University Hospitals Bristol NHS
NHS Foundation Trust

Palliative Care

Evidence Update

February 2018 (Quarterly)

Respecting everyone
Embracing change
Recognising success
Working together
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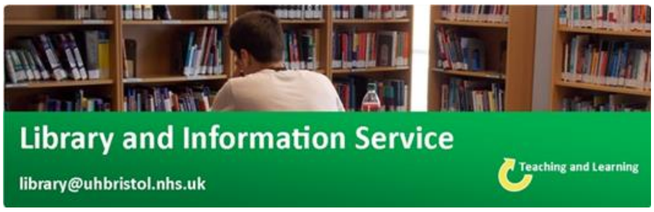

Lunchtime Drop-in Sessions

All sessions last one hour

March (13.00-14.00)	
8th (Thu)	**Statistics**
12th (Mon)	**Literature Searching**
20th (Tue)	**Critical Appraisal**
28th (Wed)	**Statistics**
April (12.00-13.00)	
5th (Thu)	**Literature Searching**
9th (Mon)	**Critical Appraisal**
17th (Tues)	**Statistics**
25th (Wed)	**Literature Searching**

Your Outreach Librarian – Sarah Barrett

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Outreach: Your Outreach Librarian can help facilitate evidence-based practice for all in the team, as well as assisting with academic study and research. We also offer one-to-one or small group training in **literature searching, critical appraisal and medical statistics**. Get in touch: library@uhbristol.nhs.uk

Literature searching: We provide a literature searching service for any library member. For those embarking on their own research it is advisable to book some time with one of the librarians for a one-to-one session where we can guide you through the process of creating a well-focused literature research. Please email requests to library@uhbristol.nhs.uk

Current Journals: Tables of Contents

Click on journal title (+ Ctrl) for hyperlink

Journal	Month	Volume	Issue
Journal of Palliative Medicine	**March 2018**	**21**	**S2**
Journal of Pain and Symptom Management	**March 2018**	**55**	**3**
International Journal of Palliative Nursing	**February 2018**	**24**	**2**

If you require full articles please email: library@uhbristol.nhs.uk

Latest Evidence

NICE National Institute for Health and Care Excellence

Supporting the children's palliative care sector to implement the NICE End of Life guideline for children and young people

Shared learning Published February 2018

To develop new partnerships to achieve best practice in End of Life Care (EOLC) through the provision of education programmes

Shared learning Published February 2018

Networked approach to implementing NG61 (End of life care for infants, children & young people)

Shared learning Published January 2018 Last updated February 2018

Cochrane Library

Latorraca COC, Martimbianco ALC, Pachito DV, Torloni MR, Pacheco RL, Pereira JG, Riera R. Palliative care interventions for people with multiple sclerosis (Protocol). Cochrane Database of Systematic Reviews 2018, Issue 1. Art. No.: CD012936. DOI: 10.1002/14651858.CD012936.

UpToDate®

OpenAthens login required. Register here: https://openathens.nice.org.uk/

What's new in palliative care
Author: Diane MF Savarese, MD
All topics are updated as new evidence becomes available and our peer review process is complete.
Literature review current through: Jan 2018. | **This topic last updated:** Feb 14, 2018.
The following represent additions to UpToDate from the past six months that were considered by the editors and authors to be of particular interest.

Primary palliative care
Authors: Yael Schenker, MD; Timothy E Quill, MD
All topics are updated as new evidence becomes available and our peer review process is complete.
Literature review current through: Jan 2018. | **This topic last updated:** Jan 25, 2018.

Approach to symptom assessment in palliative care
Author: Victor T Chang, MD
All topics are updated as new evidence becomes available and our peer review process is complete.
Literature review current through: Jan 2018. | **This topic last updated:** Jan 11, 2018.

Benefits, services, and models of subspecialty palliative care
Authors: Diane E Meier, MD, FACP; Elizabeth McCormick, MD
All topics are updated as new evidence becomes available and our peer review process is complete.
Literature review current through: Jan 2018. | **This topic last updated:** Feb 16, 2018.

Ethical issues in palliative care
Author: Erik K Fromme, MD
All topics are updated as new evidence becomes available and our peer review process is complete.
Literature review current through: Jan 2018. | **This topic last updated:** Jan 11, 2018.

Sexuality in palliative care
Authors: Timothy J Moynihan, MD; Sharon L Bober, PhD
All topics are updated as new evidence becomes available and our peer review process is complete.
Literature review current through: Jan 2018. | **This topic last updated:** Jan 15, 2018.

Palliative care of patients with advanced dementia
Author: Susan L Mitchell, MD, MPH
All topics are updated as new evidence becomes available and our peer review process is complete.
Literature review current through: Jan 2018. | **This topic last updated:** Jan 23, 2018.

Recent Database Articles

Below is a selection of articles concerning palliative and end-of-life support services recently added to the healthcare databases.

If you would like any of the articles in full text, or if you would like a more focused search on your own topic, please contact us: library@bristol.nhs.uk

1. The VOICE Study: Valuing Opinions, Individual Communication and Experience: building the evidence base for undertaking Patient-Centred Family Meetings in palliative care - a mixed methods study.

Author(s): Cahill, Philippa J; Sanderson, Christine R; Lobb, Elizabeth A; Phillips, Jane L

Source: Pilot and feasibility studies; 2018; vol. 4 ; p. 51

Publication Date: 2018

Publication Type(s): Journal Article

PubMedID: 29479471

Available at Pilot and Feasibility Studies - from BioMed Central

Available at Pilot and Feasibility Studies - from Europe PubMed Central - Open Access

Available at Pilot and Feasibility Studies - from ProQuest (Hospital Premium Collection) - NHS Version

Available at Pilot and Feasibility Studies - from springer.com

Abstract: BackgroundDespite family meetings being widely used to facilitate discussion among patients, families, and clinicians in palliative care, there is limited evidence to support their use. This study aims to assess the acceptability and feasibility of Patient-Centred Family Meetings in specialist inpatient palliative care units for patients, families, and clinicians and determine the suitability and feasibility of validated outcome measures from the patient and family perspectives.MethodsThe study is a mixed-methods quasi-experimental design with pre-planned Patient-Centred Family Meetings at the intervention site. The patient will set the meeting agenda a priori allowing an opportunity for their issues to be prioritised and addressed. At the control site, usual care will be maintained which may include a family meeting. Each site will recruit 20 dyads comprising a terminally ill inpatient and their nominated family member. Pre- and post-test administration of the Distress Thermometer, QUAL-EC, QUAL-E, and Patient Health Questionnaire-4 will assess patient and family distress and satisfaction with quality of life. Patient, family, and clinician interviews post-meeting will provide insights into the meeting feasibility and outcome measures. Recruitment percentages and outcome measure completion will also inform feasibility.Descriptive statistics will summarise pre- and post-meeting data generated by the outcome measures. SPSS will analyse the quantitative data. Grounded theory will guide the qualitative data analysis.DiscussionThis study will determine whether planned Patient-Centred Family Meetings are feasible and acceptable and assess the suitability and feasibility of the outcome measures. It will inform a future phase III randomised controlled trial.Trial registrationAustralian New Zealand Clinical Trials Registry ACTRN12616001083482 on 11 August 2016.

Database: Medline

2. Clinical Usefulness of Tools to Support Decision-making for Palliative Treatment of Metastatic Colorectal Cancer: A Systematic Review.

Author(s): Engelhardt, Ellen G; Révész, Dóra; Tamminga, Hans J; Punt, Cornelis J A; Koopman, Mirjam; Onwuteaka-Philipsen, Bregje D; Steyerberg, Ewout W; Jansma, Ilse P; De Vet, Henrica C W; Coupé, Veerle M H

Source: Clinical colorectal cancer; Mar 2018; vol. 17 (no. 1); p. e1

Publication Date: Mar 2018

Publication Type(s): Journal Article

PubMedID: 28734786

Abstract:BACKGROUNDDecision-making regarding palliative treatment for patients with metastatic colorectal cancer (mCRC) is complex and comprises numerous decisions. Decision-making should be guided by the premise of maintaining and/or improving patients' quality of life, by patient preference, and by the trade-off between treatment benefits and harm. Decision support systems (DSSs) for clinicians (eg, nomograms) can assist in this process. The present systematic review aimed to provide a comprehensive overview of the available DSSs for incurable mCRC and to assess their clinical usefulness.MATERIALS AND METHODSA systematic literature search was performed in PubMed, Embase, and the Cochrane Library. We extracted information on the DSS characteristics and their discriminatory ability, calibration, and user-friendliness.RESULTSFrom 5205 studies, we identified 14 DSSs for decisions regarding palliative resection of the primary tumor (n = 3), radiotherapy for metastases (n = 2), treatment type (invasive vs. symptomatic only; n = 7), and selection of chemotherapy (n = 2). The predictors varied greatly among the DSSs, and only 1 DSS incorporated a genetic marker (ie, UGT1A1). None of the DSSs included > 1 treatment option, nor did any DSS present estimates of treatment benefits and harms. Five tools had not been externally validated, two had only been validated in < 35 patients, and the rest had only been validated in populations similar to the population used for their development. Discriminatory accuracy was generally moderate to poor. Calibration measures were only reported for 2 tools.CONCLUSIONA limited number of DSSs are available to support palliative treatment decisions for patients with mCRC, and the evidence regarding their discriminatory ability and calibration is too limited to recommend their use. New DSSs comparing multiple treatment options and presenting both treatment benefits and harms are needed.

Database: Medline

3. Palliative care in heart failure : A meta-analysis of randomized controlled trials.

Author(s): Zhou, K; Mao, Y

Source: Herz; Feb 2018

Publication Date: Feb 2018

Publication Type(s): Journal Article Review

PubMedID: 29468259

Abstract:BACKGROUNDPalliative care can play an important role in the management of heart failure. We conducted a systematic review and meta-analysis to compare the efficacy and safety of palliative care in patients with heart failure.METHODSPubMed, Embase, Web of Science, EBSCO, and the Cochrane Library databases were systematically searched. Randomized controlled trials (RCTs) on the impact of palliative care on heart failure were included. Two investigators independently searched the articles, extracted data, and assessed the quality of included studies. The primary outcome was mortality.RESULTSSeven RCTs were included in the meta-analysis. Compared with usual care for heart failure, palliative care was associated with a significantly increased quality of life (standardized mean difference = 1.46; 95% confidence interval [CI] = 0.12 to 2.79; p = 0.03) and reduced depression scores (standardized mean difference = -0.62; 95% CI = -0.99 to -0.25; p = 0.03), but demonstrated no impact on mortality (risk ratio [RR] = 1.28; 95% CI = 0.86 to 1.92; p = 0.22) and rehospitalization (RR = 0.84; 95% CI = 0.66 to 1.07; p = 0.16).CONCLUSIONPalliative care can improve the quality of life and reduce the occurrence of depression in patients with heart failure.

Database: Medline

4. Patient's and health care provider's perspectives on music therapy in palliative care - an integrative review.

Author(s): Schmid, W; Rosland, J H; von Hofacker, S; Hunskår, I; Bruvik, F

Source: BMC palliative care; Feb 2018; vol. 17 (no. 1); p. 32

Publication Date: Feb 2018

Publication Type(s): Journal Article

PubMedID: 29463240

Available at BMC Palliative Care - from BioMed Central

Available at BMC Palliative Care - from Europe PubMed Central - Open Access

Available at BMC Palliative Care - from PubMed Central

Abstract:BACKGROUNDThe use of music as therapy in multidisciplinary end-of-life care dates back to the 1970s and nowadays music therapy (MT) is one of the most frequently used complementary therapy in in-patient palliative care in the US. However existing research investigated music therapy's potential impact mainly from one perspective, referring to either a quantitative or qualitative paradigm. The aim of this review is to provide an overview of the users' and providers' perspectives on music therapy in palliative care within one research article.METHODSA systematic literature search was conducted using several databases supplemented with a hand-search of journals between November 1978 and December 2016. Inclusion criteria were: Music therapy with adults in palliative care conducted by a certified music therapist. Both quantitative and qualitative studies in English, German or a Scandinavian language published in peer reviewed journals were included. We aimed to identify and discuss the perspectives of both patients and health care providers on music therapy's impact in palliative care to forward a comprehensive understanding of it's effectiveness, benefits and limitations. We investigated themes mentioned by patients within qualitative studies, as well as commonly chosen outcome measures in quantitative research. A qualitative approach utilizing inductive content analysis was carried out to analyze and categorize the data.RESULTSTwelve articles, reporting on nine quantitative and three qualitative research studies were included. Seven out of the nine quantitative studies investigated pain as an outcome. All of the included quantitative studies reported positive effects of the music therapy. Patients themselves associated MT with the expression of positive as well as challenging emotions and increased well-being. An overarching theme in both types of research is a psycho-physiological change through music therapy.CONCLUSIONSBoth quantitative as well as qualitative research showed positive changes in psycho-physiological well-being. The integration of the users´ and providers´ perspectives within future research applicable for example in mixed-methods designs is recommended.

Database: Medline

5. A proposed framework of supportive and palliative care for people with high-grade glioma.

Author(s): Philip, Jennifer; Collins, Anna; Brand, Caroline; Sundararajan, Vijaya; Lethborg, Carrie; Gold, Michelle; Lau, Rosalind; Moore, Gaye; Murphy, Michael

Source: Neuro-oncology; Feb 2018; vol. 20 (no. 3); p. 391-399

Publication Date: Feb 2018

Publication Type(s): Journal Article

PubMedID: 29016886

Abstract: BackgroundPatients with malignant high-grade glioma (HGG) have significant supportive and palliative care needs, yet few tailored guidelines exist to inform practice. This study sought to develop an HGG framework of supportive and palliative care informed by needs reported by patients, families, and health care professionals (HCPs).MethodsThis study integrates a mixed-methods research program involving: (i) exploring experiences through systematic literature review and qualitative study (10 patients, 23 carers, and 36 HCPs); and (ii) an epidemiological cohort study (N = 1821) describing care of cases of HGG in Victoria, Australia using linked hospital datasets. Recommendations based on these studies were developed by a multidisciplinary advisory committee for a framework of supportive and palliative care based on the findings of (i) and (ii).ResultsKey principles guiding framework development were that care: (i) aligns with patient/family caregiver needs according to illness transition points; (ii) involves continuous monitoring of patient/family caregiver needs; (iii) be proactive in response to anticipated concerns; (iv) includes routine bereavement support; and (v) involves appropriate partnership with patients/families. Framework components and resulting activities designed to address unmet needs were enacted at illness transition points and included coordination, repeated assessment, staged information provision according to the illness transition, proactive responses and referral systems, and specific regular inquiry of patients' and family caregivers' concerns.ConclusionThis evidence-based, collaborative framework of supportive and palliative care provides an approach for patients with HGG that is responsive, relevant, and sustainable. This conceptual framework requires evaluation in robust clinical trials.

Database: Medline

6. Effect of early and systematic integration of palliative care in patients with advanced cancer: a randomised controlled trial.

Author(s): Vanbutsele, Gaëlle; Pardon, Koen; Van Belle, Simon; Surmont, Veerle; De Laat, Martine; Colman, Roos; Eecloo, Kim; Cocquyt, Veronique; Geboes, Karen; Deliens, Luc

Source: The Lancet. Oncology; Feb 2018

Publication Date: Feb 2018

Publication Type(s): Journal Article

PubMedID: 29402701

Abstract:BACKGROUNDThe benefit of early integration of palliative care into oncological care is suggested to be due to increased psychosocial support. In Belgium, psychosocial care is part of standard oncological care. The aim of this randomised controlled trial is to examine whether early and systematic integration of palliative care alongside standard psychosocial oncological care provides added benefit compared with usual care.METHODSIn this randomised controlled trial, eligible patients were 18 years or older, and had advanced cancer due to a solid tumour, an European Cooperative Oncology Group performance status of 0-2, an estimated life expectancy of 12 months, and were within the first 12 weeks of a new primary tumour or had a diagnosis of progression. Patients were randomly assigned (1:1), by block design using a computer-generated sequence, either to early and systematic integration of palliative care into oncological care, or standard oncological care alone in a setting where all patients are offered multidisciplinary oncology care by medical specialists, psychologists, social workers, dieticians, and specialist nurses. The primary endpoint was change in global health status/quality of life scale assessed by the European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire Core 30 items (EORTC QLQ C30) at 12 weeks. The McGill Quality of Life Questionnaire (MQOL), which includes the additional existential wellbeing dimension, was also used. Analysis was by intention to treat. This trial is ongoing, but closed for accrual, and is registered with ClinicalTrials.gov, number NCT01865396.FINDINGSFrom April 29, 2013, to Feb 29, 2016, we screened 468 patients for eligibility, of whom 186 were enrolled and randomly assigned to the early and systematic palliative care group (92 patients) or the standard oncological care group (94). Compliance at 12 weeks was 71% (65 patients) in the intervention group versus 72% (68) in the control group. The overall quality of life score at 12 weeks, by the EORTC QLQ C30, was 54·39 (95% CI 49·23-59·56) in the standard oncological care group versus 61·98 (57·02-66·95) in the early and systematic palliative care group (difference 7·60 [95% CI 0·59-14·60]; p=0·03); and by the MQOL Single Item Scale, 5·94 (95% CI 5·50-6·39) in the standard oncological care group versus 7·05 (6·59-7·50) in the early and systematic palliative care group (difference 1·11 [95% CI 0·49-1·73]; p=0.0006).INTERPRETATIONThe findings of this study show that a model of early and systematic integration of palliative care in oncological care increases the quality of life of patients with advanced cancer. Our findings also show that early and systematic integration of palliative care is more beneficial for patients with advanced cancer than palliative care consultations offered on demand, even when psychosocial support has already been offered. Through integration of care, oncologists and specialised palliative care teams should work together to enhance the quality of life of patients with advanced cancer.FUNDINGResearch Foundation Flanders, Flemish Cancer Society (Kom Op Tegen Kanker).

Database: Medline

7. Assessment and management of constipation for patients receiving palliative care in specialist palliative care settings: A systematic review of the literature.

Author(s): Muldrew, Deborah Hl; Hasson, Felicity; Carduff, Emma; Clarke, Mike; Coast, Jo; Finucane, Anne; Graham, Lisa; Larkin, Philip; McCorry, Noleen K; Slater, Paul; Watson, Max; Wright, Eileen; McIlfatrick, Sonja

Source: Palliative medicine; Feb 2018 ; p. 269216317752515

Publication Date: Feb 2018

Publication Type(s): Journal Article

PubMedID: 29431016

Abstract:BACKGROUNDConstipation is an important issue for patients receiving palliative care within specialist palliative care settings. Questions and ambiguity, however, persist about international best practice and management.AIMTo synthesise the current evidence base on the assessment and management of constipation for palliative care patients within a specialist palliative care setting.DESIGNThis is a systematic review.DATA SOURCESMEDLINE, Embase, CINAHL, Scopus and Cochrane databases were systematically searched in April 2017 for empirical studies, written in English, on the assessment and management of constipation in specialist palliative care settings, published between 2007 and 2017. Two researchers independently reviewed and critically appraised all studies, conducted data extraction, and undertook a thematic analysis.RESULTSIn total, 13 studies were included in the review comprising randomised trials (n = 3), observational (n = 4) and descriptive studies (n = 6). Most research was conducted in specialist palliative care units, targeting either healthcare professionals or patients. The analysis highlighted a lack of standard definition of constipation, raising questions on the existence and comparability of baseline prevalence figures, the physical and psychological impact on patients, resource impact on staff and service, the subjective and objective methods of assessing constipation, and key aspects of constipation management, including a lack of focus on non-pharmacological management in this setting.CONCLUSIONThe results of this review are being used to inform the development of an educational intervention targeting healthcare professionals. Gaps in the evidence base include lack of consistent definition of constipation, constipation prevention, non-pharmacological management, and the consideration of the management of constipation for the dying patient.

Database: Medline

8. Cost-effectiveness of a transitional home-based palliative care program for patients with end-stage heart failure.

Author(s): Wong, Frances Kam Yuet; So, Ching; Ng, Alina Yee Man; Lam, Po-Tin; Ng, Jeffrey Sheung Ching; Ng, Nancy Hiu Yim; Chau, June; Sham, Michael Mau Kwong

Source: Palliative medicine; Feb 2018; vol. 32 (no. 2); p. 476-484

Publication Date: Feb 2018

Publication Type(s): Journal Article

PubMedID: 28434275

Abstract:BACKGROUNDStudies have shown positive clinical outcomes of specialist palliative care for end-stage heart failure patients, but cost-effectiveness evaluation is lacking.AIMTo examine the cost-effectiveness of a transitional home-based palliative care program for patients with end-stage heart failure patients as compared to the customary palliative care service.DESIGNA cost-effectiveness analysis was conducted alongside a randomized controlled trial (Trial number: NCT02086305). The costs included pre-program training, intervention, and hospital use. Quality of life was measured using SF-6D.SETTING/PARTICIPANTSThe study took place in three hospitals in Hong Kong. The inclusion criteria were meeting clinical indicators for end-stage heart failure patients including clinician-judged last year of life, discharged to home within the service area, and palliative care referral accepted. A total of 84 subjects (study = 43, control = 41) were recruited.RESULTSWhen the study group was compared to the control group, the net incremental quality-adjusted life years gain was 0.0012 (28 days)/0.0077 (84 days) and the net incremental costs per case was -HK$7935 (28 days)/-HK$26,084 (84 days). The probability of being cost-effective was 85% (28 days)/100% (84 days) based on the cost-effectiveness thresholds recommended both by National Institute for Health and Clinical Excellence (£20,000/quality-adjusted life years) and World Health Organization (Hong Kong gross domestic product/capita in 2015, HK$328117).CONCLUSIONResults suggest that a transitional home-based palliative care program is more cost-effective than customary palliative care service. Limitations of the study include small sample size, study confined to one city, clinic consultation costs, and societal costs including patient costs and unpaid care-giving costs were not included.

Database: Medline

9. The costs, resource use and cost-effectiveness of Clinical Nurse Specialist-led interventions for patients with palliative care needs: A systematic review of international evidence.

Author(s): Salamanca-Balen, Natalia; Seymour, Jane; Caswell, Glenys; Whynes, David; Tod, Angela

Source: Palliative medicine; Feb 2018; vol. 32 (no. 2); p. 447-465

Publication Date: Feb 2018

Publication Type(s): Journal Article

PubMedID: 28655289

Available at Palliative Medicine - from PubMed Central

Abstract:BACKGROUNDPatients with palliative care needs do not access specialist palliative care services according to their needs. Clinical Nurse Specialists working across a variety of fields are playing an increasingly important role in the care of such patients, but there is limited knowledge of the extent to which their interventions are cost-effective.OBJECTIVESTo present results from a systematic review of the international evidence on the costs, resource use and cost-effectiveness of Clinical Nurse Specialist-led interventions for patients with palliative care needs, defined as seriously ill patients and those with advanced disease or frailty who are unlikely to be cured, recover or stabilize.DESIGNSystematic review following PRISMA methodology.DATA SOURCESMedline, Embase, CINAHL and Cochrane Library up to 2015. Studies focusing on the outcomes of Clinical Nurse Specialist interventions for patients with palliative care needs, and including at least one economic outcome, were considered. The quality of studies was assessed using tools from the Joanna Briggs Institute.RESULTSA total of 79 papers were included: 37 randomized controlled trials, 22 quasi-experimental studies, 7 service evaluations and other studies, and 13 economic analyses. The studies included a wide variety of interventions including clinical, support and education, as well as care coordination activities. The quality of the studies varied greatly.CONCLUSIONClinical Nurse Specialist interventions may be effective in reducing specific resource use such as hospitalizations/re-hospitalizations/admissions, length of stay and health care costs. There is mixed evidence regarding their cost-effectiveness. Future studies should ensure that Clinical Nurse Specialists' roles and activities are clearly described and evaluated.

Database: Medline

10. Multicomponent palliative care interventions in advanced chronic diseases: A systematic review

Author(s): Phongtankuel, Veerawat; Meador, Lauren; Adelman, Ronald D.; Roberts, Jordan; Henderson, Charles R., Jr.; Mehta, Sonal S.; del Carmen, Tessa; Reid, M. C.

Source: American Journal of Hospice & Palliative Medicine; Jan 2018; vol. 35 (no. 1); p. 173-183

Publication Date: Jan 2018

Publication Type(s): Journal Peer Reviewed Journal Journal Article

PubMedID: 28273750

Abstract: Background: Many patients live with serious chronic or terminal illnesses. Multicomponent palliative care interventions have been increasingly utilized in patient care; however, it is unclear what is being implemented and who is delivering these interventions. Objectives: To (1) describe the delivery of multicomponent palliative care interventions, (2) characterize the disciplines delivering care, (3) identify the components being implemented, and (4) analyze whether the number of disciplines or components being implemented are associated with positive outcomes. Design: Systematic review. Study Selection: English-language articles analyzing multicomponent palliative care interventions. Outcomes Measured: Delivery of palliative interventions by discipline, components of palliative care implemented, and number of positive outcomes (eg, pain, quality of life). Results: Our search strategy yielded 71 articles, which detailed 64 unique multicomponent palliative care interventions. Nurses (n = 64, 88%) were most often involved in delivering care, followed by physicians (n = 43, 67%), social workers (n = 33, 52%), and chaplains (n = 19, 30%). The most common palliative care components patients received were symptom management (n = 56, 88%), psychological support/counseling (n = 52, 81%), and disease education (n = 48, 75%). Statistical analysis did not uncover an association between number of disciplines or components and positive outcomes. Conclusions: While there has been growth in multicomponent palliative care interventions over the past 3 decades, important aspects require additional study such as better inclusion of key groups (eg, chronic obstructive pulmonary disease, end-stage renal disease, minorities, older adults); incorporating core components of palliative care (eg, interdisciplinary team, integrating caregivers, providing spiritual support); and developing ways to evaluate the effectiveness of interventions that can be readily replicated and disseminated. (PsycINFO Database Record (c) 2017 APA, all rights reserved) (Source: journal abstract)

Database: PsycINFO

11. Advance Directive Utilization Is Associated with Less Aggressive End-of-Life Care in Patients Undergoing Allogeneic Hematopoietic Cell Transplantation.

Author(s): Cappell, Kathryn; Sundaram, Vandana; Park, Annie; Shiraz, Parveen; Gupta, Ridhi; Jenkins, Patricia; Periyakoil, Vyjeyanthi S J; Muffly, Lori

Source: Biology of blood and marrow transplantation : journal of the American Society for Blood and Marrow Transplantation; Jan 2018

Publication Date: Jan 2018

Publication Type(s): Journal Article

PubMedID: 29371107

Abstract: Allogeneic hematopoietic cell transplantation (HCT) is associated with significant morbidity and mortality, making advance care planning (ACP) and management especially important in this patient population. A paucity of data exists on the utilization of ACP among allogeneic HCT recipients and the relationship between ACP and intensity of healthcare utilization in these patients. We performed a retrospective review of patients receiving allogeneic HCT at our institution from 2008 to 2015 who had subsequently died after HCT. Documentation and timing of advance directive (AD) completion were abstracted from the electronic medical record. Outcomes of interest included use of intensive care unit (ICU) level of care at any time point after HCT, within 30 days of death, and within 14 days of death; use of mechanical ventilation at any time after HCT; and location of death. Univariate logistic regression was performed to explore associations between AD completion and each outcome. Of the 1031 patients who received allogeneic HCT during the study period, 422 decedents (41%) were included in the analysis. Forty-four percent had AD documentation prior to death. Most patients (69%) indicated that if terminally ill, they did not wish to be subjected to life-prolonging treatment attempts.

Race/ethnicity was significantly associated with AD documentation, with non-Hispanic white patients documenting ADs more frequently (51%) compared with Hispanic (22%) or Asian patients (35%; P = .0007). Patients with ADs were less likely to use the ICU during the transplant course (41% for patients with ADs versus 52% of patients without ADs; P = .03) and also were less likely to receive mechanical ventilation at any point after transplantation (21% versus 37%, P < .001). AD documentation was also associated with decreased ICU use at the end of life; relative to patients without ADs, patients with ADs were more likely to die at home or in hospital as opposed to in the ICU (odds ratio, .44; 95% confidence interval, .27 to .72). ACP remains underused in allogeneic HCT. Adoption of a systematic practice to standardize AD documentation as part of allogeneic HCT planning has the potential to significantly reduce ICU use and mechanical ventilation while improving quality of care at end of life in HCT recipients.

Database: Medline

12. A Review of Apps for Calming, Relaxation, and Mindfulness Interventions for Pediatric Palliative Care Patients.

Author(s): Weekly, Taelyr; Walker, Nicole; Beck, Jill; Akers, Sean; Weaver, Meaghann

Source: Children (Basel, Switzerland); Jan 2018; vol. 5 (no. 2)

Publication Date: Jan 2018

Publication Type(s): Journal Article

PubMedID: 29373515

Available at Children (Basel) - from Europe PubMed Central - Open Access

Available at Children (Basel) - from mdpi.com

Abstract: Patients and families increasingly use mobile apps as a relaxation and distraction intervention for children with complex, chronic medical conditions in the waiting room setting or during inpatient hospitalizations; and yet, there is limited data on app quality assessment or review of these apps for level of engagement, functionality, aesthetics, or applicability for palliative pediatric patients. The pediatric palliative care study team searched smartphone application platforms for apps relevant to calming, relaxation, and mindfulness for pediatric and adolescent patients. Apps were reviewed using a systematic data extraction tool. Validated Mobile Application Rating Scale (MARS) scores were determined by two blinded reviewers. Apps were then characterized by infant, child, adolescent, and adult caregiver group categories. Reviewer discussion resulted in consensus. Sixteen of the 22 apps identified were included in the final analysis. The apps operated on either iOS or Android platforms. All were available in English with four available in Spanish. Apps featured a relaxation approach (12/16), soothing images (8/16), and breathing techniques (8/16). Mood and sleep patterns were the main symptoms targeted by apps. Provision of mobile apps resource summary has the potential to foster pediatric palliative care providers' knowledge of app functionality and applicability as part of ongoing patient care.

Database: Medline

13. Palliative and end-of-life care research in Scotland 2006-2015: a systematic scoping review.

Author(s): Finucane, Anne M; Carduff, Emma; Lugton, Jean; Fenning, Stephen; Johnston, Bridget; Fallon, Marie; Clark, David; Spiller, Juliet A; Murray, Scott A

Source: BMC palliative care; Jan 2018; vol. 17 (no. 1); p. 19

Publication Date: Jan 2018

Publication Type(s): Journal Article

PubMedID: 29373964

Available at BMC Palliative Care - from BioMed Central

Available at BMC Palliative Care - from Europe PubMed Central - Open Access

Available at BMC Palliative Care - from PubMed Central

Abstract:BACKGROUNDThe Scottish Government set out its 5-year vision to improve palliative care in its Strategic Framework for Action 2016-2021. This includes a commitment to strengthening research and evidence based knowledge exchange across Scotland. A comprehensive scoping review of Scottish palliative care research was considered an important first step. The aim of the review was to quantify and map palliative care research in Scotland over the ten-year period preceding the new strategy (2006-15).METHODSA systematic scoping review was undertaken. Palliative care research involving at least one co-author from a Scottish institution was eligible for inclusion. Five databases were searched with relevant MeSH terms and keywords; additional papers authored by members of the Scottish Palliative and End of Life Care Research Forum were added.RESULTSIn total, 1919 papers were screened, 496 underwent full text review and 308 were retained in the final set. 73% were descriptive studies and 10% were interventions or feasibility studies. The top three areas of research focus were services and settings; experiences and/or needs; and physical symptoms. 58 papers were concerned with palliative care for people with conditions other than cancer - nearly one fifth of all papers published. Few studies focused on ehealth, health economics, out-of-hours and public health. Nearly half of all papers described unfunded research or did not acknowledge a funder (46%).CONCLUSIONSThere was a steady increase in Scottish palliative care research during the decade under review. Research output was strong compared with that reported in an earlier Scottish review (1990-2005) and a similar review of Irish palliative care research (2002-2012). A large amount of descriptive evidence exists on living and dying with chronic progressive illness in Scotland; intervention studies now need to be prioritised. Areas highlighted for future research include palliative interventions for people with non-malignant illness and multi-morbidity; physical and psychological symptom assessment and management; interventions to support carers; and bereavement support. Knowledge exchange activities are required to disseminate research findings to research users and a follow-up review to examine future research progress is recommended.

Database: Medline

14. The Progression of End-of-Life Wishes and Concordance with End-of-Life Care.

Author(s): Hopping-Winn, Jennifer; Mullin, Juliette; March, Laurel; Caughey, Michelle; Stern, Melissa; Jarvie, Jill

Source: Journal of palliative medicine; Jan 2018

Publication Date: Jan 2018

Publication Type(s): Journal Article

PubMedID: 29298109

Abstract: Since 2013, Kaiser Permanente Northern California has engaged in a systematic effort to elicit, document, and honor the care preferences of patients as they near the end of life. This is done through its Advanced Steps program, in which selected patients discuss their preferences for future medical care with their healthcare agent during a structured conversation with a trained advance care planning facilitator. The facilitator then translates the patient's wishes into an actionable medical order set using a Physician's Order for Life-Sustaining Treatment (POLST) form. We wanted to know whether these patients' recorded wishes were concordant with care received at the end of life. To evaluate, we conducted an in-depth chart review of 300 patients who died in 2015 and had participated in the program. We determined that 290 patients received concordant care, whereas three patients received care discordant with their wishes before death. Seven patients did not have sufficient information in their record to determine concordance. Interestingly, we found care preferences often changed over time; ∼20% of patients revised their end-of-life preferences after having the facilitated conversation, with most of those patients opting for less intensive care. Most changes to preferences were made verbally in the final setting of care. While advance care planning and the POLST form provide invaluable tools for recording patients' wishes, our study highlights a need to track patients' wishes as they evolve over time and a need for ongoing, real-time conversations about goals of care, even after a POLST is completed.

Database: Medline

15. End-of-Life Decision Support in the ICU: Where Are We Now?

Author(s): Pignatiello, Grant; Hickman, Ronald L; Hetland, Breanna

Source: Western journal of nursing research; Jan 2018; vol. 40 (no. 1); p. 84-120

Publication Date: Jan 2018

Publication Type(s): Journal Article Review

PubMedID: 28322634

Abstract: Determining effective decision support strategies that enhance quality of end-of-life decision making in the intensive care unit is a research priority. This systematic review identified interventional studies describing the effectiveness of decision support interventions administered to critically ill patients or their surrogate decision makers. We conducted a systematic literature search using PubMed, CINAHL, and Cochrane. Our search returned 121 articles, 22 of which met the inclusion criteria. The search generated studies with significant heterogeneity in the types of interventions evaluated and varied patient and surrogate decision-maker outcomes, which limited the comparability of the studies. Few studies demonstrated significant improvements in the primary outcomes. In conclusion, there is limited evidence on the effectiveness of end-of-life decision support for critically ill patients and their surrogate decision makers. Additional research is needed to develop and evaluate innovative decision support interventions for end-of-life decision making in the intensive care unit.

Database: Medline

16. Red blood cell transfusion in adult palliative care: a systematic review.

Author(s): Chin-Yee, Nicolas; Taylor, Joshua; Rourke, Kaitlyn; Faig, Danika; Davis, Alexandra; Fergusson, Dean; Saidenberg, Elianna

Source: Transfusion; Jan 2018; vol. 58 (no. 1); p. 233-241

Publication Date: Jan 2018

Publication Type(s): Journal Article Review

PubMedID: 29194669

Abstract:BACKGROUNDThe risks and benefits of red blood cell (RBC) transfusion in palliative care patients remain poorly understood. We reviewed the literature to summarize available information on RBC transfusion in this population.STUDY DESIGN AND METHODSWe searched electronic databases (MEDLINE, Embase, PsycINFO, CINAHL) from inception through September 2016 to identify studies reporting data on palliative patients receiving RBC transfusion. Original studies that assessed RBC transfusion as an intervention and reported at least one clinical outcome were included. Study characteristics, results on transfusion-related outcomes, and authors' conclusions on the value of transfusion in palliative patients were abstracted and reported.RESULTSWe identified 1839 studies, of which 137 were selected for data extraction and 13 were included (11 case series, one prospective cohort, and one retrospective cohort). Nine studies addressed symptom relief following transfusion using subjective symptom scales, of which eight (89%) indicated some degree of short-term benefit and one study (11%) showed no benefit. Posttransfusion survival was reported in four studies-one demonstrated prolonged survival in patients receiving RBC transfusion; three had no comparison group. Other outcomes reported included hemoglobin values posttransfusion in four studies and adverse events following transfusion in three studies.CONCLUSIONSIn palliative care, RBC transfusion may provide symptom relief and improve subjective well-being, though the duration and magnitude of this effect, and transfusion-associated risks specific to this population remain unclear. Currently, no high quality evidence exists to support or guide the use of RBC transfusion in this population. Moreover, the clinical heterogeneity within the palliative population limits the interpretation of most studies.

Database: Medline

17. The impact of specialized palliative care on cancer patients' health-related quality of life: a systematic review and meta-analysis.

Author(s): Kassianos, Angelos P; Ioannou, Myria; Koutsantoni, Marianna; Charalambous, Haris

Source: Supportive care in cancer : official journal of the Multinational Association of Supportive Care in Cancer; Jan 2018; vol. 26 (no. 1); p. 61-79

Publication Date: Jan 2018

Publication Type(s): Journal Article Review

PubMedID: 28932908

Abstract:PURPOSESpecialized palliative care (SPC) is currently underutilized or provided late in cancer care. The aim of this systematic review and meta-analysis is to critically evaluate the impact of SPC on patients' health-related quality of life (HRQoL).METHODSFive databases were searched through June 2016. Randomized controlled trials (RCTs) and prospective studies using a pre- and post- assessment of HRQoL were included. The PRISMA reporting statement was followed. Criteria from available checklists were used to evaluate the studies' quality. A meta-analysis followed using random-effect models separately for RCTs and non-RCTs.RESULTSEleven studies including five RCTs and 2939 cancer patients published between 2001 and 2014 were identified. There was improved HRQoL in patients with cancer following SPC especially in symptoms like pain, nausea, and fatigue as well as improvement of physical and psychological functioning. Less or no improvements were observed in social and spiritual domains. In general, studies of inpatients showed a larger benefit from SPC than studies of outpatients whereas patients' age and treatment duration did not moderate the impact of SPC. Methodological shortcomings of included studies include high attrition rates, low precision, and power and poor reporting of control procedures.CONCLUSIONSThe methodological problems and publication bias call for higher-quality studies to be designed, funded, and published. However, there is a clear message that SPC is multi-disciplinary and aims at palliation of symptoms and burden in line with current recommendations.

Database: Medline

18. Differential effects of early palliative care based on the age and sex of patients with advanced cancer from a randomized controlled trial.

Author(s): Nipp, Ryan D; El-Jawahri, Areej; Traeger, Lara; Jacobs, Jamie M; Gallagher, Emily R; Park, Elyse R; Jackson, Vicki A; Pirl, William F; Temel, Jennifer S; Greer, Joseph A

Source: Palliative medicine; Jan 2018 ; p. 269216317751893

Publication Date: Jan 2018

Publication Type(s): Journal Article

PubMedID: 29323617

Abstract:BACKGROUNDEarly palliative care interventions enhance patient outcomes, including quality of life, mood, and coping, but it remains unclear whether certain subgroups of patients are more likely to benefit from early palliative care. We explored whether age and sex moderate the improved outcomes seen with early palliative care.METHODSWe performed a secondary analysis of data from a randomized trial of 350 patients with advanced lung and non-colorectal gastrointestinal cancer. Patients received an early palliative care intervention integrated with oncology care or usual oncology care alone. We used linear regression to determine if age (older or younger than 65) and sex moderated the effects of the intervention on quality of life (Functional Assessment of Cancer Therapy-General (FACT-G)), depression symptoms (Patient Health Questionnaire 9 (PHQ-9)), and coping (Brief COPE) within lung and gastrointestinal subgroups.RESULTSAt 24 weeks, younger patients with lung cancer receiving early palliative care reported increased use of active coping (B = 1.74; p = 0.02) and decreased use of avoidant coping (B = -0.97; p = 0.02), but the effects of early palliative care on these outcomes were not significant for older patients. Male patients with lung cancer assigned to early palliative care reported better quality of life (FACT-G: B = 9.31; p = 0.01) and lower depression scores (PHQ-9: B = -2.82; p = 0.02), but the effects of early palliative care on these outcomes were not significant for female patients. At 24 weeks, we found no age or sex moderation effects within the gastrointestinal cancer subgroup.CONCLUSIONAge and sex moderate the effects of early palliative care for patients with advanced lung cancer. Early palliative care may need to be tailored to individuals' unique sociodemographic and clinical characteristics.

Database: Medline

19. Supporting carers to manage pain medication in cancer patients at the end of life: A feasibility trial.

Author(s): Latter, Sue; Hopkinson, Jane B; Lowson, Elizabeth; Hughes, Jane A; Hughes, Jacki; Duke, Sue; Anstey, Sally; Bennett, Michael I; May, Carl; Smith, Peter; Richardson, Alison

Source: Palliative medicine; Jan 2018; vol. 32 (no. 1); p. 246-256

Publication Date: Jan 2018

Publication Type(s): Journal Article

PubMedID: 28679073

Abstract:BACKGROUNDCarers of people with advanced cancer play a significant role in managing pain medication, yet they report insufficient information and support to do so confidently and competently. There is limited research evidence on the best ways for clinicians to help carers with medication management.AIMSTo develop a pain medicines management intervention (Cancer Carers Medicines Management) for cancer patients' carers near the end of life and evaluate feasibility and acceptability to nurses and carers. To test the feasibility of trial research procedures and to inform decisions concerning a full-scale randomised controlled trial.DESIGNPhase I-II clinical trial. A systematic, evidence-informed participatory method was used to develop CCMM: a nurse-delivered structured conversational process. A two-arm, cluster randomised controlled feasibility trial of Cancer Carers Medicines Management was conducted, with an embedded qualitative study to evaluate participants' experiences of Cancer Carers Medicines Management and trial procedures.SETTINGCommunity settings in two study sites.PARTICIPANTSPhase I comprises 57 carers, patients and healthcare professionals and Phase II comprises 12 nurses and 15 carers.RESULTSA novel intervention was developed. Nurses were recruited and randomised. Carer recruitment to the trial was problematic with fewer than predicted eligible participants, and nurses judged a high proportion unsuitable to recruit into the study. Attrition rates following recruitment were typical for the study population. Cancer Carers Medicines Management was acceptable to carers and nurses who took part, and some benefits were identified.CONCLUSIONCancer Carers Medicines Management is a robustly developed medicines management intervention which merits further research to test its effectiveness to improve carers' management of pain medicines with patients at the end of life. The study highlighted aspects of trial design that need to be considered in future research.

Database: Medline

20. Pilot randomised controlled trial of focused narrative intervention for moderate to severe depression in palliative care patients: DISCERN trial.

Author(s): Lloyd-Williams, Mari; Shiels, Christopher; Ellis, Jacqueline; Abba, Katharine; Gaynor, Edward; Wilson, Kenneth; Dowrick, Christopher

Source: Palliative medicine; Jan 2018; vol. 32 (no. 1); p. 206-215

Publication Date: Jan 2018

Publication Type(s): Journal Article

PubMedID: 28590157

Available at Palliative Medicine - from PubMed Central

Abstract:BACKGROUNDDepression is poorly detected and sub-optimally managed in palliative care patients, and few trials of psychosocial interventions have been carried out in this group of patients.AIMSA pilot trial to determine the effect of a focused narrative intervention on depression in palliative care patients when used in addition to usual care.DESIGNPatients scoring 10 or higher on Patient Health Questionnaire-9 randomised to focused narrative intervention in addition to usual care or usual care only and followed up at 2, 4 and 6 weeks. A reduction of five points on Patient Health Questionnaire-9 was regarded as clinically significant response to treatment.SETTING/PARTICIPANTSPalliative care patients aged over 18 recruited from hospice day care services - exclusion criteria included an estimated prognosis of 6 weeks or less, cognitive impairment and unable to understand written or spoken English.RESULTSOut of 57 participating patients (71% female), with mean age 65.1 years (range 36-88 years), 33 patients were randomised to the intervention and 24 to usual care only. Mean Patient Health Questionnaire-9 score at baseline was 16.4. Patients receiving intervention had greater reduction in Patient Health Questionnaire-9 score at 6-week follow-up ($p = 0.04$). Median survival was 157 days for intervention and 102 days for control group patients ($p = 0.07$).CONCLUSIONThis pilot trial suggests a focused narrative intervention in palliative care patients with moderate to severe depression can reduce depression scores more than usual care alone. Patients receiving intervention appeared to have longer survival. These results support the need for a fully powered trial.

Database: Medline

21. Palliative care in patients with haematological neoplasms: An integrative systematic review.

Author(s): Moreno-Alonso, Deborah; Porta-Sales, Josep; Monforte-Royo, Cristina; Trelis-Navarro, Jordi; Sureda-Balarí, Anna; Fernández De Sevilla-Ribosa, Alberto

Source: Palliative medicine; Jan 2018; vol. 32 (no. 1); p. 79-105

Publication Date: Jan 2018

Publication Type(s): Journal Article

PubMedID: 29130387

Abstract:BACKGROUNDPalliative care was originally intended for patients with non-haematological neoplasms and relatively few studies have assessed palliative care in patients with haematological malignancies.AIMTo assess palliative care interventions in managing haematological malignancies patients treated by onco-haematology departments.DESIGNIntegrative systematic review with data extraction and narrative synthesis (PROSPERO #: CRD42016036240).DATA SOURCESPubMed, CINAHL, Cochrane, Scopus and Web-of-Science were searched for articles published through 30 June 2015. Study inclusion criteria were as follows: (1) published in English or Spanish and (2) containing data on palliative care interventions in adults with haematological malignancies.RESULTSThe search yielded 418 articles; 99 met the inclusion criteria. Six themes were identified: (1) end-of-life care, (2) the relationship between onco-haematology and palliative care departments and referral characteristics, (3) clinical characteristics, (4) experience of patients/families, (5) home care and (6) other themes grouped together as 'miscellany'. Our findings indicate that palliative care is often limited to the end-of-life phase, with late referral to palliative care. The symptom burden in haematological malignancies patients is more than the burden in non-haematological neoplasms patients. Patients and families are generally satisfied with palliative care. Home care is seldom used. Tools to predict survival in this patient population are lacking.CONCLUSIONDespite a growing interest in palliative care for haematological malignancies patients, the evidence base needs to be strengthened to expand our knowledge about palliative care in this patient group. The results of this review support the need to develop closer cooperation and communication between the palliative care and onco-haematology departments to improve patient care.

Database: Medline

22. What happens during early outpatient palliative care consultations for persons with newly diagnosed advanced cancer? A qualitative analysis of provider documentation.

Author(s): Bagcivan, Gulcan; Dionne-Odom, J Nicholas; Frost, Jennifer; Plunkett, Margaret; Stephens, Lisa A; Bishop, Peggy; Taylor, Richard A; Li, Zhongze; Tucker, Rodney; Bakitas, Marie

Source: Palliative medicine; Jan 2018; vol. 32 (no. 1); p. 59-68

Publication Date: Jan 2018

Publication Type(s): Journal Article

PubMedID: 28952887

Abstract:BACKGROUNDEarly outpatient palliative care consultations are recommended by clinical oncology guidelines globally. Despite these recommendations, it is unclear which components should be included in these encounters.AIMDescribe the evaluation and treatment recommendations made in early outpatient palliative care consultations.DESIGNOutpatient palliative care consultation chart notes were qualitatively coded and frequencies tabulated.SETTING/PARTICIPANTSOutpatient palliative care consultations were automatically triggered as part of an early versus delayed randomized controlled trial (November 2010 to April 2013) for patients newly diagnosed with advanced cancer living in the rural Northeastern US.RESULTSIn all, 142 patients (early = 70; delayed = 72) had outpatient palliative care consultations. The top areas addressed in these consultations were general evaluations-marital/partner status (81.7%), spirituality/emotional well-being (80.3%), and caregiver/family support (79.6%); symptoms-mood (81.7%), pain (73.9%), and cognitive/mental status (68.3%); general treatment recommendations-counseling (39.4%), maintaining current medications (34.5%), and initiating new medication (23.9%); and symptom-specific treatment recommendations-pain (22.5%), constipation (12.7%), depression (12.0%), advanced directive completion (43.0%), identifying a surrogate (21.8%), and discussing illness trajectory (21.1%). Compared to the early group, providers were more likely to evaluate general pain ($p = 0.035$) and hospice awareness ($p = 0.005$) and discuss/recommend hospice ($p = 0.002$) in delayed group participants.CONCLUSIONOutpatient palliative care consultations for newly diagnosed advanced cancer patients can address patients' needs and provide recommendations on issues that might not otherwise be addressed early in the disease course. Future prospective studies should ascertain the value of early outpatient palliative care consultations that are automatically triggered based on diagnosis or documented symptom indicators versus reliance on oncologist referral.

Database: Medline

23. The Impact of Measuring Patient-Reported Outcome Measures on Quality of and Access to Palliative Care.

Author(s): Dudgeon, Deborah

Source: Journal of palliative medicine; Jan 2018; vol. 21 ; p. S76

Publication Date: Jan 2018

Publication Type(s): Journal Article

PubMedID: 29283866

Available at Journal of Palliative Medicine - from PubMed Central

Abstract:BACKGROUNDMeasuring performance for palliative care is complex as care is delivered in many sites, over time and jointly to the patient and family. Measures of structural processes do not necessarily capture aspects that are important to patients and families nor reflect holistic multidisciplinary outcomes of care. This article focuses on the question as to whether measurement of patient-reported outcome measures improves the outcomes of quality and access to palliative care.OBJECTIVESTo review the international evidence that measurement of indicators of desired outcomes improves the quality of and access to palliative care, in order to apply them to the Canadian context.DESIGNRapid review.SETTINGCanadian context.FINDINGSThis review identified six systematic reviews and forty-seven studies that describe largely national efforts to arrive at a consensus as to what needs to be measured to assess quality of palliative care. Patient-reported outcome measures (PROMs) are becoming more prevalent, with emerging evidence to suggest that their measurement improves outcomes that are important to patients. Several Canadian initiatives are in place, including the Canadian Partnership Against Cancer's efforts, in conjunction with other partners, to develop common quality measures. Results from Australia's Palliative Care Outcomes Collaborative demonstrate that patient-centered improvements in palliative care can be measured by using patient-reported outcomes derived at the point of care and delivered nationally.CONCLUSIONSMeasurement of quality palliative and end-of-life care is very complex. It requires that both administrative data and PROMs be assessed to reflect outcomes that are important to patients and families. Australia's national initiative is a promising exemplar for continued work in this area.

Database: Medline

24. Resources for Educating, Training, and Mentoring Nurses and Unregulated Nursing Care Providers in Palliative Care: A Review and Expert Consultation.

Author(s): Pesut, Barbara; Greig, Madeleine

Source: Journal of palliative medicine; Jan 2018; vol. 21 ; p. S50

Publication Date: Jan 2018

Publication Type(s): Journal Article

PubMedID: 29283870

Available at Journal of Palliative Medicine - from PubMed Central

Abstract:BACKGROUNDNurses and nursing care providers provide the most direct care to patients at end of life. Yet, evidence indicates that many feel ill-prepared for the complexity of palliative care.OBJECTIVETo review the resources required to ensure adequate education, training, and mentorship for nurses and nursing care providers who care for Canadians experiencing life-limiting illness and their families.METHODSThis is a systematic search and narrative review in the Canadian context.RESULTSSix previous reviews and 26 primary studies were identified. Studies focusing on regulated nurses indicated that even amid variability in content, delivery methods, and duration, palliative education improves nurses' knowledge, confidence, attitudes, and communication abilities, and decreases nurses' stress. Results from palliative education in undergraduate curriculum were less definitive. However, studies on palliative simulation in undergraduate education suggest that it improves knowledge and confidence. Studies focusing on educating nursing care providers, either alone or in collaboration with regulated nurses, indicated positive outcomes in knowledge, confidence, communication, identification of clients who are dying, abilities to interact with patients and families, and a better understanding of their own contributions to care. Curricular resources in Canada have been developed. However, there is no dedicated and funded capacity-building strategy.DISCUSSIONResources exist to support palliative education for nurses and nursing care providers. Furthermore, the evidence suggests good outcomes from this education. However, there is no dedicated strategy for implementing those resources. Furthermore, there is little evidence of the critical role of knowledge translation in preparing nurses and nursing care providers for evidence-informed palliative practice.

Database: Medline

25. A Pilot Trial of Early Specialty Palliative Care for Patients with Advanced Pancreatic Cancer: Challenges Encountered and Lessons Learned.

Author(s): Schenker, Yael; Bahary, Nathan; Claxton, Rene; Childers, Julie; Chu, Edward; Kavalieratos, Dio; King, Linda; Lembersky, Barry; Tiver, Greer; Arnold, Robert M

Source: Journal of palliative medicine; Jan 2018; vol. 21 (no. 1); p. 28-36

Publication Date: Jan 2018

Publication Type(s): Journal Article

PubMedID: 28772092

Abstract:BACKGROUNDPatients with advanced pancreatic cancer suffer from high morbidity and mortality. Specialty palliative care may improve quality of life.OBJECTIVEAssess the feasibility, acceptability, and perceived effectiveness of early specialty physician-led palliative care for patients with advanced pancreatic cancer and their caregivers.DESIGNA mixed-methods pilot randomized controlled trial in which patient-caregiver pairs were randomized (2:1) to receive specialty palliative care, in addition to standard oncology care versus standard oncology care alone.SETTING/SUBJECTSAt a National Cancer Institute-designated comprehensive cancer center in Western Pennsylvania, 30 patients with advanced pancreatic adenocarcinoma and their caregivers (N = 30), oncologists (N = 4), and palliative care physicians (N = 3) participated.MEASUREMENTSFeasibility (enrollment, three-month outcome-assessment, and intervention completion rates), acceptability, and perceived effectiveness (process interviews with patients, caregivers, and physicians).RESULTSConsent:approach rate was 49%, randomized:consent rate 55%, and three-month outcome assessment rate 75%. Two patients and three caregivers withdrew early. The three-month mortality rate was 13%. Patients attended a mean of 1.3 (standard deviation 1.1) palliative care visits during the three-month period. Positive experiences with palliative care included receiving emotional support and symptom management. Negative experiences included inconvenience, long travel times, spending too much time at the cancer center, and no perceived palliative care needs. Physicians suggested embedding palliative care within oncology clinics, tailoring services to patient needs, and facilitating face-to-face communication between oncologists and palliative physicians.CONCLUSIONSA randomized trial of early palliative care for advanced pancreatic cancer did not achieve feasibility goals. Integrating palliative care within oncology clinics may increase acceptability and perceived effectiveness.

Database: Medline

26. The Effectiveness of Advance Care Planning in Improving End-of-Life Outcomes for People With Dementia and Their Carers: A Systematic Review and Critical Discussion.

Author(s): Dixon, Josie; Karagiannidou, Maria; Knapp, Martin

Source: Journal of pain and symptom management; Jan 2018; vol. 55 (no. 1); p. 132

Publication Date: Jan 2018

Publication Type(s): Journal Article Review

PubMedID: 28827062

Abstract:CONTEXTEnd-of-life care for people with dementia can be poor, involving emergency hospital admissions, burdensome treatments of uncertain value, and undertreatment of pain and other symptoms. Advance care planning (ACP) is identified, in England and elsewhere, as a means of improving end-of-life outcomes for people with dementia and their carers.OBJECTIVETo systematically and critically review empirical evidence concerning the effectiveness of ACP in improving end-of-life outcomes for people with dementia and their carers.METHODSSystematic searches of academic databases (CINAHL Plus with full text, PsycINFO, SocINDEX with full text, and PubMed) were conducted to identify research studies, published between January 2000-January 2017 and involving statistical methods, in which ACP is an intervention or independent variable, and in which end-of-life outcomes for people with dementia and/or their carers are reported.RESULTSA total of 18 relevant studies were identified. Most found ACP to be associated with some improved end-of-life outcomes. Studies were predominantly, but not exclusively, from the U.S. and care home-based. Type of ACP and outcome measures varied. Quality was assessed using National Institute of Health and Care Excellence quality appraisal checklists. Over half of the studies were of moderate to high quality. Three were randomized controlled trials, two of which were low quality.CONCLUSIONThere is a need for more high-quality outcome studies, particularly using randomized designs to control for confounding. These need to be underpinned by sufficient development work and process evaluation to clarify the appropriateness of outcome measures, explore implementation issues and identify "active elements."

Database: Medline

27. The nurse's role in palliative care: A qualitative meta-synthesis.

Author(s): Sekse, Ragnhild Johanne Tveit; Hunskår, Irene; Ellingsen, Sidsel

Source: Journal of clinical nursing; Jan 2018; vol. 27 (no. 1-2); p. e21

Publication Date: Jan 2018

Publication Type(s): Journal Article Review

PubMedID: 28695651

Abstract:AIMS AND OBJECTIVESTo explore how nurses, across various health systems, describe their role in providing palliative care for patients with life-threatening illnesses.BACKGROUNDDespite the fact that nurses make up the largest group of healthcare professionals, little is known about their role in palliative care, across health services.DESIGNA qualitative systematic review of studies.METHODSA search was made for relevant articles, published between January 2000-June 2016. Twenty-eight articles were selected and analysed using thematic synthesis.RESULTSThe themes that emerged from the analysis were as follows: Being available, which gave nurses a pivotal role in palliative care and paved the way for Being a coordinator of care for patients and relatives, as well as for other health personnel. Doing what's needed was to handle an enormous breadth of activities, always in a holistic framework of understanding. Being attentively present and dedicated as well as using flexible and nontraditional methods was essential in the role. Standing in demanding situations dealt with lack of time and resources, limited legitimacy, handling ethical dilemmas and being in need of support and knowledge.CONCLUSIONBeing available as well as a coordinator characterises the nurse's role across healthcare systems. The nurse acts as a link between different levels of health care, between different professions and between patient and family, which contribute to ensuring the quality of care to the individual patient. The review illuminates that the basic tenets of care in nursing are also fundamental to the nurse's role in palliative care. To be able to give individually tailored palliative care to patients with life-threatening illnesses and their relatives, the nurses need all their knowledge of basic nursing. Situations challenge nurses in practical, relational and moral dimensions of care and make demands on their role in a comprehensive way.RELEVANCE TO CLINICAL PRACTICENurses need knowledge and training, guidance and support to fulfil their role.

Database: Medline

28. Characteristics of participants enrolled onto a randomized controlled trial of palliative care for patients on Phase I studies

Author(s): Ferrell, Betty R.; Paterson, Carly L.; Hughes, Mark T.; Chung, Vincent; Koczywas, Marianna; Smith, Thomas J.

Source: Journal of Palliative Medicine; Dec 2017; vol. 20 (no. 12); p. 1338-1344

Publication Date: Dec 2017

Publication Type(s): Journal Peer Reviewed Journal Journal Article

PubMedID: 28609257

Abstract: Background: Palliative care is associated with improved patient and family outcomes and lower cost of care, but studies estimate that < 50% of hospitalized adults in the United States who are appropriate for palliative care receive it. Few studies have addressed demographic and clinical factors associated with receipt of palliative care. Objective: Our aim was to identify characteristics of hospitalized advanced cancer patients that are associated with referral to an interdisciplinary hospital-based palliative care team. Methods: The data are from a prospective observational study of hospitalized advanced cancer patients in five hospitals. We used multivariable logistic regression to estimate the relationship between patient characteristics and palliative care referral. Results: The sample includes 3096 patients; 81% received usual care and 19% were referred to palliative care. Advanced cancer patients were twice as likely to receive palliative care referral if, at admission, they needed assistance with transfer from bed ($p = 0.002$) and about 1.5 times as likely if they were taking medication for pain ($p = 0.002$), nausea ($p = 0.04$), or constipation ($p = 0.04$). Patients with more comorbidities ($p = 0.001$) and higher symptom burden ($p = 0.001$) were more likely to be referred. Conclusion: Advanced cancer patients were more likely to be referred to the palliative care consultation team if they had high symptom burden at hospital admission. Overall a minority of advanced cancer patients were referred. Standardized screening for palliative care may be needed to ensure that advanced cancer patients receive the highest quality of evidence based care. (PsycINFO Database Record (c) 2018 APA, all rights reserved) (Source: journal abstract)

Database: PsycINFO

29. Patient- and caregiver-reported assessment tools for palliative care: Summary of the 2017 Agency for Healthcare Research and Quality technical brief

Author(s): Aslakson, Rebecca A.; Dy, Sydney M.; Wilson, Renee F.; Waldfogel, Julie; Zhang, Allen; Isenberg, Sarina R.; Blair, Alex; Sixon, Joshua; Lorenz, Karl A.; Robinson, Karen A.

Source: Journal of Pain and Symptom Management; Dec 2017; vol. 54 (no. 6); p. 961-972

Publication Date: Dec 2017

Publication Type(s): Journal Peer Reviewed Journal Journal Article

Abstract: Context: Assessment tools are data collection instruments that are completed by or with patients or caregivers and which collect data at the individual patient or caregiver level. Objectives: The objectives of this study are to 1) summarize palliative care assessment tools completed by or with patients or caregivers and 2) identify needs for future tool development and evaluation. Methods: We completed 1) a systematic review of systematic reviews; 2) a supplemental search of previous reviews and Web sites, and/or 3) a targeted search for primary articles when no tools existed in a domain. Paired investigators screened search results, assessed risk of bias, and abstracted data. We organized tools by domains from the National Consensus Project Clinical Practice Guidelines for Palliative Care and selected the most relevant, recent, and highest quality systematic review for each domain. Results: We included 10 systematic reviews and identified 152 tools (97 from systematic reviews and 55 from supplemental sources). Key gaps included no systematic review for pain and few tools assessing structural, cultural, spiritual, or ethical/legal domains, or patient-reported experience with end-of-life care. Psychometric information was available for many tools, but few studies evaluated responsiveness (sensitivity to change) and no studies compared tools. Conclusion: Few to no tools address the spiritual, ethical, or cultural domains or patient-reported experience with end-of-life care. While some data exist on psychometric properties of tools, the responsiveness of different tools to change and/or comparisons between tools have not been evaluated. Future research should focus on developing or testing tools that address domains for which few tools exist, evaluating responsiveness, and comparing tools. (PsycINFO Database Record (c) 2018 APA, all rights reserved) (Source: journal abstract)

Database: PsycINFO

30. Advance care planning in palliative care for people with intellectual disabilities: A systematic review

Author(s): Voss, Hille; Vogel, Anique; Wagemans, Annemieke M. A.; Francke, Anneke L.; Metsemakers, Job F.M.; Courtens, Annemie M.; de Veer, Anke J. E.

Source: Journal of Pain and Symptom Management; Dec 2017; vol. 54 (no. 6); p. 938-960

Publication Date: Dec 2017

Publication Type(s): Journal Peer Reviewed Journal Journal Article

Abstract: Context: Advance care planning (ACP) is defined as a person-centered, ongoing process of communication that facilitates patients' understanding, reflection, and discussion of goals, values, and preferences for future care. There is evidence for the general palliative care population that ACP increases compliance with patients' end-of-life preferences and improves quality of care near the end of life. Objectives: To gain insight into what is known about the use and effects of ACP in palliative care for people with intellectual disabilities (IDs). Methods: Four databases were searched systematically: PubMed, PsycINFO, Embase, and CINAHL. A stepwise procedure was used to identify relevant studies based on the Preferred Reporting Items for Systematic Reviews and Meta-Analyses Statement. The review included empirical quantitative, qualitative, and mixed methods studies concerning people with ID who receive palliative care or who died non-acutely, and describing ACP. Methodological quality was graded using a critical appraisal tool. Results: A total of 14 studies were included. Most studies examined the perspective of professionals and/or relatives. None of the studies focused on the perspective of patients with ID. The studies concerned different elements of ACP, mainly decision-making and organizational policies. No effect studies were found. Obstructing factors were difficulties in recognizing palliative needs and uncertainties among relatives and professionals about their roles and tasks in ACP. Conducive factors were good working relationships between professionals and relatives. Conclusion: There are some indications that ACP could be useful for people with ID, but more knowledge is needed about whether and how ACP should be used. (PsycINFO Database Record (c) 2018 APA, all rights reserved) (Source: journal abstract)

Database: PsycINFO

31. Effects of hospital palliative care on health, length of stay, and in-hospital mortality across intensive and non-intensive-care units: A systematic review and metaanalysis.

Author(s): Liu, Xibei; Dawod, Yaser; Wonnaparhown, Alex; Shafi, Amaan; Doo, Loomee; Yoo, Ji Won; Ko, Eunjeong; Choi, Youn Seon

Source: Palliative & supportive care; Dec 2017; vol. 15 (no. 6); p. 741-752

Publication Date: Dec 2017

Publication Type(s): Journal Article

PubMedID: 28196551

Abstract:OBJECTIVEHospital palliative care has been shown to improve quality of life and optimize hospital utilization for seriously ill patients who need intensive care. The present review examined whether hospital palliative care in intensive care (ICU) and non-ICU settings will influence hospital length of stay and in-hospital mortality.METHODA systematic search of CINAHL/EBSCO, the Cochrane Library, Google Scholar, MEDLINE/Ovid, PubMed, and the Web of Science through 12 October 2016 identified 16 studies that examined the effects of hospital palliative care and reported on hospital length of stay and in-hospital death. Random-effects pooled odds ratios and mean differences with corresponding 95% confidence intervals were estimated. Heterogeneity was measured by the I 2 test. The Grading of Recommendations Assessment, Development, and Evaluation (GRADE) system was utilized to assess the overall quality of the evidence.RESULTSOf the reviewed 932 articles found in our search, we reviewed the full text of 76 eligible articles and excluded 60 of those, which resulted in a final total of 16 studies for analysis. Five studies were duplicated with regard to outcomes. A total of 18,330 and 9,452 patients were analyzed for hospital length of stay and in-hospital mortality from 11 and 10 studies, respectively. Hospital palliative care increased mean hospital length of stay by 0.19 days (pooled mean difference = 0.19; 95% confidence interval [CI 95%] = -2.22-2.61 days; p = 0.87; I 2 = 95.88%) and reduced in-hospital mortality by 34% (pooled odds ratio = 0.66; CI 95% = 0.52-0.84; p < 0.01; I 2 = 48.82%). The overall quality of evidence for both hospital length of stay and in-hospital mortality was rated as very low and low, respectively.SIGNIFICANCE OF RESULTSHospital palliative care was associated with a 34% reduction of in-hospital mortality but had no correlation with hospital length of stay.

Database: Medline

32. Specialized palliative care in advanced cancer: What is the efficacy? A systematic review.

Author(s): Holmenlund, Kristina; Sjøgren, Per; Nordly, Mie

Source: Palliative & supportive care; Dec 2017; vol. 15 (no. 6); p. 724-740

Publication Date: Dec 2017

Publication Type(s): Journal Article

PubMedID: 28606211

Abstract:OBJECTIVEDue to the multiple physical, psychological, existential, and social symptoms involved, patients with advanced cancer often have a reduced quality of life (QoL), which requires specialized palliative care (SPC) interventions. The primary objective of the present systematic review was to review the existing literature about SPC and its effect on QoL, on physical and psychological symptoms, and on survival in adult patients with advanced cancer.METHODWe utilized a search strategy based on the PICO (problem/population, intervention, comparison, and outcome) framework and employed terminology related to cancer, QoL, symptoms, mood, and palliative care. The search was performed in Embase, PubMed, and the Cochrane Central Register of Controlled Trials. Selected studies were analyzed and categorized according to methods, results, quality of evidence, and strength of recommendation.RESULTSSix randomized controlled trials (RCTs) were selected for analysis (out of a total of 1,115 studies). Two other studies were found by hand search, one of which was only published in conference abstract form. The RCTs differed in terms of aims, interventions, control groups, and outcomes; however, the primary aim of all of them was to investigate the effect of SPC on patient QoL. Five studies found improved QoL in the intervention group. Physical symptom intensity decreased in two studies, and three studies found improved mood in the intervention group. However, physical and psychological symptoms were secondary outcomes in these studies. Survival was improved in two studies. All the studies offered generalizability, but the level of evidence validity varied among them.SIGNIFICANCE OF RESULTSDue to several methodological limitations, the evidence offered in these studies ranged from low to high. The evidence in this field of study in general is still nascent, but there is growing support for the utilization of SPC to improve the quality of life of adult patients with advanced cancer. The evidence that SPC reduces physical and psychological symptoms is moderate, while the evidence that it prolongs survival is low.

Database: Medline

33. Mindfulness for palliative care patients. Systematic review.

Author(s): Latorraca, Carolina de Oliveira Cruz; Martimbianco, Ana Luiza Cabrera; Pachito, Daniela Vianna; Pacheco, Rafael Leite; Riera, Rachel

Source: International journal of clinical practice; Dec 2017; vol. 71 (no. 12)

Publication Date: Dec 2017

Publication Type(s): Journal Article Review

PubMedID: 29105910

Abstract:BACKGROUNDNineteen million adults worldwide are in need of palliative care. Of those who have access to it, 80% fail to receive an efficient management of symptoms.OBJECTIVESTo assess the effectiveness and safety of mindfulness meditation for palliative care patients.METHODSWe searched CENTRAL, MEDLINE, Embase, LILACS, PEDro, CINAHL, PsycINFO, Opengrey, ClinicalTrials.gov and WHO-ICTRP. No restriction of language, status or date of publication was applied. We considered randomised clinical trials (RCTs) comparing any mindfulness meditation scheme vs any comparator for palliative care. Cochrane Risk of Bias (Rob) Table was used for assessing methodological quality of RCTs. Screening, data extraction and methodological assessments were performed by two reviewers. Mean differences (MD) (confidence intervals of 95% (CI 95%)) were considered for estimating effect size. Quality of evidence was appraised by

GRADE.RESULTSFour RCTs, 234 participants, were included. All studies presented high risk of bias in at least one RoB table criteria. We assessed 4 comparisons, but only 2 studies showed statistically significant difference for at least one outcome. 1. Mindfulness meditation (eight weeks, one session/week, daily individual practice) vs control: statistically significant difference in favour of control for quality of life - physical aspects. 2. Mindfulness meditation (single 5-minute session) vs control: benefit in favour of mindfulness for stress outcome in both time-points. None of the included studies analysed safety and harms outcomes.CONCLUSIONSAlthough two studies have showed statistically significant difference, only one showed effectiveness of mindfulness meditation in improving perceived stress. This study focused on one single session of mindfulness of 5 minutes for adult cancer patients in palliative care, but it was considered as possessing high risk of bias. Other schemes of mindfulness meditation did not show benefit in any outcome evaluated (low and very low quality evidence).

Database: Medline

34. Population-based models of planning for palliative care in older people.

Author(s): Currow, David C; Phillips, Jane; Agar, Meera

Source: Current opinion in supportive and palliative care; Dec 2017; vol. 11 (no. 4); p. 310-314

Publication Date: Dec 2017

Publication Type(s): Journal Article

PubMedID: 28922291

Abstract:PURPOSE OF REVIEWHealth service planning requires demographic, clinical, and health systems data and is unique to each health system. Planning for palliative care in older people must include patients and their carers. This review explores literature from the last 24 months.RECENT FINDINGSThe proportion of people living in skilled nursing facilities is increasing and many residents require quality palliative care. Simultaneously, the complexity of care for older people is also increasing. Systematic approaches to improving palliative care in these facilities have shown benefits that are cost-effective.Although advance care planning is widely promoted, a randomized controlled trial failed to show the benefits seen in nonrandomized trials. This requires a reconceptualization of current programs that seek to increase uptake.Caregivers take on complex decision-making which can be stressful. By contrast, patients are often very confident that the people who are close to them will make good decisions on their behalf.Specific subgroups considered in this review include carers (and the challenges they face), the 'oldest old' and people with dementia.SUMMARYExcellent research is being done to improve the care of older people with palliative care needs. Ultimately, how can key findings be incorporated into clinical care?

Database: Medline

35. Research protocol on early palliative care in patients with acute leukaemia after one relapse.

Author(s): Barbaret, Cécile; Berthiller, Julien; Schott Pethelaz, Anne-Marie; Michallet, Mauricette; Salles, Gilles; Sanchez, Stéphane; Filbet, Marilène

Source: BMJ supportive & palliative care; Dec 2017; vol. 7 (no. 4); p. 480-484

Publication Date: Dec 2017

Publication Type(s): Journal Article

PubMedID: 28760818

Abstract:OBJECTIVESAccording to the American Society of Clinical Oncology palliative care referrals are made within the last 3 weeks of patients' lives and most frequently when oncological treatments have ceased especially for patients with haematological malignancies. Recent publications indicate that patients with acute leukaemia are prone to symptoms, an indication for which a close collaboration between the patient's haematologist and a palliative care team might result in improved symptom management. The object of this pilot study is to evaluate the feasibility of a clinical research trial to assess the effect of early palliative care in patients with acute leukaemia after one relapse.METHODSThis project is a multicentre, non-blinded, randomised, controlled trial. Patients in group 1 will receive standard haematological care associated with palliative care (intervention group). Patients in group 2 will receive standard haematological care with palliative care only if requested by the haematologist (control group). In order to measure an accurate sample size, patients who participate will complete a standardised questionnaire to assess their quality of life, as well as their psychological and physical symptoms, before being randomised to one of two groups in a 1:1 ratio without stratified randomisation.RESULTSThe aim of this study is to analyse causes of dropout, non-adherence and missing data in order to refine the protocol for the subsequent clinical research trial.CONCLUSIONThe ultimate objective of this project is to develop collaboration between haematologists and palliative care teams in order to improve patients' quality of life.

Database: Medline

36. Palliative care in critical care settings: A Systematic review of communication-based competencies essential for patient and family satisfaction

Author(s): Schram, Andrew W.; Hougham, Gavin W.; Meltzer, David O.; Ruhnke, Gregory W.

Source: American Journal of Hospice & Palliative Medicine; Nov 2017; vol. 34 (no. 9); p. 887-895

Publication Date: Nov 2017

Publication Type(s): Journal Peer Reviewed Journal Journal Article

PubMedID: 27582376

Abstract: Background: There is an emerging literature on the physician competencies most meaningful to patients and their families. However, there has been no systematic review on physician competency domains outside direct clinical care most important for patient- and family-centered outcomes in critical care settings at the end of life (EOL). Physician competencies are an essential component of palliative care (PC) provided at the EOL, but the literature on those competencies relevant for patient and family satisfaction is limited. A systematic review of this important topic can inform future research and assist in curricular development. Methods: Review of qualitative and quantitative empirical studies of the impact of physician competencies on patient- and family-reported outcomes conducted in accordance with the Preferred Reporting Items for Systematic reviews and Meta-Analyses guidelines for systematic reviews. The data sources used were PubMed, MEDLINE, Web of Science, and Google Scholar. Results: Fifteen studies (5 qualitative and 10 quantitative) meeting inclusion and exclusion criteria were identified. The competencies identified as critical for the delivery of high-quality PC in critical care settings are prognostication, conflict mediation, empathic communication, and family-centered aspects of care, the latter being the competency most frequently acknowledged in the literature identified. Conclusion: Prognostication, conflict mediation, empathic communication, and family-centered aspects of care are the most important identified competencies for patient- and family-centered PC in critical care settings. Incorporation of education on these competencies is likely to improve patient and family satisfaction with EOL care. (PsycINFO Database Record (c) 2017 APA, all rights reserved) (Source: journal abstract)

Database: PsycINFO

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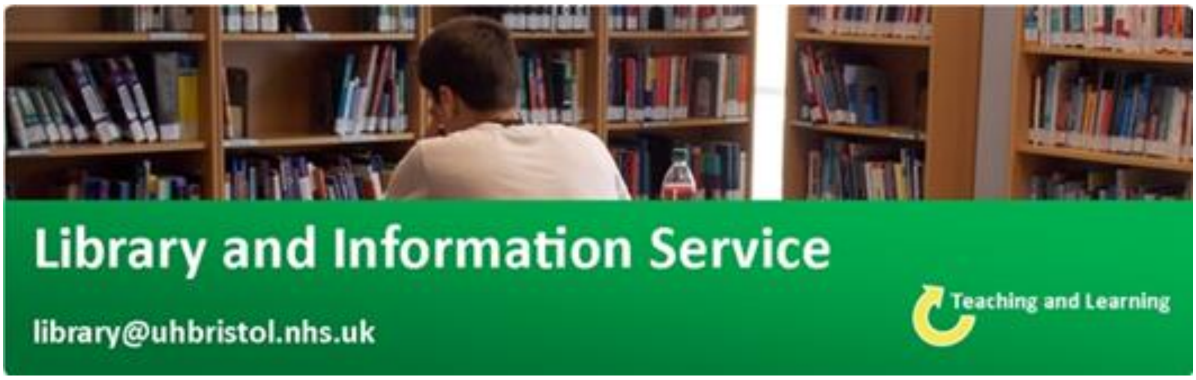

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