

THE PALLIATIVE CARE KIT, AN EXAMPLE OF REGIONAL MULTIDISCIPLINARY COOPERATION IN THE NETHERLANDS

Jeltje Luinenburg¹, Maria Merckx¹

¹Royal Dutch Pharmacists Association (KNMP), the Netherlands

contact: j.luinenburg@knmp.nl

INTRODUCTION

Compared to other European countries, palliative care for adults in the Netherlands is generalist care. There are relatively few specialized centers. The patient often continues to live at home and care is provided by regular care providers in the neighborhood. Living at home has advantages (such as staying in the familiar home environment and lower healthcare costs). But it can also lead to acute care during evenings, nights and weekends. If the patient suddenly deteriorates, the GP has to come at night and the pharmacy has to quickly deliver medicines and medical aids. The acute supply of medical aids is particularly a problem, because pharmacies don't always have them. This is because medical aids are no longer standardly being supplied by pharmacies since a few years. They are mainly being supplied by other suppliers who are contracted by the health insurer.

AIM

To prevent unnecessary acute palliative care during evenings, nights and weekends for palliative patients who live at home.

METHOD

A palliative care kit contains supplies to immediately treat (acute) symptoms, such as ampoules of morphine, ampoules of midazolam, the necessary syringes, needles and bandages and a urinary catheter with insertion set. It also contains a permission document from the GP to use the supplies when necessary.



The palliative care kit is supplied by the pharmacy. It is delivered to the home of palliative patients when they enter the terminal phase, at a time that can be planned. So that the nurse can immediately use the kit when necessary.

The palliative care kit has been developed through regional collaboration between general practitioners, pharmacists and community nurses.

RESULTS

The palliative kit prevents unnecessary time spent by the community nurse, GP and pharmacist, especially during evenings, nights and weekends.

In addition, the patient and their family experience the presence of the palliative kit as reassuring and supporting, because they know that in the event of an acute deterioration of the patient, they necessary medications and medical aids are there already.

Health insurers are also enthusiastic about the palliative kit and want to reimburse it nationally. The pharmacist receives a rate from the health insurer for supplying the box and the medical aids. The pharmacist gets the medicines reimbursed separately.

CONCLUSION

The palliative kit prevents unnecessary time spent by the community nurse, GP and pharmacist, especially during evenings, nights and weekends. In this way, it saves costs. And it is reassuring and supporting to the patient and their family. The palliative kit is a successful result of regional cooperation. It is now being rolled out nationally and all health insurers want to reimburse it.

