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ACTO 3. PLANIFICACIÓN ANTICIPADA DE LA ASISTENCIA SANITARIA

NUEVOS DESARROLLOS

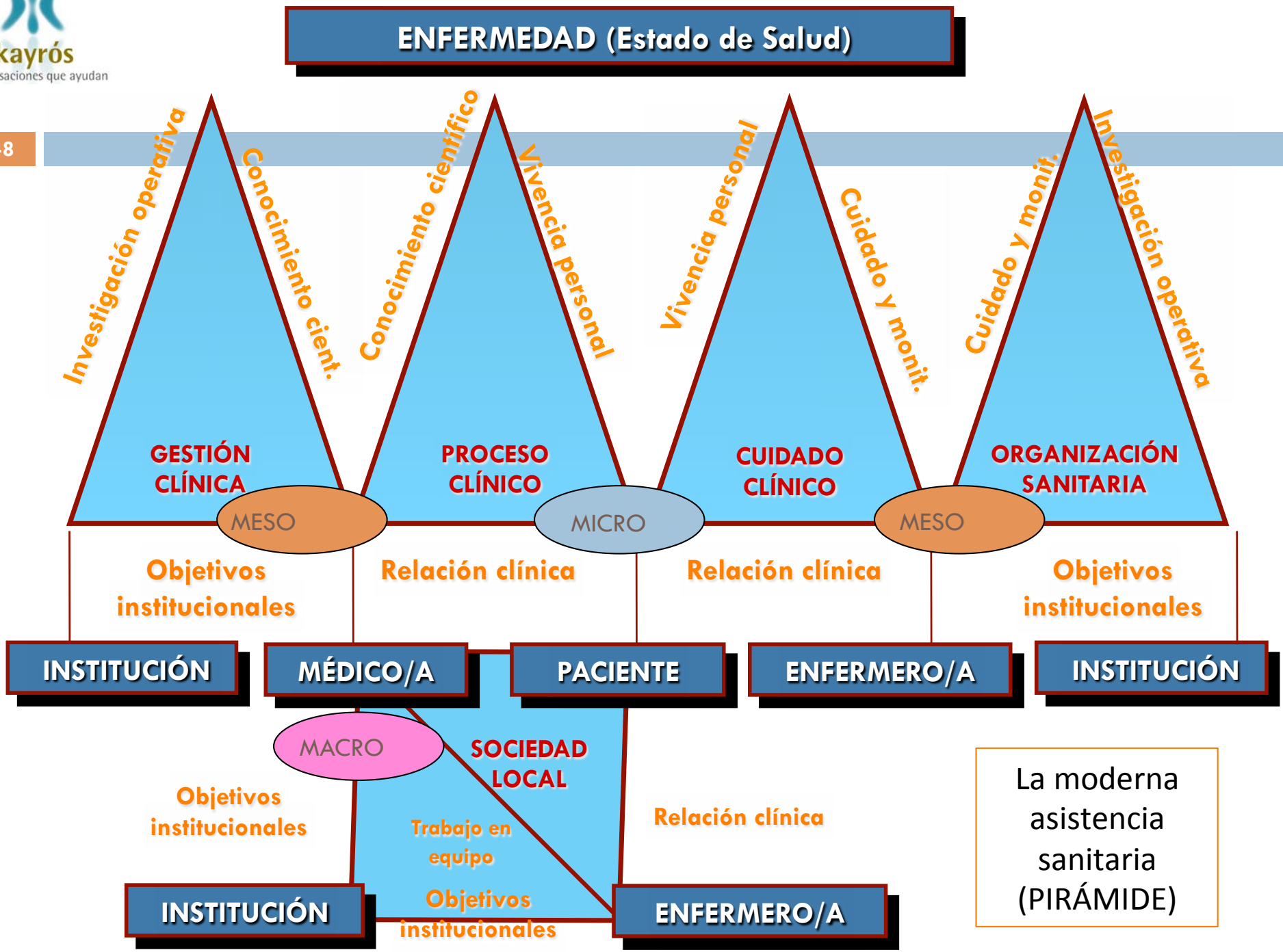
ADP SALUD
Asesoría y Desarrollo de Proyectos

Javier Júdez

(con agradecimiento a A. Novoa y P. Simón)

International Society of ACP & EoL care

- www.acpelsociety.com
- Impulsada por el programa "hermano" australiano "Respecting Patient Choices" – William Silvester



La moderna asistencia sanitaria (PIRÁMIDE)

Atención sanitaria apropiada en torno al final de la vida

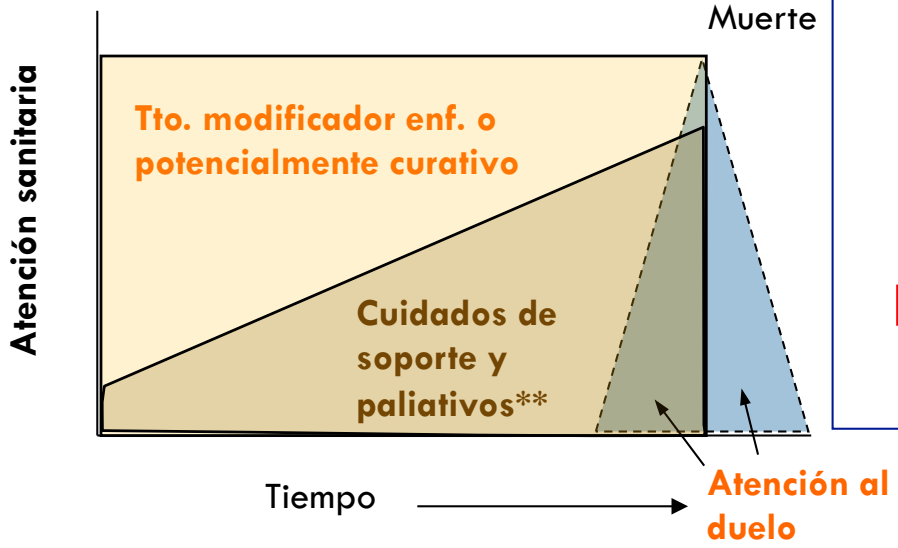
149

(adaptado por Júdez 2007: de Lynn y Adamson 2003; Lynn 2004; Murray, Kendall, Boyd, Sheikh 2005)

También "Organizar los servicios sanitarios adecuadamente para atender a aquellos suficientemente enfermos como para poder morir" (Dy y Lynn,2007)

TENER LA VIDA EN JAQUE

Una visión más adecuada:
Modelo de "trayectorias"*



ENFOQUE DE PAAS BASADO EN UNA FILOSOFÍA DE ATENCIÓN APROPIADA EN TORNO AL FINAL DE LA VIDA

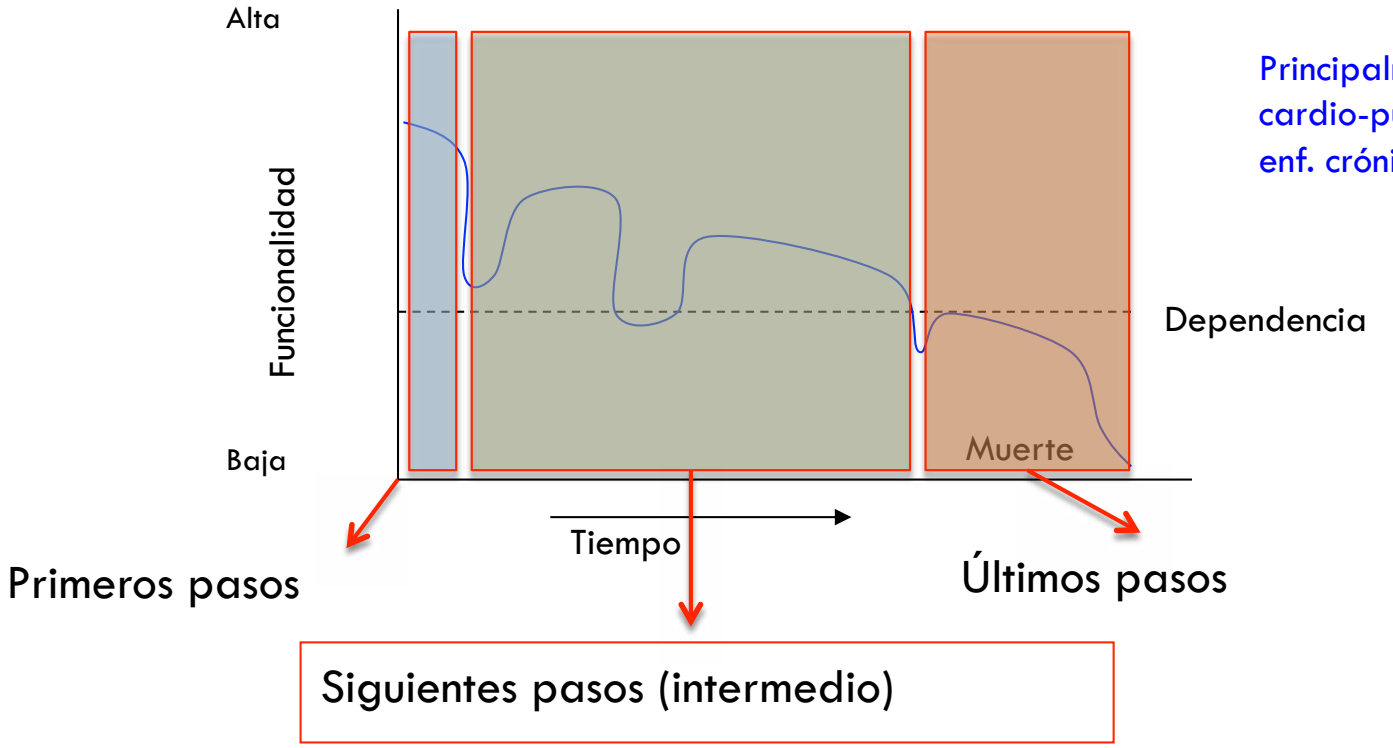
* Valora la identificación de "transiciones"

* * "Vivir bien" (lo mejor posible) con la enfermedad

ENFOQUE DE PAAS BASADO EN ETAPAS

LIMITACIONES PROGRESIVAS A LARGO PLAZO
CON EPISODIOS GRAVES INTERMITENTES

Principalmente insuficiencia cardio-pulmonar (aprox. 25%), enf. crónicas progresivas



Etapas para modificación de comportamientos

Engagement in Multiple Steps of the Advance Care Planning Process: A Descriptive Study of Diverse Older Adults

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Brie A. Williams, MD,† Karla L … D,‡ and Dean Schillinger, MD‡*

JAGS JUNE 2008–VOL. 56, NO. 6

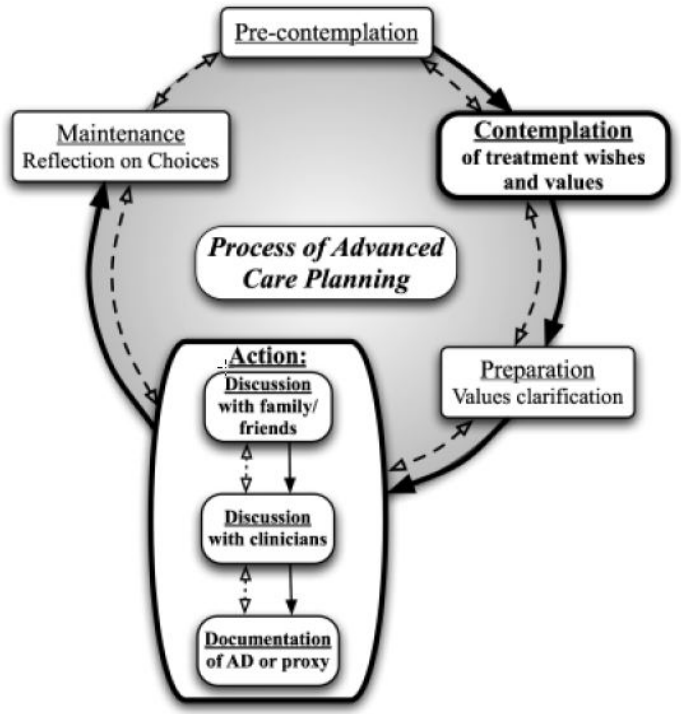

Figure 1. Conceptual model of the Process of Advance Care Planning. Bolded boxes are the steps of the ACP process described in this study. Conceptual model adapted from Prochaska et al.[4] and Pearlman et al.[5]

Barreras para la PAAS en etapas

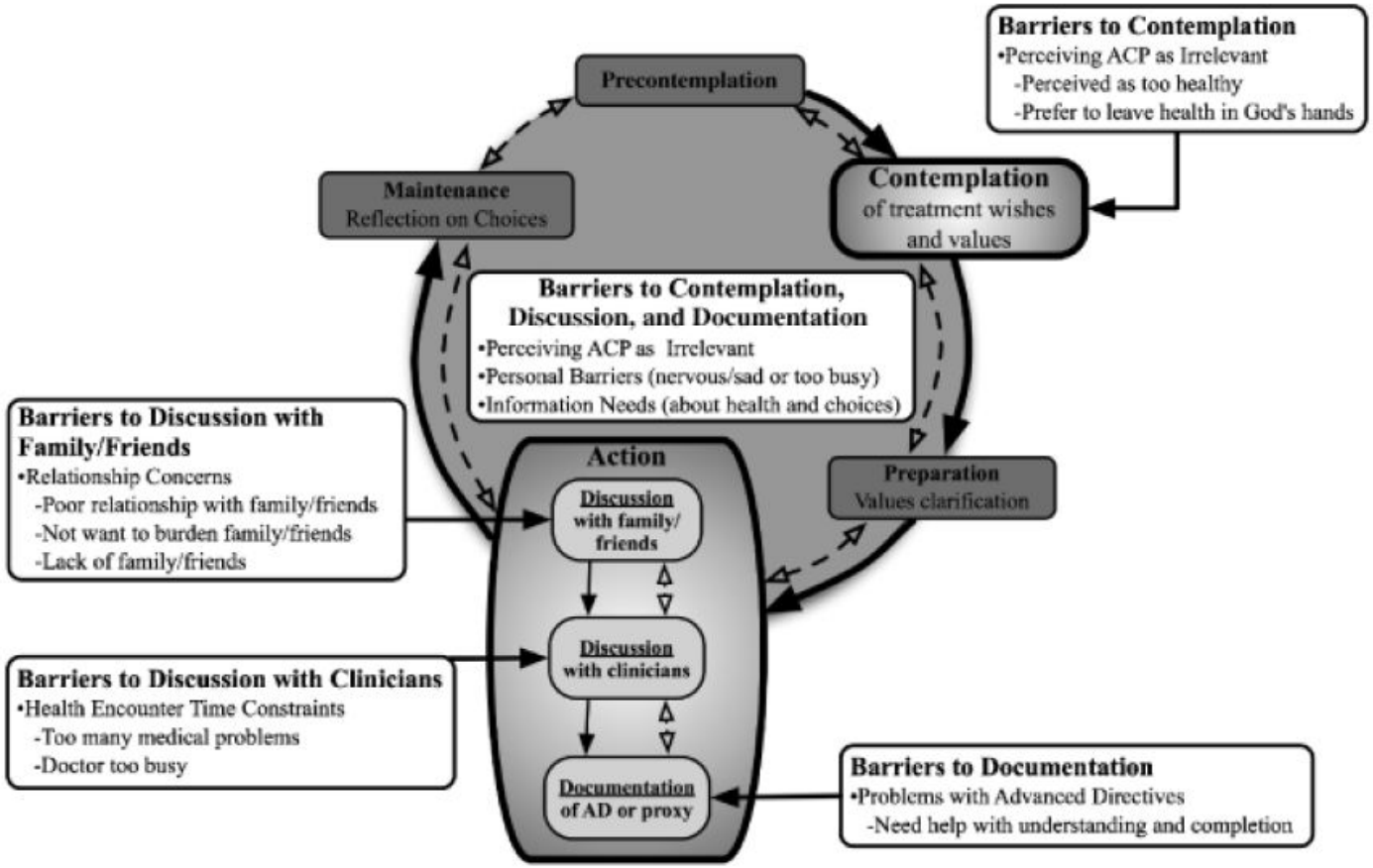

Figure 1. Conceptual model demonstrating barriers to four steps of the advance care planning (ACP) process.The gray boxes demonstrate the ACP process based on the transtheoretical behavior model of change described in prior work.[1] In this study, it was possible to assess barriers to the contemplation step and the action steps of discussions with family and friends, discussions with clinicians, and documentation.

The black and white boxes depict the barrier themes associated with the ACP process. The black and white box in the center of the circle depicts those barrier themes that were identified at all of the ACP steps assessed in this study (contemplation, discussion, and documentation). Additional black and white boxes depict those barrier themes identified at specific steps in the ACP process.

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TABLE 3—*Continued*

	Safe (No Harm)	Effective (No Needless Failures)	Efficient (No Waste)	Patient Centered (No Helplessness or Unjustified Routines)	Timely (No Needless Delays)	Equitable (No Unjustified Variation)
3. Acutely ill but curable	No medication errors; no surgical errors; minimal and known risk of complications of diagnosis/treatment	Evidence-based diagnosis and treatment; effective symptom prevention and relief	No administrative redundancy or delays; no redundant services	Shared decision making; patient and family informed; care in best setting for patient	Little waiting; adequate notice of expected events	CLAS[a]; equal opportunity for important treatments
4. Chronic conditions, generally normal function	Minimal and known risk from false positive and false negative screenings; minimal and known risk from diagnosis/treatment options; no medication errors	Evidence-based secondary and primary prevention and rehabilitation	Care continuum management across multiple providers	Lifestyle reflecting informed decisions; self-monitored care; patient and family education	Little waiting for health care services; adequate notice of expected events; convenient and responsive scheduling; immediate access to test results, clinical guidance, and other information; short time to diagnosis and treatment for positive screens and worsening conditions	CLAS[a]; equal opportunity for important treatments
5. Stable, significant disability (often not elderly)	No medication or transfer errors; reliable, skilled, responsive personal care; safe environment, including safe equipment; safe and timely transportation	Reliable personal care; effective rehabilitation; appropriate prevention screenings and interventions	Community-based services; regular assessment and care planning; care coordinated among all providers and personal caregivers; family caregiver training and support	Self-care to degree possible; caregiver services and support	Timely mobility devices; quick response to intercurrent problems	CLAS[a]; equal opportunity for important treatments; no bias due to disability

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Puentes hacia la salud

6. Short period of decline near death (mostly cancer)	Avoiding interventions with net harm; adherence to negotiated treatment decisions; trained staff	Pain and symptom prevention and relief; emotional and spiritual support; consideration of survival limits in decision making	Home-based care; avoidance of unduly burdensome treatments	Care in accord with preferences; self-directed life closure; advance care planning; bereavement support; life closure counseling and support	Home-based care, 24/7 on-call team with rapid response to home for crises	CLAS[a]; equal opportunity for important treatments and supportive services; no bias due to personal characteristics
7. Exacerbations, organ system failure	No medication errors; safe medical equipment; safe environment; avoiding interventions with net harm	Prevention of exacerbations and aggressive treatment of early exacerbations; monitoring to prevent exacerbations	Care plan tailored to living situation and survival limits, including trials of treatment; prevention of exacerbations	Decisions in accord with informed preferences, including advance care planning for contingencies; 24/7 access to care; bereavement support	Rapid response to home for crises; immediate access to medical guidance	CLAS[a]; equal opportunity for important treatments and supportive services; no bias due to personal characteristics
8. Long dwindling course (mostly frailty and dementia)	Safe environment; no pressure ulcers, restraints, or avoidable injury from falls; minimal medication adverse effects; no transfer injuries	Home-based care; nutritional support; reliable facility care when needed; support for caregivers; appropriate preventive services; comfort and respect	No unwarranted medical treatments; services in accordance with advance care plan	Advance care planning consistent with patient's wishes; resolution of family issues; support of family caregivers	Home evaluation and treatment available promptly; 24/7 rapid response to home for crises	CLAS[a]; equal opportunity for important treatments; no bias due to personal characteristics

Note: [a]CLAS = culturally and linguistically appropriate services.

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¡¡GRACIAS!!

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