

Title:

Processes and Meanings of the Patient-Family Caregiver Dyad in Palliative Care During the Hospital-Home Transition

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Session Title:

Hospital to Hospice Transition

Slot:

F 03: Monday, 30 October 2017: 9:30 AM-10:15 AM

Scheduled Time:

9:50 AM

Keywords:

end of life care , hospital discharge and palliative care

References:

Carrillo González, G. M., Sánchez Herrera, B., & Vargas Rosero, E. (2016). Desarrollo y pruebas psicométricas del Instrumento “cuidar” - versión corta para medir la competencia de cuidado en el hogar. *REVISTA SALUD UIS; Vol. 48, Núm. 2 (2016): SALUD UIS. JOUR.* Retrieved from <http://revistas.uis.edu.co/index.php/revistasaluduis/article/view/5509>

Hudson, P. L., Aranda, S., & Hayman-White, K. (2016). A Psycho-Educational Intervention for Family Caregivers of Patients Receiving Palliative Care: A Randomized Controlled Trial. *Journal of Pain and Symptom Management, 30(4)*, 329–341. *JOUR.* <http://doi.org/10.1016/j.jpainsymman.2005.04.006>

Sánchez, B., Carrillo, G. M., & Barrera, L. (n.d.). TRANSITION AND DISCHARGE HOSPITAL PLANNING AND ITS EFFECT IN HEALTH CARE: AN INTEGRATED REVIEW. *Revista U.D.C.A Actualidad & Divulgación Científica, 17(1)*, 13–23. Retrieved from http://www.scielo.org.co/scielo.php?script=sci_arttext&pid=S0123-42262014000100003&lng=en&nrm=iso&tlng=es

Abstract Summary:

this work aimed to describe the experience of the patient-family caretaker dyad in palliative care during the transition process between the hospital and the home at Colombia's National Cancer Institute in Bogotá

Learning Activity:

LEARNING OBJECTIVES	EXPANDED CONTENT OUTLINE
The learner will be able to understand the experience of the patient-family caregiver	The dyad confronts the prognosis and progression of the disease at home and

<p>dyad in palliative care during the transition process between the hospital and the home.</p>	<p>addresses the anticipated grief to understand how to manage the symptoms, the patient's physical discomfort – especially pain, listlessness, lack of mobility, and problems with sleeping, which added to the economic costs of acquiring supplies are overwhelming, as are the administrative procedures to gain access to health consultations and services.</p>
<p>The learner will be able to discover key aspects to guide palliative care staff and care in dealing with users who live the experience of the transition from the hospital to the home.</p>	<p>in the transition to hospital to home, it is necessary to pay attention to the communication with the family caregiver and the patient, the inclusion of the dyad during the discharge process and the social support after the discharge.</p>

Abstract Text:

Processes and meanings of the Patient-Family Caregiver Dyad in Palliative Care during the Hospital-Home Transition

Home palliative care enhances the quality of life of patients and their families, increases satisfaction with the care received, and generate a positive economic impact upon healthcare systems. Voids are identified with respect to experiences in the hospital-home transition within the Latin American setting and particularly in Colombia.

Objective: this work aimed to describe the experience of the patient-family caretaker dyad in palliative care during the transition process between the hospital and the home at Colombia's National Cancer Institute in Bogotá.

Method: this was a qualitative study, through grounded theory, with the participation of 44 informants, 22 patients in palliative care, and 22 family caregivers. Data analysis was performed through the constant comparison method.

Results: six themes emerged that reflect the experience of the dyad comprised by the person in palliative care and his or her family caretaker. The dyad confronts the prognosis and progression of the disease at home and addresses the anticipated grief to understand how to manage the symptoms, the patient's physical discomfort – especially pain, listlessness, lack of mobility, and problems with sleeping, which added to the economic costs of acquiring supplies are overwhelming, as are the administrative procedures to gain access to health consultations and services. Emotional and spiritual support are permanently required, considering it fundamental to have a palliative care staff that responds in timely manner to their concerns. In many cases, these patients do not know how to have access to said staff, recognizing that they must endure the situation on their own, without the guidance they would expect from the healthcare system.

Conclusions. Key aspects are identified to guide palliative care staff in dealing with users who live the experience of the transition from the hospital to the home.