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An operational research on palliative care in a district of central Kerala

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Introduction: Quality of life of patients and their families can be improved by Palliative care approach. Palliative care treatment will be given to patients who are facing problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other complications. In Kerala, a southern state of India, funding of palliative care projects by local self-government are made mandatory and thus making its implementation uniform and successful. Ernakulam is the most advanced district in the state had implemented mental health programmes also through palliative care networks. This research work is intended to study the operational aspects of palliative care services for the betterment of the programme in the district.

Objective: To study the process and outcome of palliative care programme in Ernakulam

Methodology: Design:-Operational research-descriptive ecological study.

Setting: Ernakulam District palliative care units - There are 116 Primary care units-101 in rural areas and 15 Urban areas- 12 Secondary care units in major hospitals, 14 secondary units in block hospitals and 1 tertiary care unit. Study period: - Jan 2017 – Dec 2017.

Programme process and outcome: Total of 24,287 Cases were registered and 18,304 (75.37% ; 95% CI- 74.82-75.91) attended in outpatient departments. A total of 71,178 home care services were also given. Services were provided by 162 primary nurses, 36 secondary nurses, 24 physiotherapists and 4 medical officers exclusively for the programme along with Medical officers of health institutions and 1500 trained volunteers. Long-term care is given for 10,175 patients with chronic morbidities. 6 crore Indian rupees were allocated in primary care units of rural areas through respective local self-government and INR 2,16,000 were provided by the national government. Volunteer's Training sessions lasting for 3 to 5 days, staff review meetings, basic courses of one and half months for Doctors and nurses, disease-oriented training for caregivers and Palliative Day observations were the other main process activities. Implementation of video calling facility at tertiary care Centre and mental health programs in urban areas were also initiated.

Conclusion: Satisfactory implementation of the palliative programme is made possible in the district with 32 lakhs population, through the concerted and focused efforts of all sectors of society with people's participation and making it a people owned programme.

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