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An investigation of barriers and facilitators of coordination between primary palliative care and specialized palliative care: A qualitative study

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Successful palliative care (PC) is determined by the collaborative approach of health care professionals. Importantly, the coordination of PC services across different institutions and health care settings plays a crucial role for collaborative approaches in PC. Coordination of services in PC is especially required between primary palliative care (PPC) and specialized palliative care (SPC). However, to date, little is known about barriers and facilitators to coordination between these services in Switzerland. Furthermore, each canton in Switzerland follows their own informal guidelines on coordination in PC, contributing to discrepancies in coordinative approaches in PC services. The purpose of this study is therefore to investigate barriers and facilitators to coordination between PPC and SPC service providers in Switzerland. Moreover, the study explores the implications of this for patient outcomes. Problem centered interviews with 40 health care professionals in PPC and SPC across 4 cantons in Switzerland (Basel, Waadt, Luzerne, Ticino), as well as with 24 family care givers were carried out. Data from the interviews were analyzed and interpreted using qualitative content-analysis. Results indicated that perceived barriers and facilitators to coordination include; education and training in PC, financial incentives for PC services, information transfer between PPC and SPC services and organization factors. Significantly, that the barriers have a perceived negative impact on quality of care service provisions in Switzerland. The results will inform 'best practices' with respect to the coordination of palliative care networks and propose different ways of achieving the goal of service integration in PC. This is relevant for informing supply planning in community-based palliative care.