

## **Abstract: Oral Presentation**

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### **Filling the Gaps: Identification of Educational Needs in Palliative Care and Exploring Potential Solutions**

**Introduction:** Research suggests an increased desire for palliative care patients to remain at home as long as possible, resulting in a need for practitioners, including pharmacists to be more involved in at-home care of this distinct population. We wanted to describe a typical prescription for a patient discharged from a tertiary palliative care unit and to also identify the knowledge gaps and other concerns of the community pharmacist expected to fill it.

**Methods:** Ethics approval was obtained. We assessed de-identified discharge records for 75 palliative patients at the Grey Nuns Community Hospital, Edmonton, Alberta between 2009 and 2014 to characterize discharge prescriptions. We also developed a 10 minute, 8 question survey aimed at community pharmacists in Alberta to determine their level of comfort in providing service to this patient population. Free-text comments were also collected and classified into 7 different themes.

**Results:** From the discharge record assessment we found patients left the hospital with an average of 7.8 regular prescription medications and 2.7 as-needed medications. The vast majority of patients were discharged with prescription opioids for pain and/or dyspnea (96%) and 87% of patients were also receiving prescription laxatives. Other common medication categories included corticosteroids, anti-emetics, anti-anxiolytics, anti-depressants and antimicrobials. Additionally, some patients were discharged on chemotherapy and anti-coagulants as well as agents for co-morbid conditions. 47 survey responses were received and 42 were complete. Of the community pharmacist survey responses, over 50% stated they had no education palliative care. Whilst almost 70% of responders reported being comfortable or very comfortable with the use of opioids for pain control, only 30% of responders were comfortable or very comfortable with the use of corticosteroids for cancer-related issues, and a mere 26% were comfortable or very comfortable with the use of neuroleptics for symptoms including delirium, anxiety and/or nausea.

Community pharmacists expressed a desire to have improved educational materials available with a preference for a web-based format and apps for tablets/smartphones. In person seminars were also suggested.

Pharmacists also identified barriers to providing good palliative care including time constraints, inadequate education, and lack of effective communication skills as well as inventory issues and lack of the equipment necessary to manufacture injectable medications, frequently required patients at the end of life.

**Conclusions:** We previously developed a clinical decision support mobile app for pharmacists to access safety when dispensing oral chemotherapeutics. We hope use the data collected from this study to drive the content of palliative education for pharmacists as well as finding partners to develop apps and other innovative educational materials to aid practitioners in the delivery of comprehensive at-home care to palliative patients.

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