# Swiss Palliative Care Database (SwissPall)

A tool to better define the needs of palliative care patients in Switzerland

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SwissPall 1.0: the 'triple- role'

- A **Palliative care documentation system** owned by palliative ch
- A **tarife** project (sponsored by FOPH (BAG))
- A **research** project (sponsored by SAMW)

Inspired by

PCOC
palliative care
outcomes collaboration
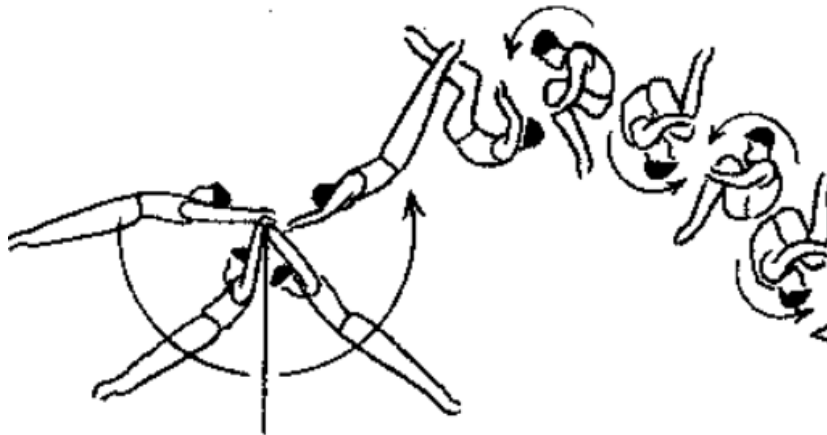
Aims

1. **To demonstrate the feasibility of a palliative care dataset in Switzerland.**
2. To assess basic demographic data of patients in palliative care settings.
3. **To compare variation of patients admitted in PCU across regional, patient and care characteristics.**
4. To compare characteristics of patients in terms of oncological and non-oncological disease.
5. To better characterize the patient's trajectory with special attention to emergency hospitalization.
6. To better characterize the management/ therapeutic approach in the different PCUs across Switzerland, and to verify existing quality criteria for structure ("Versorgungsstrukturen spezialisierte Palliative Care Schweiz") as agreed on a national level.

SwissPall research aims, selected

1. To demonstrate **feasibility** of a palliative care cohort in Switzerland

3. To compare **variation** of patients admitted in PCU across regional, patient and care characteristics.
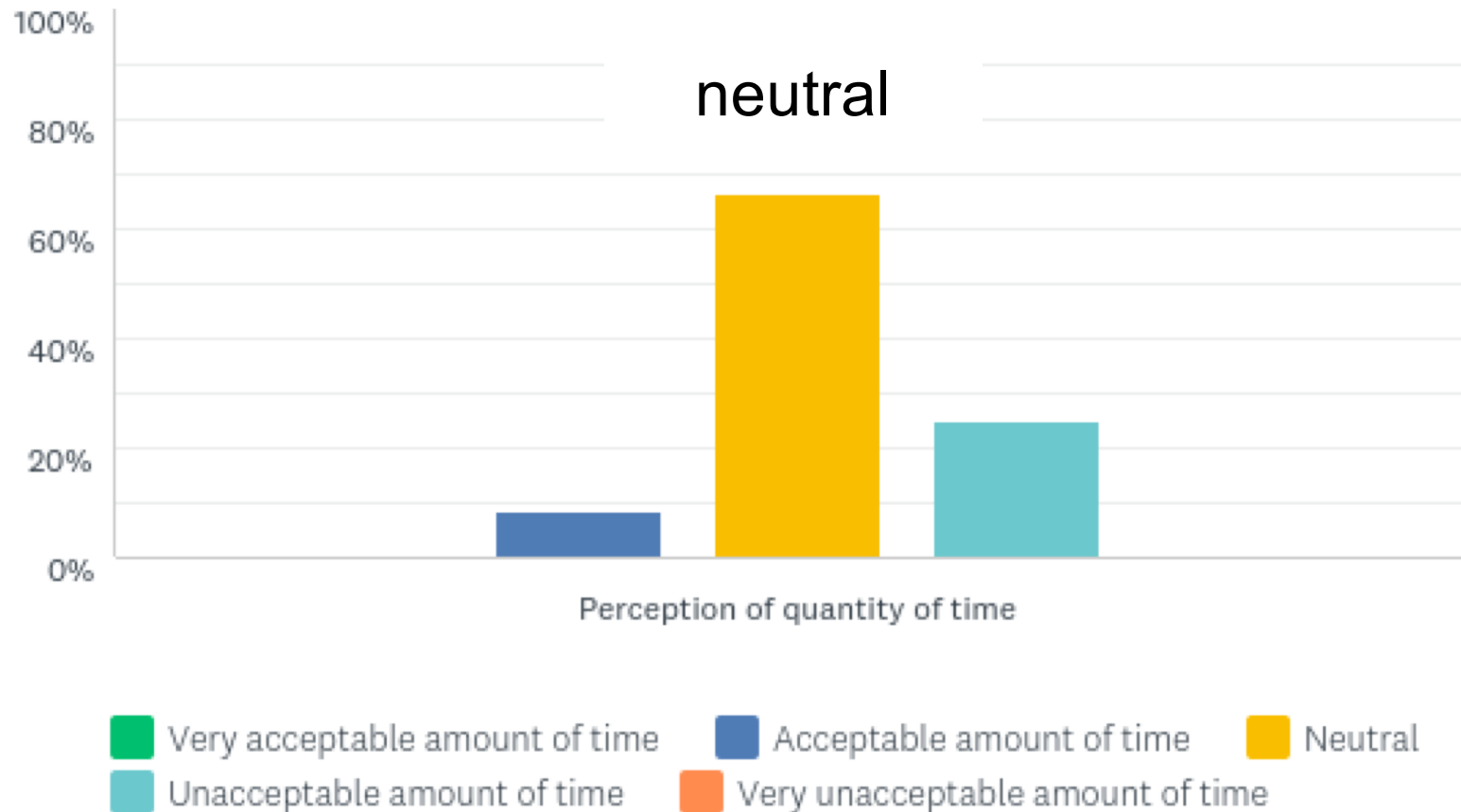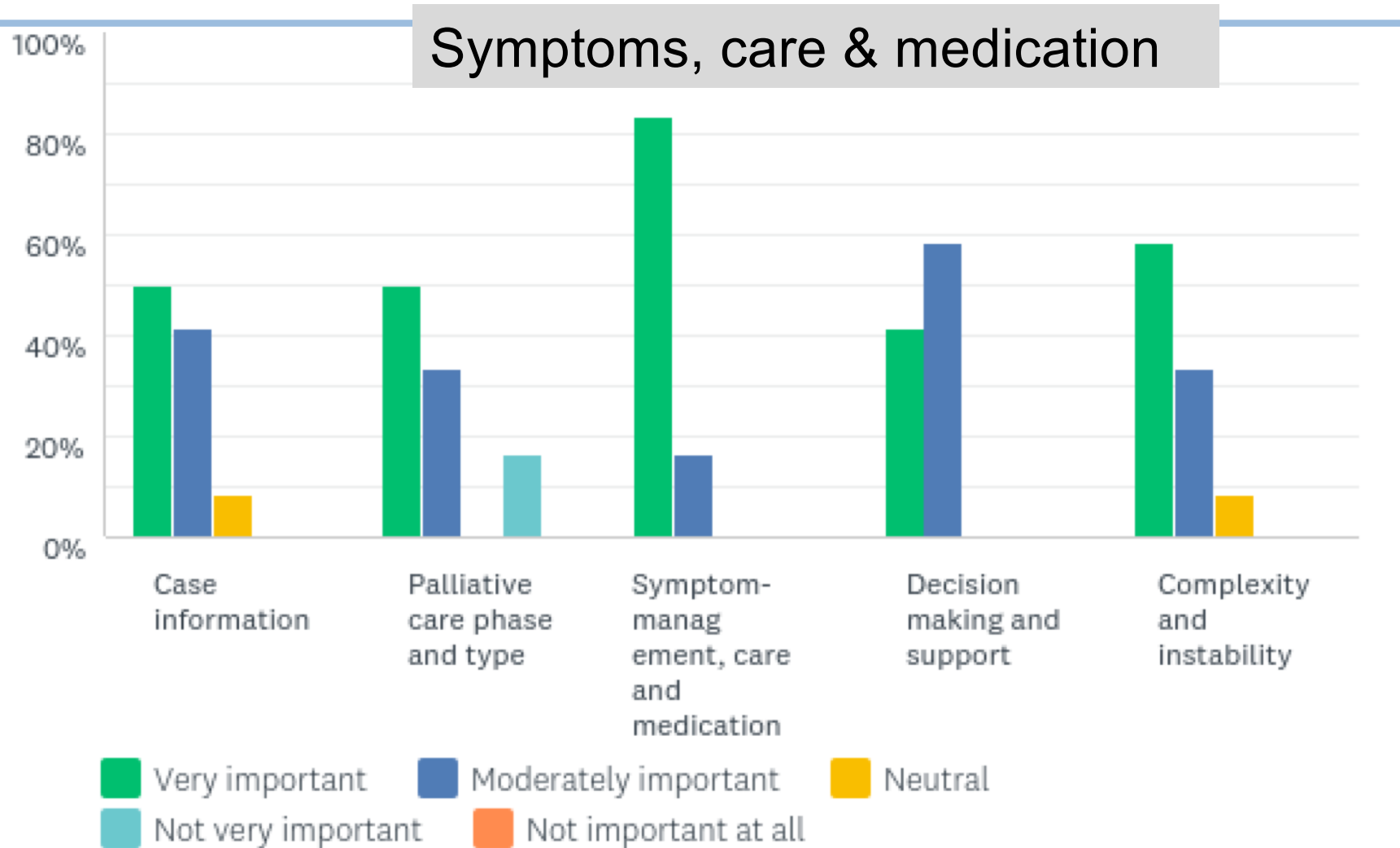
SwissPAll 1.0 participants

PCU	N
Hospiz im Park	131
Inselspital Bern	77
Hôpital de Lavaux	39
HUG Genève	38
Spital Affoltern	37
Kantonsspital St. Gallen	29
St. Gallen - Flawil	25
Gesamt	376

SwissPall Feasibility: quantity of time spent **completing a questionnaire** (Survey 2017)

# Importance of the five modules (Survey 2017)

Symptoms, care & medication

SwissPall results: characteristics of a specialist Palliative Care patient in Switzerland

Average Swisspall patient (n=379) is:

> 73 years old (**range 23 – 96**)

> female (54%)

> Ref./protestant (43%)

> With cancer (61%) – **non- cancer 39%**

> Delir at admission (18%)

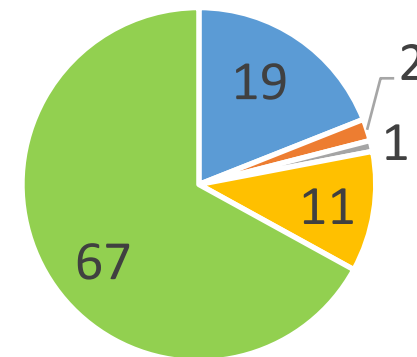> 30% emergency admission

> Wish to die with increased care (5%)

Results: Admissions and discharge

Admission (%)

Home · Hospital · Rehab · Other

Home: 38, Hospital: 54, Rehab: 2, Other: 6
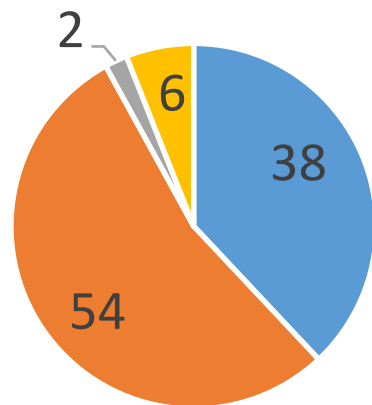
Discharge (%)

Home · Hospital · Rehab · Other · Death

Home: 19, Hospital: 2, Rehab: 1, Other: 11, Death: 67

Admissions and discharge ff

Diagnosis: Cancer (61%) – Noncancer (39%)

	Admission (%)		Discharge (%)	
	Non cancer	Cancer	Non cancer	Cancer
Home	40	37	14	20 P<0,01
Hospital	54	49	1	3
Rehab	1	5	2	0
Other	4	10	11	12
Death			72	65

Variations 1: Length of stay

PCU	N	Median	Min	Max
Hospiz im Park	119	5	0	93
Inselspital Bern	67	10	0	35
HUG Genève	38	13	1	73
Spital Affoltern	35	13	1	35
Hôpital de Lavaux	30	9	1	75
Kantonsspital St. Gallen	29	11	0	43
St. Gallen - Flawil	25	13	1	27
Gesamt	343	9	0	93

Tariff?
Complex Code (<7d?)
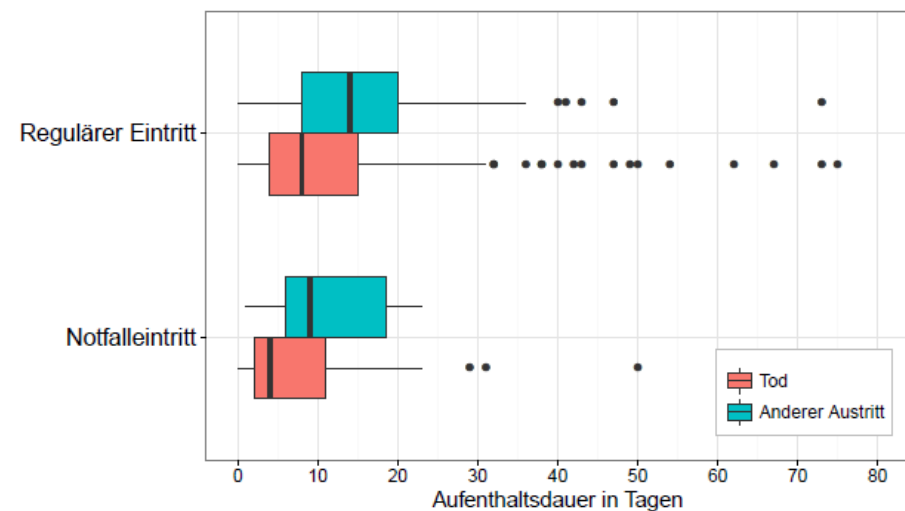
Variations 2: Karnofsky at admission

PCU	N	Modifizierter Karnofsky						
		10%	20%	30%	40%	50%	60%	70%
Hospiz im Park	136	15%	45%	13%	7%	15%	4%	0%
Inselspital Bern	78	4%	5%	12%	17%	31%	19%	6%
Hôpital de Lavaux	39	10%	18%	10%	15%	23%	13%	3%
HUG Genève	39	5%	28%	15%	10%	26%	10%	3%
Spital Affoltern	37	5%	11%	27%	27%	19%	8%	0%
Kantonsspital St. Gallen	30	3%	17%	17%	33%	17%	7%	3%
St. Gallen - Flawil	24	8%	12%	8%	29%	25%	12%	4%
Gesamt	383	9%	25%	14%	16%	21%	10%	2%

PCU: one category or very different patients?

Variations 3: Advance directives

| PCU | Patientenverfügung | | | | |
| | | Bei Eintritt | | Bei Austritt | |
	N	n	%	n	%
Hôpital de Lavaux	39	5	13	5	13
Hospiz im Park	132	49	37	42	32
HUG Genève	38	5	13	9	24
Inselspital Bern	77	23	30	19	25
Kantonsspital St. Gallen	29	8	28	8	28
St. Gallen - Flawil	25	10	40	12	48
Spital Affoltern	39	23	59	21	54
Gesamt	379	123	32	116	31

| Sprachregion | Patientenverfügung | | | | |
| | | Bei Eintritt | | Bei Austritt | |
	N	n	%	n	%
Deutschschweiz	302	113	37	102	34
Romandie	77	10	13	14	18
Gesamt	379	123	32	116	31

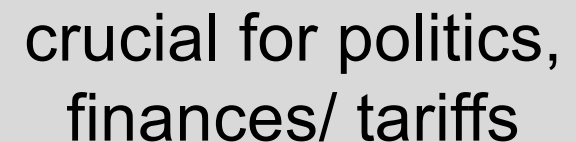|	%
Deutschschweiz	34
Romandie	18

Conclusions

PCU's acknowledge importance of a Swiss Pall Dataset

SwissPALL 1.0 was overloaded as a 'triple – project'

Feasibility: needs extra effort → Participation: low

SwissPall database shows clear variations (regional, institution)

- Performance status at admission
- Length of stay
- Advance directives
- Dying in PCU

crucial for politics, finances/ tariffs

future

SwissPALL 2.0

- Create a larger and longitudinal Swiss palliative care cohort
→ Simple, Web-based, owned by institutions/ participants
→ See PCOC…..

- Participation of ALL certified specialist palliative care institutions including mobile teams and specialist longterm
- Robust funding and professional hosting (including clever technical solution)
→ Invitation from Bern for kickoff 2.0 in January 2020