

FORMAT for CASE COLLECTION (WP2)

SECTION 1 (cover page): Introduction (in English)

Name of the Case

SAIATU:PALLIATIVE CARE

Abstract

The SAIATU in-home care program was a social innovation project with the aim of providing a set of in-home intensive social support services to complement clinical palliative care, in order to improve comprehensive care for people with advanced and terminal illness and their families allowing them to spend the last months of live at home

Website

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3576230/>

<http://prosumerlab.com/blog/2011/10/video-sobre-saiatu-cuidados-paliativos-version-reducida/?lang=eu>

Contacts (SIKE team)

Inigo Urkidi (BiB S. Coop.) – iurkidi@realize.com.es

Javier Finez (BiB S. Coop.) – jfinez@realize.com.es



social innovation
through knowledge
exchange



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SECTION 2: Case description

SAIATU

Objectives

- To provide support, face-to-face and/or by telephone, for the care and emotional accompaniment of patients and families at any time of day or night, every day of the year.
- To collaborate with other palliative care resources in the Basque Country to ensure comprehensive care through specialised social support.
- To facilitate in-home care and meet the wishes of patients who prefer to die at home and their families, alleviating pain, and offering accompaniment and support in the care of physical symptoms, as well as emotional and social needs.
- To support family members throughout the course of the illness and after the death in the bereavement period.
- To generate a new niche of employment for informal care providers.
- To provide a new business model based on a pay by result approach

Clients, audience

Terminal patients in their last months of life as well as their families.

Bioef, Basque Foundation for Health Research and Innovation (<http://www.bioef.org/es/>)

Position along the SI Spiral

The following:

- Identify Opportunities & challenges
- Changing systems.

We have positioned the Palliative Care experience in two different positions due to its double aim.

On the first hand, Saiatu Palliative Care aims to give an answer to an emerging social need which is terminal people in their last months of life. This need was identified by a reference Hospital in Basque Country and the SAIATU experience wanted to provide intensive social support services to patient and family to complement the sole clinical cares... in order to

improve comprehensive care and allow them to spend their last months of life at home and with their families.

On the other hand, we aimed as well to change the existing Protocols referred to terminal patients that are mainly clinically based. We were able to demonstrate that the SAIATU Palliative Care pilot was able to produce better standards of satisfaction to patients and their families and at the same time save money to Health Service in form of dedications of professionals, health infrastructures (beds, indirect services, etc.) and medication. That is why we situated in the “Changing System” position since we were challenging the actual attention protocols to terminal patients.

Relationship with HEI(s) (High Education Institutions)

- NO RELATIONSHIP WITH HEI (s)

There was no relation with HEI since the need was detected by the a Reference Hospital and they directly made up the project consortium and no links with HEIs were included since no potential role was envisaged for them.

However, we believe there is room for potential links with HEIs since in order to proof the advantages of the new approach to terminal patients a more systematical approach should be done to design for example the clinical validation protocols, to register scientifically the satisfaction of patients and their family, to research the State of the Art on the field in other countries, etc.

Potential new trials on these are would make well including Medicine Faculties in order not only to accomplish the above but also to disseminate the results and outcomes of such experiences to future potential practitioners in the field.

Finance model and resources

400.000 € from ESF

A doctor, 4 nurses, 1 psychologist

Methodology

- 1.- The overall impact has been measured by the number of families using this new service and the reduction of hospital admissions in their areas of influence. These families have been exposed to qualitative user experience evaluation.
- 2.- The financial impact has been calculated by annual independent evaluations that have demonstrated the generated savings per family and intervention. Related savings connected with better managed grieving process were also incorporated.
- 3.- The employment generation impact was calculated by the number of unemployed individuals that started working on this field after an intensive and specialized training. Statistics referring to long term unemployed women and migrant workers were specially monitored.

Products, results

An evaluation of the pilot program was conducted to compare the difference in the intensity of health care provided to end-of-life patients in traditional services and in specialised Palliative Care services, but, for the first time, adding to the second group the effect of a social service trained in Palliative Care. On the one hand, the pilot experience has been of enormous utility in properly channeling the program's contribution to the real needs of the patients and their families, clarifying what should be the vision and mission of the program, and determining that SAIATU should position itself as a Specialised and Intensive Social Program, in close co-ordination with the current health system (primary care, specialised care, and home hospitalisation). On the other hand, the results of the pilot experience have yielded data suggesting that the SAIATU program:

- Reduces the consumption of health care resources by program users.
- Facilitates staying at home for the patient, in compliance with patients' preference for dying at home.
- Increases the number of home-based activities developed by Primary Care. So, SAIATU activated a community-based healthcare model reducing overall costs.
- Has yielded satisfactory outcomes for the families of patients questioned in the course of the study.

This study shows that the coordination of social and healthcare services can reinforce the overall efficiency of both systems.

Impact and results

- Saiatu primarily benefited cancer patients and families, who received an affordable and more comprehensive care service based on the needs expressed by their families as opposed to a standard solution.
- Saiatu also benefited the hospitals (Health Service) and social workers (Social services), by reducing the use and cost of emergency, hospitalization and related services.
- This project benefited health care assistants, informal carers and nurses to become more specialized and highly valued professionals in an area of growing needs.
- The new business model also made a significant contribution to demonstrate the potential of Social Innovation for applying new solutions to the health sector in general and ageing population in particular.

Overall impact

Basque Government started changing his rules about palliative care.

Images

Dicho de otra manera...

Saiatu quiere proporcionar cuidados paliativos a personas que padecen una enfermedad avanzada y ofrece apoyo a sus familiares de forma gratuita.

Saiatu quiere acompañar con cuidados activos e integrales, de forma que el paciente puede estar arropado en casa con su familia el mayor tiempo posible.

Saiatu es un proyecto piloto de cuidados paliativos en el domicilio promovido por el Departamento de Política Social de la Diputación de Gipuzkoa y el Fondo Social Europeo.

Beste modu batera esanda...

Saiatu, gaixotasuna egoera aurreratuan duten pertsonen zaintza palliatiboak eskeini nahi diegu. Babesa eta sostengua dohainik eskeintzea serdidei.

Saiatu, zaintza altribo eta integrala eskeini nahi du, gaixoak etxean eta bere familiarekin ahal den denbora gehien egoteho aukera izan dezan.

Saiatu, etxeko zaintza palliatiboaren proiektu pilotu bat da, Gipuzkoako Foru Aldundiko Gizarte Politikako Departamentuak eta Europar Gizarte Funderoa sustatuta.

La primera visita:

Nuestra enfermera irá a tu casa para conocerte y hablar con tu familia. Es una buena oportunidad de hablar de los síntomas físicos o emocionales que puedas tener.

Tomaremos nota de los medicamentos y nos pondremos en contacto con tu médico y enfermera de atención primaria o de hospitalización a domicilio.

Lehendabiziko bisita:

Gure entzaina zure etxera joango da zuri ezagutzera eta zure sendeekin hitz egitera. Auzera ezin hobea izan dezakezun sintoma fisiko edo emozionalak adierazteho.

Hartzen dituzun botikak aguntzaritxo diegu eta zure osasun zentritxo sendagile eta entzainarekin edo etxeko ospitalizazioaz arduratzen direnekin kontatutuan jarriko gara.

teléfono de contacto
666 685 038

Qué más ofrecemos:

- Auxiliares de enfermería especializados en cuidados paliativos que desarrollarán tareas como aseo personal, control de alimentación, levantarse y acostarse.
- Un teléfono de contacto los 24 horas al día y los siete días a la semana 365 días el año. Tfno: 666 685 038.

DÍAS DE ATENCIÓN:

- Con carácter general las visitas y apoyo del auxiliar se prestara de lunes a viernes, excepto los días festivos.
- En función de las necesidades de la familia y con carácter limitado, se prestará el servicio los fines de semana.

Zer gehiago eskeintzen dugu:

- Zaintza palliatiboan espezializatutako entzain laguntzaileak, bai garbiketa pertsonalean laguntzeho, bai elidadura kontrolatzeho, bai albatzeho eta oheratzeho.
- Unetxo 365 egunetan, astero zazpi egunetan, egunetxo 24 ordutan gurekin kontatutuan jartzeho telefonoa. Tfno 666.685.038.

ZERBITZUEGUNAK

- Entzain laguntzailean asistentzi laguntza eta bistak, asteleroentzain ostalero izango dira, ja egunak izan ezit.
- Familien beharren arabera eta puntualki, asteburuetan zerbitzua eskeinitxo da.

Source: SAIATU Palliative Care Project.



Other resources

Please feel free to add any other information you may find useful.