

Summary

This dissertation thesis describes the end-of-life care in hospital setting and compare the dying phase with and without specialist palliative care support. The second part of the thesis focus on quality of care improvement by using patient reported outcome measures (PROMS). To increase the quality of symptom assessment in palliative care the routine use of PROMS is recommended.

Aims The first study aimed to compare costs of terminal hospitalization and quality of care between the group of patients with and without support of a palliative care team.

The second study aimed to provide translation, cultural adaptation and validation of IPOS-renal measure, which is patient reported outcome measure used for patients with advanced chronic renal disease.

Methods The first study was a descriptive retrospective case-control study. We explored the difference in daily hospital costs between patients who died with and without the support of the hospital palliative care team. As secondary outcomes, we compared the groups over the duration of the terminal hospitalization, intensive care unit days, intravenous antibiotics, MR/CT scans, oncologic treatment, preferences and limitation of care and family support. In the second study the IPOS-renal was translated to Czech and culturally adapted using cognitive interviews. During the validation phase, internal consistency was tested with Cronbach's alpha, its reliability via intraclass correlation coefficient. Convergent validity was tested with Spearman correlation to Kidney Disease Quality of Life Survey-Short Form 1.2.

Results In the first study we showed that the average daily costs were three times lower in the palliative group (4392.4 CZK per day = 171.3 EUR) than in the nonpalliative group (13992.8 CZK per day = 545.8 EUR), and the difference was probably associated with the shorter time spent in the ICU (16% vs. 33% of hospital days). In the second study Cronbach's alpha was 0.72 for internal consistency and the intraclass correlation was 0.84 for test-retest reliability and 0.73 for interrater reliability. The IPOS-r correlated with KDQOL-SF 1.2 and had a rho between 0.4-0.8 for most of the IPOS-r items, showing good convergent validity.

Conclusion We showed that the integration of the palliative care team in the dying phase can be cost saving in the first study. In the second study we proved the Czech IPOS-renal is a valid and reliable tool and we recommend it's use in clinical practice.