



Modeling recommendations on the applicability of palliative care services in home care services

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ABSTRACT

The importance of hospice care is increasing day by day.

The aim of the study is based on the preference of HOSPICE care as “Home Care Services”. Therefore, structuring palliative care within Home Care Services is to prepare management models.

The association of Home Health Care and Home Care is part of Palliative Care as HOSPICE Services, conducted in the areas of home or institutional care. Many terminal cancer patients want to spend the last period of their lives at home. It should be possible to provide this service upon the request of the persons who meet hospital discharge criteria and who meet the criteria for receiving Palliative Care Service. The patient is referred to the Family Physician and / or Home Care Unit with epicrisis and care directives. In order to provide Palliative Care service to the patient, the appropriateness of the home and care conditions for the patient should be evaluated by the social worker and home care team and necessary arrangements should be made.

Service provision is unique and different for each individual. therefore, the objectives, intensity, frequency of care; patient's and family's needs, values, disease progression and process may vary according to the way. Necessary home visits are made within the scope of Home Care Services. Patient and family-centered care is provided. Patients receiving treatment such as chemotherapy or dialysis can continue treatment. The process focuses on patient comfort and care, with or without curative intervention. PB, also known as comfort care, is usually made up of doctors, nurses and other trained health care professionals, and a team from which the patient will receive the first therapeutic intervention in an institution such as a facilitated hospital, nursing home, elderly care home or extended care.

Palliative Care Programs are being prepared for the sustainability and effective implementation of these services to be provided to patients. In the structuring of home care of palliative treatment, doctors and nurses working primarily in the field of home care should specialize in this field. The PC and Home Care relationship models proposed in this study provide the ability of the patient to stay at home with the people whom he / she wants to be with, his / her personal belongings and pets. The patient tries to provide quality time with his family and relatives in the treatment and care processes.

BIOGRAPHY

Oguz Ozyaral was born on 22 July 1956 in Istanbul. He completed his education in Istanbul University Faculty of Pharmacy in 1979. He completed his Business Administration Specialization in 1988 at the Institute of Business Economics of Istanbul University. He completed his Master's Degree in Microbiology at Marmara University Institute of Health Sciences in 1989 and was honored with high success by the Dutch Royal Academies GIS Institute. In the same year, he completed his PhD studies in Istanbul University, Institute of Health Sciences, Department of Microbiology and received the title of Mik Doctor of Pharmaceutical Microbiology”. In April 2012, he was promoted to Associate Professor in the field of Mik General Microbiology, and as a Professor in Health Sciences Health Management in 2017. He has 278 scientific studies and articles published in national and international platforms, 16 chapters in books and 1 printed book in English and 3 in Turkish. Her research interests include microbiology, environmental health, occupational health and safety, occupational hygiene and public health. He served as program moderator and presenter for various National Radio and TV channels. He has held administrative positions such as the Dean of Students, Director of Vocational Schools, Heads of Pharmaceutical Microbiology Department and Faculty of Pharmacy and Public Health Department and University Senator. He is currently the Vice Rector of Istanbul Rumeli University.

PUBLICATION

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