

## Norrbotten, Sweden: An effective palliative care process

### Part 1: General Information

Publication on EIP on AHA Portal	Yes
Copyright	Yes
Verification of the Good Practice	Yes
Evaluation of the Good Practice	No
Type of the Good Practice	Promising practice

### Part 2: Description of the Good Practice

Name of the Good Practice	An effective palliative care process
Short name (Acronym)	Palliative care
URL of the Good Practice	<a href="http://www.nll.se">www.nll.se</a>
Geographical scope	Local level
Country	Sweden
Region(s) involved	Norrbotten / Gallivare
Status of the Good Practice	On-going
Stakeholders involved	<ul style="list-style-type: none"> <li>• Hospitals</li> <li>• Primary care centres</li> <li>• Home care centres</li> <li>• Nursing</li> </ul>
Size of population covered	Not available
Targeted audience	<18; 18-49; ;50-64; 65-79; 80+
<b>Summary of the Good Practice</b>	
<p>We tried to get an overview of how the palliative patient's way through the health and social care works. We did a review of the medical- and care journals of patients connected to our palliative team, to see what kind of problems the patient/relatives contacted health- or social care for and who they contacted in case of help needed. We recognised that it seems unclear for the patient and their relatives who they should contact in different kind of problems. There were many caregivers involved in various kind of care forms. They seemed not to have a primary health care contact. We had meetings with representatives of care units involved and tried to find ways to improve the contacts for the patients, to sort out who is primary health care contact for the patient. Some new routines for primary care centres and hospital have to be made to get this work done.</p>	
<b>Key words:</b> palliative care; health and social care	
<b>Good practice being part of the larger programme</b>	
No.	
<b>Challenges / problems addressed by the good practice</b>	

<p>We wanted to improve the palliative care in the primary care area. We have seen difficulties with getting good palliative health care at home, according to the patients' desires. Also, we have notice knowledge gaps according to the base staff work and also unclear physician involvement which could contribute to difficulties with providing good quality health care to patients in need of support from health care providers in Gällivare.</p>
<p><b>Importance of the challenges / problems before starting to implement good practice</b></p> <p>We did not have knowledge of this problem before we started the project. We wanted to see how the patient's way in the palliative care could be.</p>
<p><b>Environment before the good practice was implemented</b></p> <p>Ordinary provided in hospital interventions for patients in need of palliative health care.</p>
<p><b>Key innovative elements of the good practice and how the good practice improved situation compared to previous practice</b></p> <p>There has not been an improvement yet because new routines has not been fully constructed or implemented</p>

### Part 3: Transferability of the Good Practice

<p><b>Cost-effectiveness of the good practice (including all kind of costs and outcomes such as better health, quality of life or other resources)</b></p>	<p>Equal costs, improved outcomes</p>
<p><b>Resources required for the deployment of the good practice (personnel, equipment, facilities, ICT and other resources required).</b></p> <p>No changes have been made so far. Routines need to be updated/are established for primary health care, community and hospital care. These must then be implemented and staff need to receive information about the new routines. No especial equipment is needed. Educational efforts need to be done regarding to base personnel, particularly for home care groups have been proposed. The municipality has the responsible to arrange educations but and the division offers the practical education concerning palliative care both for co-workers in the municipalities and for those working in the County Councils.</p>	
<p><b>Total budget of the Good Practice</b></p>	<p>Not available</p>
<p><b>Source of funding</b></p>	<p>Local funding</p>
<p><b>The main actions that have to be done to deploy the Good Practice</b></p> <p>The most important activity was that the municipal home care, primary care and inpatient, strived to solve problems in collaboration. The interventions decided in agreement was thereafter assembled and presented to the primary care management team. The management team has then given the clinic the mission to map the palliative care in the area. We have made proposals on procedures for inpatient care, based on these recommendations, but they have not yet been accepted by the highest leaders of the</p>	

<p>County Council of Norrbotten. None of the suggested improvement actions have yet been executed and we can therefore not yet see if the interventions' can change or improve the palliative care.</p>
<p><b>Issues during the implementation of the Good Practice</b></p> <p>The difficulty is to get actions in the work. The project is, so far, only a "paper product" which not yet has been implemented.</p>
<p><b>Additional resources required to scale up Good Practice</b></p> <p>No.</p>
<p><b>Basis to support sustainability of the Good Practice</b></p> <p>Easy-to-implement provides value to both patients and business without huge charges.</p>
<p><b>Evidence to observe the Good Practice</b></p> <p>The suggested work has been presented at local management meetings and on the "Utvecklingskraft" (The power of development) in a day in April this year. Otherwise, the work has not been presented anywhere.</p>

#### Part 4: Viability assessment of the Good Practice

<p><b>Time needed to deploy the Good Practice</b></p> <p>No evidence or no record kept of prior preparation.</p>
<p><b>Investment per citizens / patient / client in terms of financial resources</b></p> <p>No available calculation.</p>
<p><b>Evidence behind the Good Practice</b></p> <p>Apparent evidence. Evidence is based on qualitative success stories.</p>
<p><b>Maturity of the Good Practice</b></p> <p>The idea has been formulated and/or research and experiments are underway to test a 'proof of concept'.</p>
<p><b>Estimated time of impact of the Good Practice</b></p> <p>Low impact - e.g. impact has been seen only while a pilot project was running</p>
<p><b>Impact observed</b></p> <p>Not available.</p> <p>We have not yet seen any effects, as described above, but we expect to see an improved interaction from hospital care to home care, particularly regarding physician participation in home health care. We hope that this will lead to that those patients, who desire to be</p>

cared for at home, to a greater extent than today can stay at home for the rest of their lives.

**Transferability of the Good Practice**

Transferability has not been considered. The innovative practice has been developed on local/regional/national level and transferability has not been considered in a systematic way.

**Part 5: Your organisation**

<b>Name of the organisation</b>	Palliativa rådgivningsteamet Gällivare sjukhus
<b>Address of the organisation</b>	Källgatan 14 982 82 Gällivare
<b>Type of organisation</b>	Hospitals; Nurses
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