

# From Hospital to Home: Assessing the Effectiveness of Home-Based Palliative Care at SKMCH&RC

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## BACKGROUND

Continuity of care is critical for oncology patients in palliative care, especially after hospital discharge.

Coordinated support during transition prevents care gaps, ensure continuity of care, and hospital visits.

In Pakistan, many hospitals lack structured continuity, leaving patients to manage complex challenges alone.

## OBJECTIVE



Deliver comprehensive palliative care in the comfort of patients’ homes, reduce hospital visits and enhance patient experience.



Provide individualized care, support and medical attention tailored to individual needs.



Ensure care through trained and competent palliative care teams at the patient’s doorstep.

## Literature Review

Home-based palliative care has emerged as a vital intervention for patients with life-limiting illnesses, particularly in resource-constrained settings like Pakistan. The World Health Organization (2020) emphasizes that palliative care should be accessible at all levels of the healthcare system, including community and home-based services. In Pakistan, however, the integration of such services remains limited due to infrastructural, cultural, and policy-related barriers (Hashmi et al., 2024).

A systematic review by Mushtaq NS et al. (2023) explored patient and caregiver perspectives on home-based palliative care in Pakistan, revealing that most families preferred home care due to emotional comfort, reduced financial burden, and improved quality of life. The study also highlighted the need for trained personnel and structured referral pathways to ensure continuity of care. Hashmi et al. (2024) developed clinical practice guidelines tailored for Pakistan’s primary care practitioners, addressing the gap between international standards and local realities. Their work underscores the importance of culturally sensitive protocols and emphasizes the role of community-based teams in delivering effective palliative care. A scoping review by Malik (2023) further identified systemic challenges such as lack of awareness, insufficient training, and fragmented services. These findings support the rationale behind SKMCH&RC’s initiative, which aligns with global best practices while responding to local needs.

## METHODS



Conducted a comprehensive review to assess feasibility of home-based palliative care in Lahore and Peshawar



Developed a roadmap for effective service launch.



Established a dedicated helpline for referrals via consultants or direct patient calls.



Palliative care nurse collaborates with attending physician to assess needs and schedule visits.



Visiting team carries essential medications and nursing supplies for comprehensive care.



Each team member uses a laptop for real-time documentation of assessments and treatments.

## RESULTS

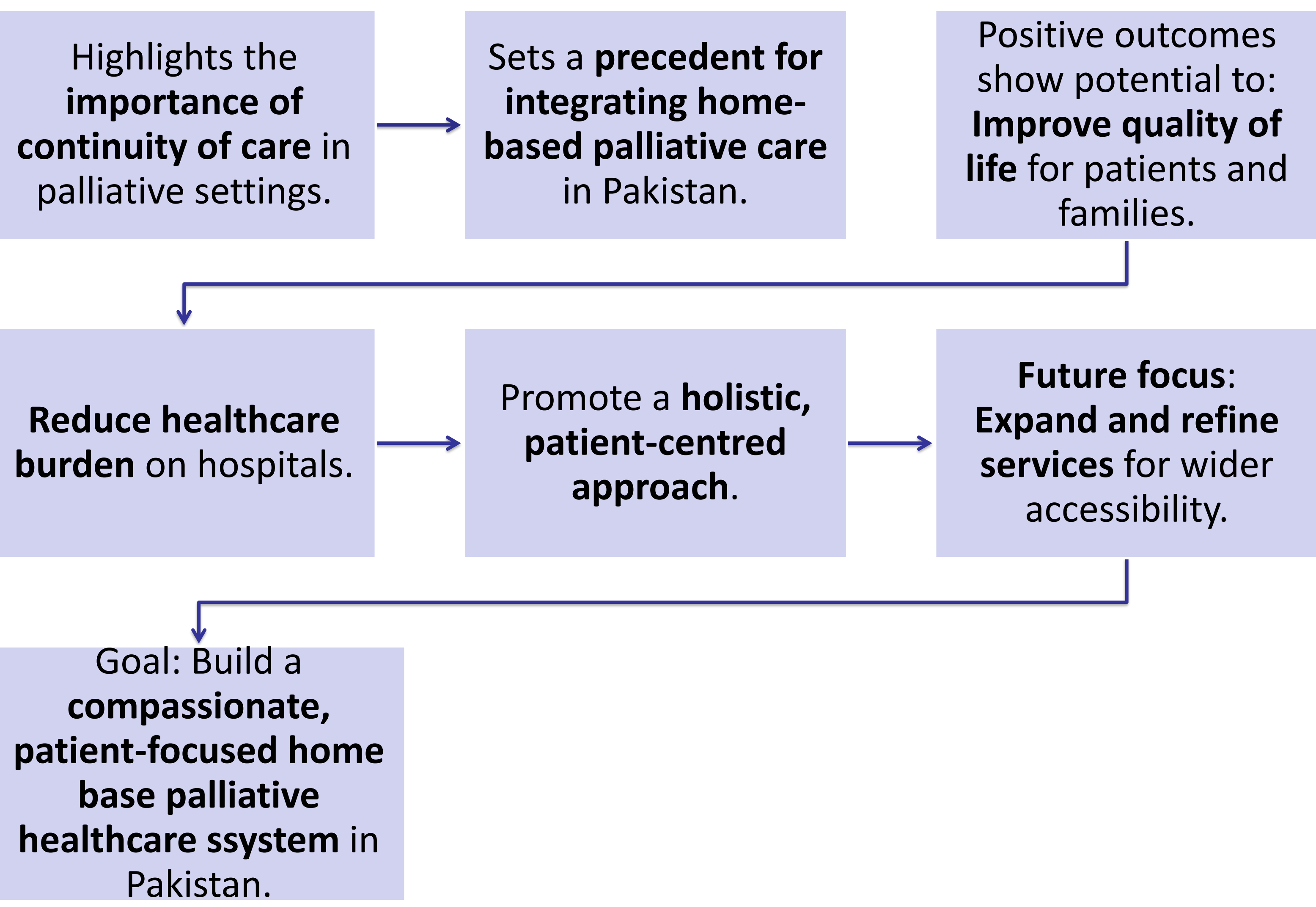
Initiated in October 2023; 147 home visits completed in Lahore & Peshawar.

Each visit included comprehensive assessments by palliative nurses and physicians. Delivered necessary treatments at home, reducing hospital emergency visits for issues like: Pain management, Catheterization, Nasogastric tube (NGT) insertion.

Improved patient comfort and minimized disruption for families.

Quality and Patient Safety Department (QPSD) conducted satisfaction surveys: No concerns reported, indicating high patient and family satisfaction.

## CONCLUSION



## References

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