a written report (my course project). The report may be used in further evaluations or studies, too.

Methods: Concrete plans for the unit have mainly been made at the hands-on level on the acute geriatrics ward of Tays Hatanpää Hospital. Since the conditions of the unit were given, the premises and renovation work were planned together with engineers in May 2018. Many multi-professional meetings have been held concerning good palliative care and practical issues. Recommendations and quality criteria for palliative and end-of-life care given by Finnish as well as European (EAPC) authorities have been used as the basis for the plans.

Results: The need for a new palliative unit in Tays Hatanpää Hospital is recognized, and tentative statistical and qualitative findings from the evaluation of the current care affirm the view of variable quality of end-of-life care in our hospital.

The written report with the plans for the new unit covers goals and size of the unit, premises, equipment, staffing, educational needs, palliative care consultation and criteria for patient admission as well as future plans.

Discussion: The project of evaluating the current state of end-of-life care in Tays Hatanpää Hospital is not fully completed, but will be reported in a couple of months. The concrete plans for the unit have proceeded well. The recommendations and quality criteria given by authorities of palliative and end-of-life care have been very helpful in the planning process.

Conclusion: Developing palliative care in Tays Hatanpää Hospital will take time, but plans for the palliative care unit are almost ready, and we are committed to developing the quality and availability of palliative and end-of-life care in Tays Hatanpää Hospital.