



	apprehension	sadness	terror	fear	acceptance	grief
Pain Points	 Timely refferal and beginning of treatment Facilitating the management of overwhelming information fot the patient 	 Ensure adequate psychological, social and spiritual support Evaluate Paliative Care needs Systematicaly re-assess needs and provide adequate care Response to emergency situations 	Re-assess needs Ensure therapeutic compliance	 Avoid undue aggressiveness (therapeutic and diagnostic) Involve Family and Caregivers Adjust expectations Palliative Care Outcomes/Needs and Symptom Control assessment 	 Access to around the clock support Information flow between Community Teams and Hospital Emergency response 	 Avoid pathological grief Ensure availability of long-term support if needed
Ideas and Opportunities	Automated trigger-based referral from community Priority models based on complexity	 Integrated tools for evaluation of Palliative Care needs Trigger and needs based referral with Alassisted EPR scanning 	EPRs (Electronic Patient Records) Communication platforms:	EPRs Communication platforms: • Family/Caregiver-Hospital	Telemedicine/e-health Alarm triggers Communication platforms:	Communication platforms: • Grieving • Family-Support Team

Between teams

Electronic/Computer
Assisted Prescription to

• Between professionals

enhance compliance and

interactions/polypharmacy

uniformity and to avoid

• ePROMs (Electronic Patient-Reported

Outcome Measures)

• Different teams in

Hospital-Home

Electronic/Computer

Assisted Prescription

Symptom Control

assessment

Electronic tools for Palliative

Care Outcomes/Needs and

Family/Caregiver education

Hospital

• Community Teams-

Hospital

Home-Hospital

Communication platforms:

Different teams in the Hospital

Patient-Hospital