

Palliative Care

Project Summary

Problem

Addresses the challenge in Quality of Death and Dying for 40,000 patients dying in its facilities every year. Limited results in pilot projects to date have faced issues in scaling up such complex care services. Decision-making is more decentralised than before, and turnover of MSF medical managers that often move from one OC to another, renders the standard trainings less accessible and less useful than before.

Proposed Solution

Provide MSF medical managers with a **user-friendly, simplified tool** (algorithm) that enables them to **identify patient palliative care needs in their project** and determine what type(s) of Palliative Care can be embedded into their project from a **programmatic/operational perspective** (home-based care, ambulatory, inpatient, mixed, etc.). Create a **network of specialists** trained to join MSF telemedicine service for Palliative Care clinical questions.



Potential Impact

- **Structurally integrates care for the dying** into its offer of care that focuses on providing patients with life-threatening and life-limiting illnesses **relief from suffering** and is more **dignified, respectful, and holistic**

Viability

- Engages consultants bringing external knowledge and support networks on **palliative care public health**
- Engages a **strong project team** and **Steering Committee** with representatives from Operations, HR, DEI and political connected leadership

Risk Mitigation

- Enables **data access from different OCs** via strong MSF-UK, OCA, OCP and MSF Italy sponsorship
- Facilitates access to Epicentre's **aggregated annual Typology data** via OCP

Scalability

- Scales up valuable **quality of care improvements** by creating **frameworks** that can be applied in a decentralized, more diverse and specialized projects

Area/Type: HR/L&D

Sponsor/Support: *MSF UK/ MSF Italy & OCP*

Length/Project Status: 12 months; **ONGOING**