
Patient Safety in Palliative Care Experiences from Kerala

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Background



Proportion of Kerala's population in the old age group (60 years and above) shows an increasing trend from **6 per cent in 1961** to **13 per cent in 2011**

Nearly a quarter of the total disease burden in **DALYs** is due to four NCDs: Ischaemic heart disease, Stroke, COPD & DM

Top 5 causes of **YLL** include ischaemic heart disease, Stroke, Suicide, CKD, COPD

Synergy Between NCD care and Primary-care led Palliative Care



Palliative Care

Patient-centric care

Enhanced quality of life

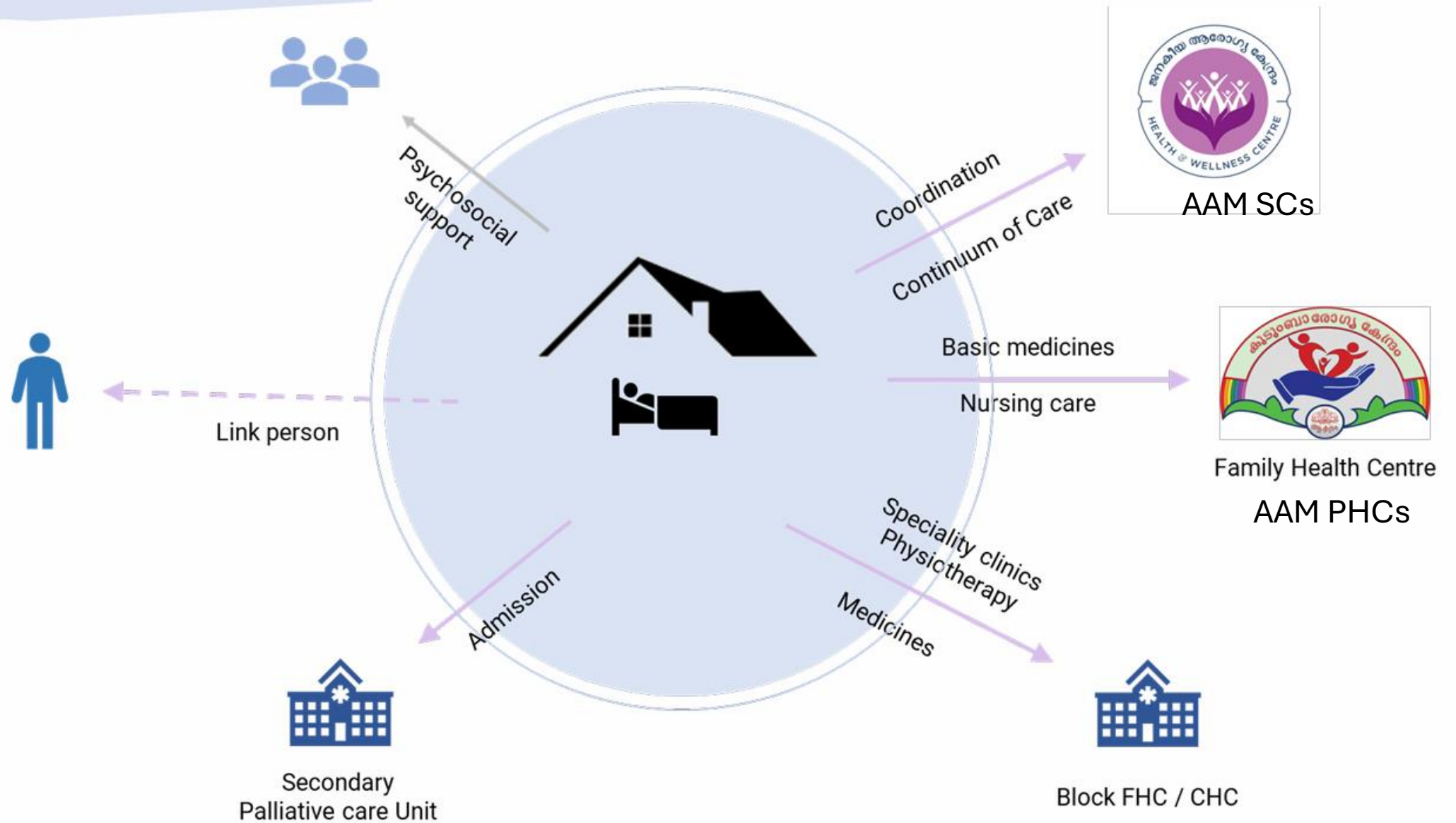
Continuous and Comprehensive care

Reduced out of pocket expenditure

Palliative Care in Kerala-Major Milestones

- 1993 The **Pain and Palliative Care Society (PPCS)** founded in Kozhikode
- 1998- 2000 Clinics functioning with local community support in Northern Kerala
Initiation of Neighborhood Network in Palliative Care (NNPC)
Community Based Organizations (CBO)
- 2003- 2007 Few LSGIs started supporting the projects by CBO
Pariraksha' - Comprehensive Palliative Home Care project by LSGI under Annual Plan Malappuram
Around 100 LSGIs implemented the program
- 2008 **Palliative Policy of Kerala approved by Government**
- 2009-2012 DHS issued guidelines for implementing the palliative care policy in all Health institutions
Dept of LSGI in all LSGs
Implemented in more than 90% LSGIs
- 2019 **Revised Palliative Care Policy in November 2019.**

Palliative Care Network Kerala



Palliative Care in the COVID era

Routine medical and nursing care given at home,

Other Palliative care activities

- supplying regular medicines at home through volunteers,
- telemedicine consultations,
- oxygen therapy at home with assisted devices, etc.

Beyond the Covid Era



High Power Committee and a Working Group was formed by the State Government for the implementation of palliative care policy throughout the State.



The committee prepared an Action Plan for implementing the policy with a clear timeline and defined the roles for stakeholders.



The action plan was approved by the Government in July 2023.

Revised Palliative Care Policy



Structuring the palliative care activities in various levels,



Improving the spectrum of services



Improving the quality of programs



Improving the area of coverage



ARIKE

Comprehensive Elderly and Palliative Care Program



State Palliative Policy - Action Plan 2023



Palliative care at primary level

Strong and active Neighbourhood Network in Palliative Care (NNPC) in each ward

- Care at AAM-SC (Janakeeya Aarogya Kendram) level
- LSGD Level Home Care
- Delivery of Medicines
- Providing Comfort Devices
- Training

State Palliative Policy - Action Plan 2023

- Trained Doctor in all Secondary Care Units
- Provision of Medicines
- Inpatient care- earmarking beds for chronic patients
- Nurse's Home care
- Physiotherapy Services
- Training for all staff
- Facilitate Services at Primary Level



Palliative Care at Secondary Level

State Palliative Policy - Action Plan 2023



Taluk Hospital-as First Referral Units for bedbound and home bound patients needing admission for management of acute symptoms



Setting up of Palliative Care division in all Government Medical Colleges with OP & IP services including IP for advanced care



Utilization of services of NGO/CBO

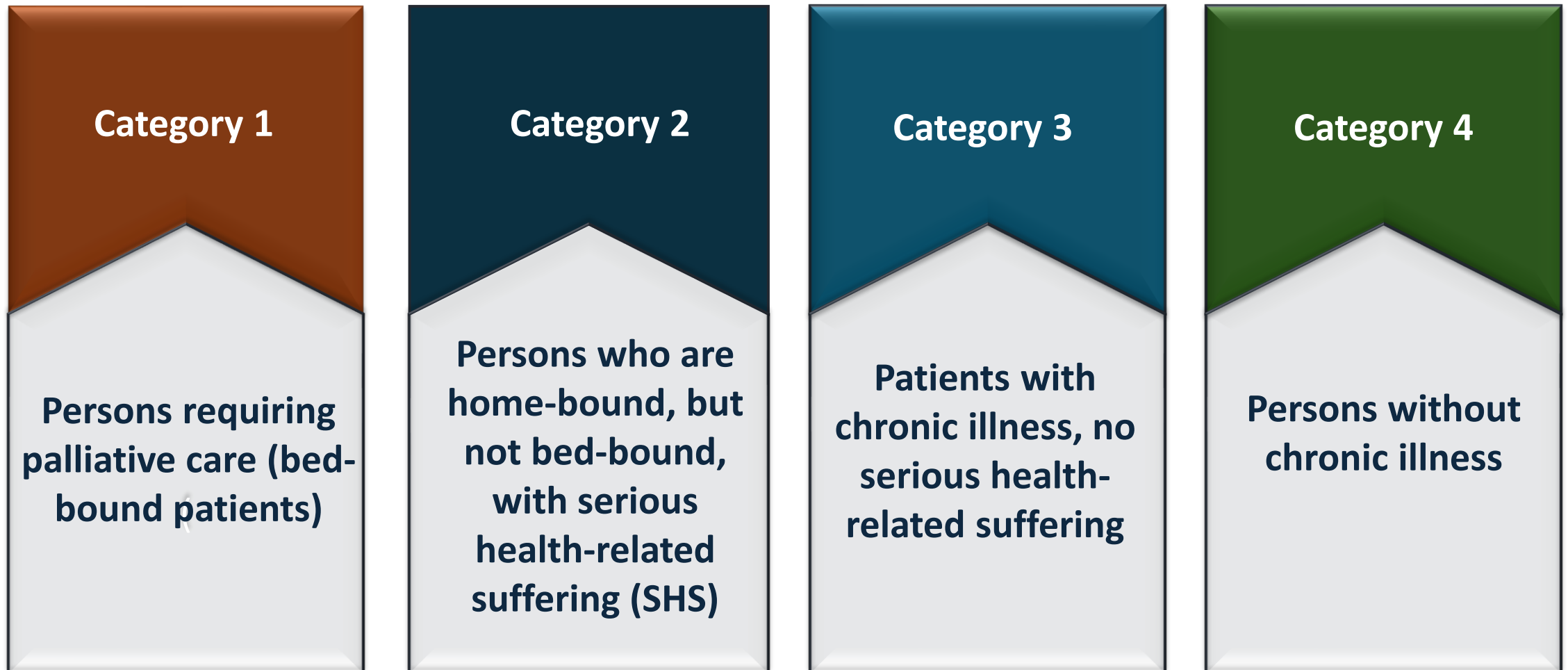


Incorporation of concepts & practice of palliative care in medical curriculum



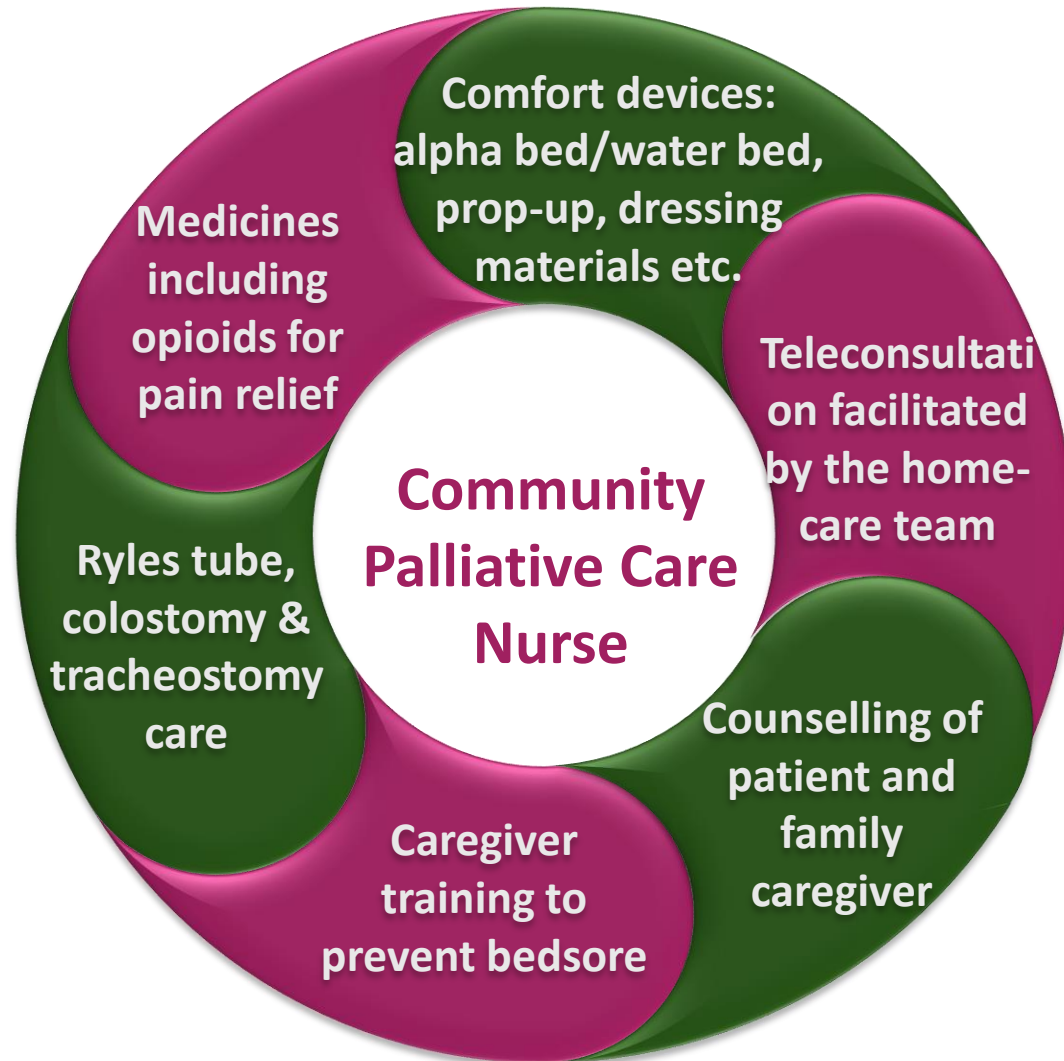
Training & Capacity Building including different Levels of Training centres

All persons in the community are categorized into four groups as follows – BY ASHAs and AAM team using Shaili App at AAMSCs



Line lists of Category 1 and 2 are kept by AAMs and updated regularly

Service provided for category I patients at home



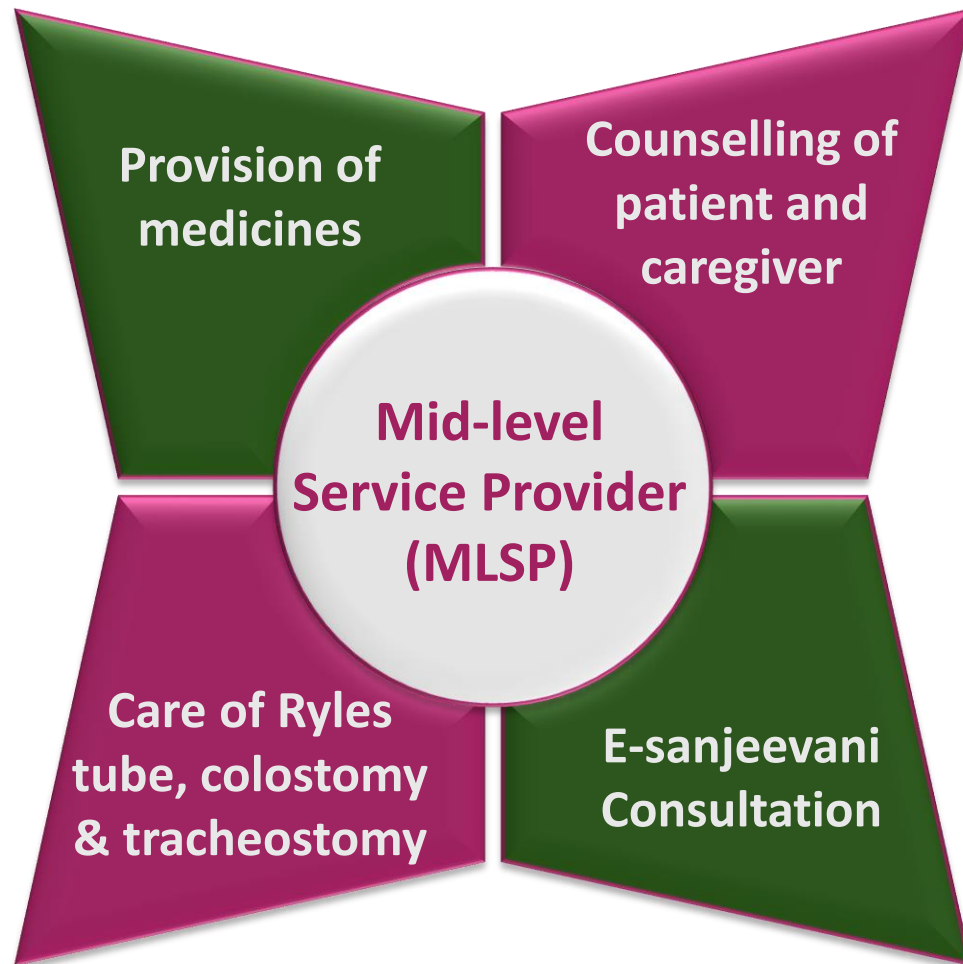
Additionally,

- **ASHAs** - visit each patient **once a month** and provide psychosocial support.
- **Ward Health Community Volunteer** - visits **once in two weeks** to provide general support to the patient and the family.



Primary Palliative
care home visits with
LSGI representatives

Service provided for category II patients at home



ARIKE Community Engagement Strategies

School /College
Level Volunteers

Palliative Training
centres

Strengthening
care homes

Vayomithram
Program for
elderly

Skill based
Rehabilitation
Activities

Strengthening day
care homes

Palliative training
in Nursing
Schools
/Colleges

Neighbourhood
network in
Palliative Care

Volunteer Training





Rehabilitation Trainings

Focused Approach to Ensure Quality of Care



Monthly review meeting involving Primary Palliative Care Nurses



Yearly 6 days training program for community palliative nurses of primary care unit



3 days training yearly for doctors, staff nurses , field staff of primary care unit



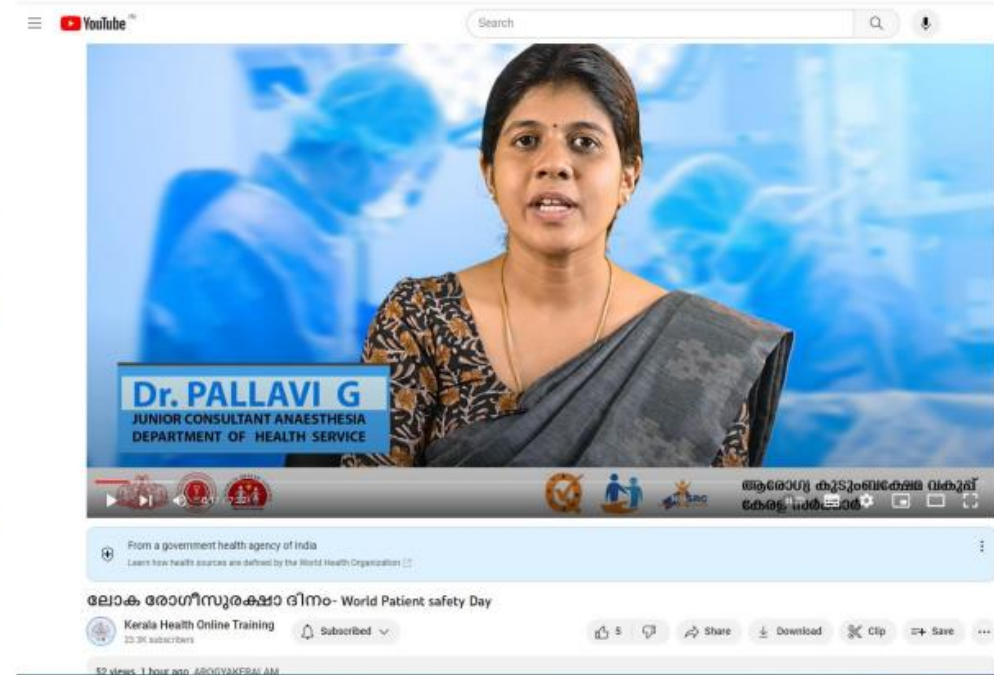
Once a year review with LSGI representatives at district level



ആരോഗ്യ കുടുംബക്ഷേമ വകുപ്പ്
കേരള സർക്കാർ

Patient Safety Day Observance Kerala

National Health Mission Kerala



Video series on patient safety by NHM Kerala

<https://youtu.be/54RKoeZH69Q?si=qf5tV4b1lxmQvNVj>

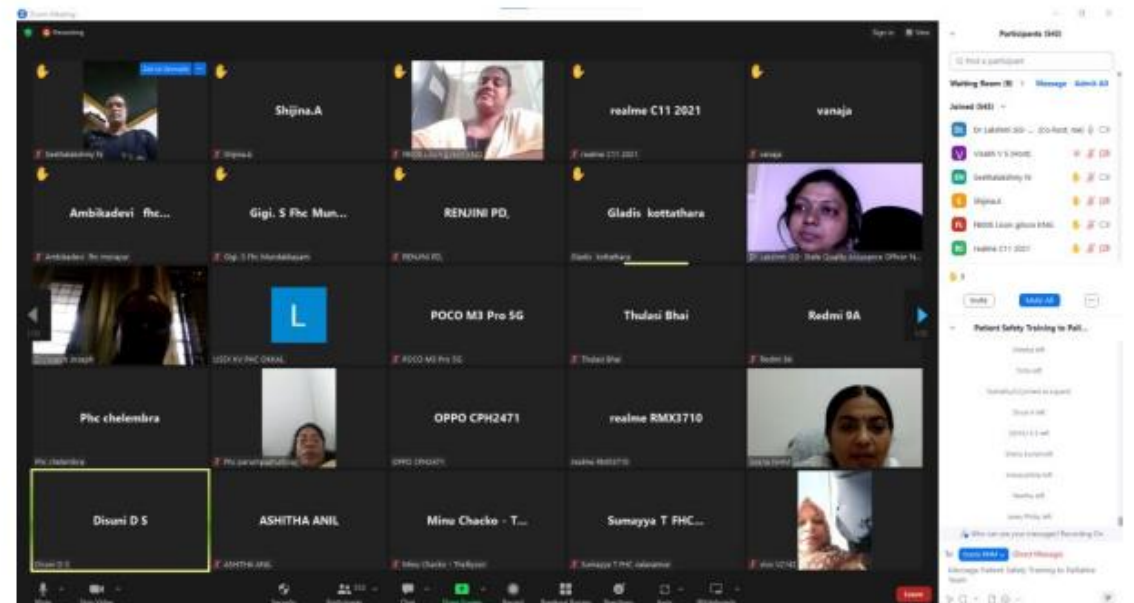
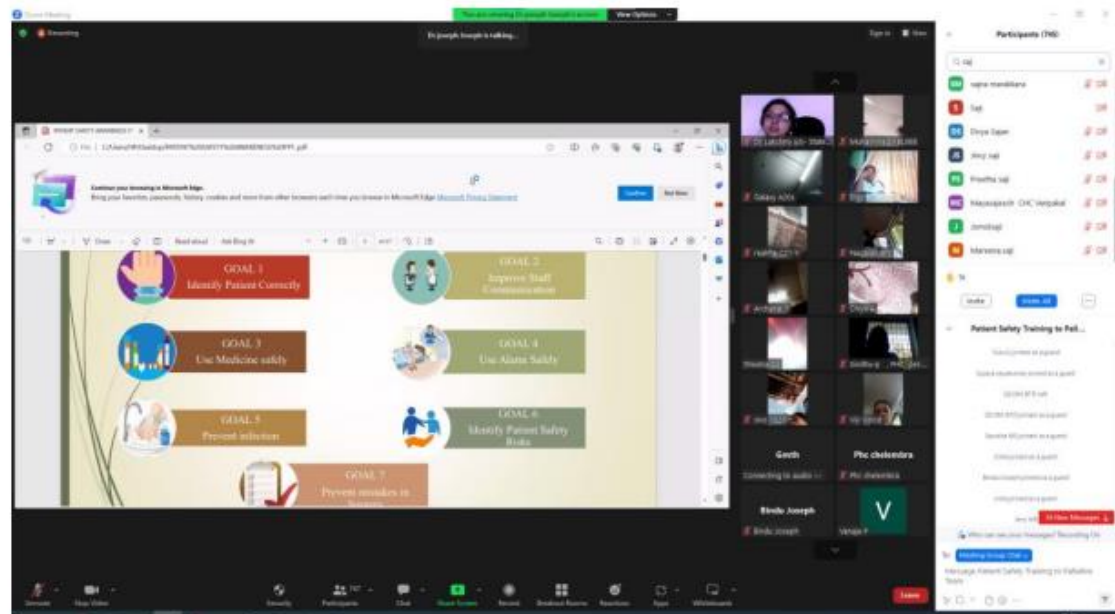


State Level Patient safety Pledge and Awareness program
for Asha workers



State Level Webinar on Patient Safety for Palliative care – Community Nurses

Around 750 Nurses participated



QPS Division – Patient Safety Day



WORLD PATIENT SAFETY SEPTEMBER 17 DAY 2024

IMPROVING DIAGNOSIS FOR PATIENT SAFETY
"GET IT RIGHT, MAKE IT SAFE"



ആരോഗ്യകുടുംബക്ഷേമ വകുപ്പ്, കേരള സർക്കാർ



ലോക രോഗി സുരക്ഷാ ദിനത്തോടനുബന്ധിച്ച് രോഗി സുരക്ഷാ (പ്രതിജ്ഞ)

എന്റെ ആരോഗ്യ കേന്ദ്രത്തിലും സമൂഹത്തിലും രാജ്യത്തും രോഗി സുരക്ഷ പ്രോത്സാഹിപ്പിക്കുന്നതിനുള്ള എല്ലാ പ്രവർത്തനങ്ങളും ഏറ്റെടുക്കുമെന്ന് പ്രതിജ്ഞ ചെയ്തുകൊണ്ട്

ഞാൻ, (പേര്.....),
ഇവിടെ (നിങ്ങളുടെ സ്ഥാപനത്തിന്റെ പേര്.....)
(നിങ്ങളുടെ പദവി പരാമർശിക്കുക.....)
ആയി പ്രവർത്തിക്കുന്നു.

രോഗിയുടെ സുരക്ഷയ്ക്കായി രോഗനിർണ്ണയം മെച്ചപ്പെടുത്തുന്നതിനുള്ള നടപടികൾ ഉൾപ്പെടെ. ഇനിപ്പറയുന്ന പ്രവർത്തനങ്ങളെ പിന്തുണയ്ക്കുന്നതിലൂടെ ആരോഗ്യ പരിരക്ഷ സുരക്ഷിതമാക്കുന്നതിന് ഞാൻ സ്വയം സമർപ്പിക്കാൻ പ്രതിജ്ഞാബദ്ധനാണ്,

1. രോഗി പരിചരണത്തിലെ പിഴവുകൾ കുറയ്ക്കുന്നതിനുള്ള മാർഗ്ഗങ്ങൾ തിരിച്ചറിയുകയും നടപ്പാക്കുകയും ചെയ്യുക
2. രോഗിയുടെ സുരക്ഷയുമായി ബന്ധപ്പെട്ട എല്ലാ അനുബന്ധ വിഷയങ്ങളിലും ഞങ്ങളുടെ കഴിവുകളും അറിവും മെച്ചപ്പെടുത്തുക
3. രോഗികളെയും കുടുംബങ്ങളെയും അവരുടെ പരിചരണം മെച്ചപ്പെടുത്തുന്നതിൽ പങ്കാളികളായി സജീവമായി ഇടപെടുകയും ശാക്തീകരിക്കുകയും ചെയ്യുക.
4. രോഗികളുടെ സുരക്ഷയെക്കുറിച്ച് പൊതുജനങ്ങളിൽ അവബോധം വളർത്തുക.
5. ടീം വർക്കിലൂടെ പരിചരണത്തിലെ സുതാര്യതയെ പരിപോഷിപ്പിക്കുകയും പിന്തുണയ്ക്കുകയും പ്രോത്സാഹിപ്പിക്കുകയും ചെയ്യുക.
6. രോഗികളുടെ താൽപ്പര്യം സംരക്ഷിക്കുന്നതിന് തെറ്റുകളിൽ നിന്ന് പഠിക്കുക.
7. രോഗിയുടെ സുരക്ഷ പ്രോത്സാഹിപ്പിക്കുന്നതിനുള്ള എന്റെ സഹപ്രവർത്തകരുടെ പരിശ്രമത്തെ പിന്തുണയ്ക്കുക.
8. രോഗനിർണ്ണയത്തിലെത്താൻ ലഭ്യമായ സാങ്കേതികവിദ്യ, ഉപകരണം, പരിശോധനകൾ എന്നിവ പ്രയോജനപ്പെടുത്തുക.

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Patient Safety Day 2024

Improving Diagnosis for patient safety





Patient Safety Day 2024 Observance Kerala

Thaluk Hospital Cherthala

Pilot Phase

Palliative Care Quality Assurance Standards Kerala

Quality & Patient Safety Initiative
Kerala -2024



Need for Quality Assurance in Palliative Care

- Palliative care –beneficiary are terminally ill /bed- ridden
 - The responsibility for providing Quality care is with the system
 - Action Plan (G.O.(Rt)No.1592/2023/H&FWD
Dated,Thiruvananthapuram, 03-07-2023)- ‘Quality improvement programme in line with KAYAKALP to be initiated for the palliative care units at different levels based on accepted standards’ – to be initiated by July 2023
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Assessment of Patient Safety in SaQushal

Patient Care Process

Clinical Risk Management

Safe Care Environment

Patient Safety Systems

PQAS Palliative care Quality Assurance Standards

- First draft prepared in February 2023
- Assessment method in line with Kayakalpa/NQAS
- Standards as per published GOs and Guidelines
- Discussion with all Palliative care Coordinators
- November 2023- Discussion with Palliative & State Quality team leading to restructuring of the Standards

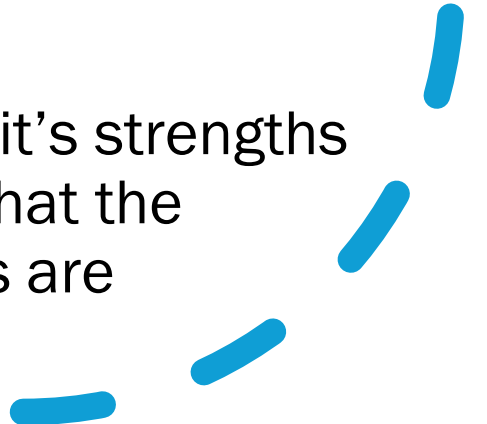
PQAS- Palliative care Quality Assurance Standards

Piloted in Five primary units, Six Secondary CHC, Four Secondary major hospitals and Four Training centres in June and July 2024

Changes as per suggestions finalised in August 2024

State Level Dissemination Workshops conducted

PQAS Salient Features

- Developed indigenously by Palliative care team of the state
 - Supported by Quality & Patient Safety Division
 - Stress on Psychosocial support
 - Palliative Care Units are Assessed- not institutions
 - Primary & Secondary Units assessed separately
 - Institution which serves as the base from which services are given is considered for assessing Inputs
 - Presently, only for Government owned Palliative care units
 - Emphasis on getting to know the unit's strengths and weaknesses and understand what the expected (best) practices/standards are
- 

PQAC- Consultative & Dissemination workshop



What to assess?

5 Areas of Concern in PQAS

- A. Patient Care
- B. Inputs
- C. Psychosocial Support and Community participation
- D. Infection Control
- E. Quality Improvement

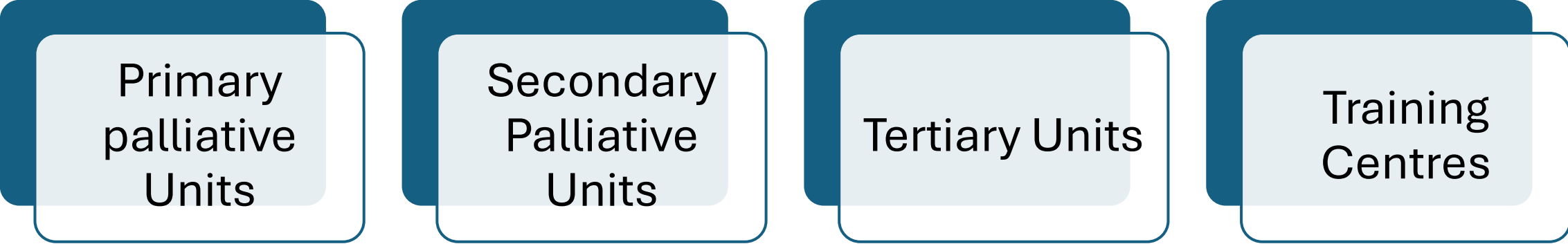
Area of Concern	Standard
Patient Care	<p>Target population, frequency and timing</p> <p>Home care planning</p> <p>Home care activities</p> <p>Referral/Specialist care</p> <p>In Secondary and above- Integration with Inpatient care</p>
Inputs	<p>Infrastructure</p> <p>Human Resources</p> <p>Logistics</p> <p>Drugs and Equipment</p> <p>Training</p> <p>In Secondary- Support system for patients with Special needs</p>

Area of Concern	Standards
Psychosocial Support and Community Participation	Psychosocial Support Provided Role of community Role in Home Care, Paliative Management Committee PM
InfectionControl	Infection Control Programme Hand hygiene practices and Antisepsis PPE Sanitation and hygiene Disinfection and Sterilisation Waste Management
Quality Improvement	Established framework Documentation Audits Monitoring and Evaluation Innovation

Weightage for each Area of Concern

Domain	PRIMARY	SECONDARY CHC	SECONDARY MAJOR	TRAINING CENTRE
Patient care	25	25	25	25
Inputs	20	25	25	25
Psychosocial support	25	20	20	20
Infection Control	15	15	15	15
Quality improvement	15	15	15	15

Checklists



Primary
palliative
Units

Secondary
Palliative
Units

Tertiary Units

Training
Centres

Who will Assess?

*First step- Internal Quality Assurance Team of the institution

- Primary units- Medical Officer, Community Palliative Nurse, Nursing Officer, Infection Control Nurse, MLSP, HI, Pharmacist, PHN, ASHA/Community volunteer, Clerk

*Second Step:
Peer assessment
in Block level,
*Scale up plans:
District level and
State level



How to assess??

Modes of assessment

1. Observation (OB)
2. Staff Interview (SI)
3. Client/Community Interview (CI)
4. Records Review (RR)

**Work during the last six months to
be assessed**



Methodology OB and CI

- Essential to go for a Home care visit- in Peer assessment
- Primary- visit at least four patients:-
 - bed bound- need to see Nurse performing procedures
 - Terminally ill pt- look for Communication
 - Seeing family of patient who died recently to understand bereavement support
 - Paraplegic or patient requiring rehabilitation services

Steps in Palliative Quality Assessment

Self Assessment

Gap Analysis

Gap Closure

Re assessment

Way Forward

- Enhancing healthcare professionals' training on palliative care principles and safety protocols is crucial for ensuring high-quality, compassionate care.
- Strengthening the infrastructure, such as developing specialized palliative care units and improving access to essential medications, is vital for effective symptom management.
- Fostering a collaborative approach that involves patients, families, and caregivers can improve communication and decision-making.
- Finally, leveraging technology for monitoring and data collection can help identify safety issues and drive continuous improvement in care practices

THANK YOU