

Map description

SCOPE SUMMARY

Patient journey map from the perspective of both patients and healthcare professionals

BEFORE DIAGNOSIS

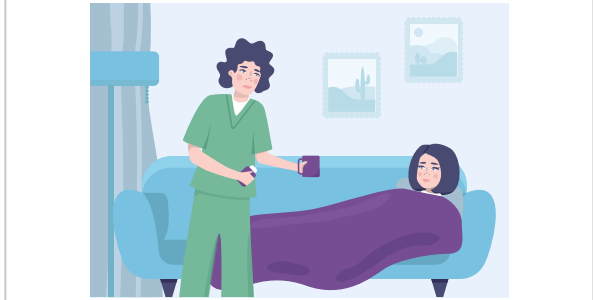
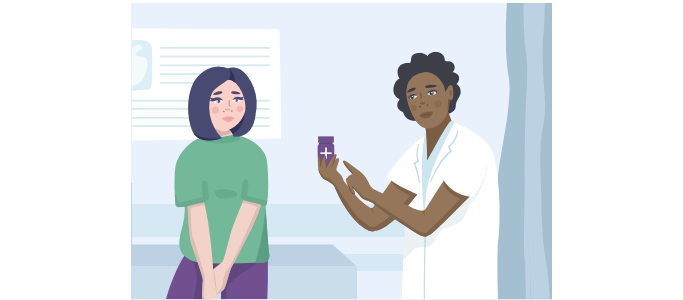
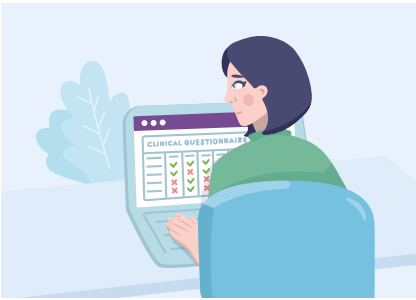
DIAGNOSIS

ADMISSION TO PALLIATIVE CARE

PALLIATIVE CARE AT HOME

BEREAVEMENT PROCESS

Illustration



Activities of the patient

Symptoms' awareness

Receiving the news of PC

Experience in Palliative Care

Experience in Palliative Care at home

Bereavement process (patient and families)

Activities of the health care professional

Work process and training - Overview

Assessment

Intervention

Intervention

Intervention

Thoughts (patient)

"I thought I was being given the sentence" "I did not even know where to go, but the medical centre could not attend me" "very few of them come out"

"I feel very cared for by the whole team (from the orderly to the doctor), and I can enjoy myself, something I would never have imagined" "when I feel there is a need"

"At home it was good. In the nursing home I had to adapt" "if I can, I would like to go back home"

Feelings (patient)

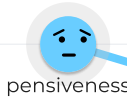
Weakness

Uncertainty Panic Anxiety

Pain

"If everyone had this team they would make dying easier"

Experience



pensiveness



sadness



vigilance



surprise



grief

Pain Points of the patient

Prejudice about Palliative Care Lack of knowledge about the health system services - "I did not even know where to go, but the medical centre could not attend me"

Suffer Lack of empathy, coldness to the patients, feeling listened to Hope Sleep Facing death Being taken care "I have more and more needs. I can no longer walk and I can't move my entire right side."

"To be able to return home and not have the pain come back" Overburden of families

"what I am looking for right now is peace of mind, with that I am happy, that is all I need." "Medical care and disease progression" Family suffering - "where my family will suffer the least"

Pain Points of the health care professional

The coordination between teams, patients and families could be better. The communication could be better and faster. More speed in the intervention. Digitalization of the clinical history of patients Lack of resources

Lack of knowledge about Palliative Care from patients and families. Intervention and training programs on communication between families, decision making, emotional and spiritual assistance.

Intervention and training programs on communication between families, decision making, emotional and spiritual assistance. Total communication between the different assistance teams Improvement for the data collection for research Time of response of the different social-health teams Tools to work on the different assistance levels

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The bereavement process with families

Ideas and Opportunities for the patient

Lack of information about prognosis in PC à raise awareness to this topic Training healthcare professionals - sharing the news; prognosis in PC - "the way they provide the information helps"

Psychosocial response "they attend to me right away" Empathy and knowledge from professionals Pain management and monitoring - early detection of symptom aggravation Different therapies to engage patients and for symptom management Support network Psychosocial process to bereavement Multidisciplinary team: doctors, nurses, assistants, social worker, psychologists, music therapist, priest, volunteers

Support network Pain management and monitoring - early detection of symptom aggravation Visits information (inform about objective, activities...) Follow-up with families as well Multidisciplinary team: doctors, nurses, assistants, social worker, psychologists, music therapist, priest, volunteers

Prepare the health care system to have conditions for both options: home and residence/hospital Bereavement process

Ideas and Opportunities for the healthcare professional

Tablets for the teams Platform for healthcare professionals to increase communication and access patients' data

Intervention and training programs on communication between families, decision making, emotional and spiritual assistance.

Video vigilance in the patient's rooms Intervention and training programs on communication between families, decision making, emotional and spiritual assistance.

Being in contact 24h with patients and families through an app or other device.

Intervention and training programs for bereavement process.

