

EAPC Onlus: Non profit-making Association Non Governamental Organisation (NGO) recognised by the Council of Europe

Association Européenne pour les Soins Palliatifs

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Form for EAPC web platform about EU supported projects

Project Title:	PRISMA: Reflecting the Positive Diversities of European Priorities for		
_	Research and Measurement in End of Life Care, Health-F2-2008-201655		
Project Acronym:	PRISMA	PRISM TO SERVICE AND ADDRESS OF THE PRISM TO SERVICE AND ADDRESS O	YES
		INIOIVIE	
Funding	PRISMA is funded b	by the European Commission's Seventh Fr	ramework
programme: (e.g 7 th framework)	Programme		
Funding programme web page:		a.eu/fetch?CALLER=FP7_PROJ_EN&ACTIC ERY=011aa1a03296:8efc:5c9973a8&RCN	
Project type:	action". In the interbest methods as we	by the European Commission (EC) as a "corests of co-ordinating high quality researcell as the diversity and priorities of citizent of end-of-life related studies.	h that reflects
Project number:	Health-F2-2008-20	1655	
Coordinator:	Professor Irene Hig	(Project Co-ordinator) ginson (Scientific Director)	
Partner countries:	Spain, United Kingo	es: Belgium, Germany, Italy, Netherlands dom; Associated countries: Norway; Inter r Countries: Uganda.	
Project web-site:	www.prismafp7.eu		
Keywords:	clinical, priorities, p	cer, measurement, culture, end of life car preferences, service users	
Summary of the project:	due to lack of agree information on pub	ination in undertaking research in end of ement on what constitutes end of life cand lic or clinical priorities for achieving a goo urope, few appropriate measures of quali- actice.	cer care, no d death in a
	the physical, psych families at the end and widely used by care. However, the shared and country across Europe.	ome Scale (POS) is a multidimensional too ological, spiritual and information needs of of life. It has been culturally adapted in 2 over 100 services to evaluate and impro- re have been no opportunities to share pro- respecific domains, and coordinate to impro- oy the European Commission's Seventh Fr	of patients and 20 EU countries we quality of ractice, identify rove research





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	Programme with the overall aim to co-ordinate high-quality international	
	research into end-of-life cancer care. PRISMA aims to provide evidence and	
	guidance on best practice to ensure that research can measure and improve	
	outcomes for patients and families. PRISMA activities aim to reflect the	
	preferences and cultural diversities of citizens, the clinical priorities of	
	clinicians, and appropriately measure multidimensional outcomes across	
	settings where end-of-life care is delivered.	
	Principal Investigator: Richard Harding. Scientific Director: Irene J	
	Higginson.	
Aims	The overall aim of Project PRISMA (PRISMA or Project) is to inform best	
(research	practice and harmonise research in end of life care for cancer patients	
questions):	across Europe through comparison and exchange of approaches and	
	experiences in measurement and research priorities. PRISMA has five	
	objectives:	
	Objective 1 To develop collaboration on culture and end-of-life care	
	across different countries in Europe, exploring and	
	mapping differences in priorities and evidence.	
	Objective 2 To study and compare the nature and conduct of	
	research into end-of-life care in cancer across Europe, and	
	to compare these with clinical and public priorities.	
	Objective 3 To map and harmonise approaches and experiences in	
	end-of-life cancer care measurement and quality	
	indicators.	
	Objective 4 To develop online resources to support and enhance pan-	
	European measurement and research in end-of-life care	
	for cancer patients.	
	Objective 5 To foster and facilitate a long-lasting European	
	collaborative in end of life cancer care research.	
Expected	There are two types of results / impacts from PRISMA's co-ordinating action	1
Results:	focussing on end-of-life cancer care:	
	(1) a number of actions and outputs will be completed to assist with	_
	informing best practice across Europe through comparison and exchange of	
	approaches and experiences in measurement and research priorities, and	
	(2) new collaboratives, high quality science and new discoveries resulting	
	from PRISMA's recommendations will result, including (yet not limited to):	
	(i) recommendations about definitions and methods to reflect cultural	
	diversity and information to inform research;	
	(ii) European agendas for research will be established based on the	
	public and clinical priorities for end-of-life care, and these research	
	agendas will be underpinned by evidence of best practice in	
	measurement; (iii) recommendations on best practice for outcome measurements	
	including measurement in nursing homes; and	
	(iv) identification of clinical priorities in end of life cancer research.	
	(iv) identification of cliffical priorities in end of the caricer research.	
Date of	2007	
application:		
-126001.01.11		
Date of	April 2008	



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approval:	
Chambin as data	01 May 2000
Starting date:	01 May 2008
Duration (in months):	36 months
Amount of contribution:	1,650,898.00
Methods:	Various methods and activities are being completed by PRISMA to achieve its aim, including: questionnaires, scoping exercises, community/collaborative building initiatives through establishing collaborative networks, a large-scale European survey, web-based questionnaire surveys, and developing resources that will be useful for clinicians to use. This work is taking place across 8 work packages.
Deliverables:	PRISMA will deliver 50 deliverables over a three-year period, including (and not limited to): a report of evidence on European citizen's public priorities and preferences about end of life care; symptom measurement resources; a network of experts in cultural issues in end of life care and consensus on culturally appropriate quality indicators; online resources for quality measurement; publications detailing PRISMA findings; and a collaborative pan-European research agenda.
Time lines (milestones):	Numerous deliverables will be achieved and 26 milestones will be reached over the lifespan of the PRISMA project (which is three years in length). We anticipate prompt publication of PRISMA's outcomes along with a public presentation of the findings in 2011. Examples of PRISMA milestones include determining: public priorities in end of care; evidence of culture difference in end of life care; clinical research priorities for end of life care; approaches and experiences in measurement and use of tools including POS and STAS; online resources for quality measurement; and collaborative pan-European research agenda.
Work package leaders (name and affiliation):	Work package 1 Cultural difference in end of life care Dr Marjolein Gysels Barcelona Centre for International Health Research (CRESIB), Barcelona Work package two Public priorities & preferences for end of life care Barbara Gomes King's College London, UK Work package three Clinical research priorities in end of life care Professor Stein Kaasa Norges Teknish-Naturvitenskapelige Universiteit (NTNU), Norway Work package four Best practice & resources for the use of end of life care quality indicators Dr Claudia Bausewein Deutsche Gesellschaft fur Palliativmedizin (DGP), Germany



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	Work package five Best practice in symptom measurement
	Professor Pedro Lopes Ferreira
	Centro de Estudos e Investigação em Saúde da Universidade de Coimbra
	(CEISUC), Portugal
	Work package six
	Best practice in nursing home measurement
	Professor Luc Deliens
	Vrije Universiteit Medisch Centrum Amsterdam (VUMCA), Netherlands
	Work package seven
	Management
	Dr Richard Harding
	King's College London, UK
	Made participation of the
	Work package eight Final conference
	Dr Noel Derycke
	Universiteit Antwerpen (UA), Belgium
	Gritter Filter (Grit) Beigiann
Other partners	Dr Julia Downing
(name and	The Africian Palliative Care Association (APCA)
affiliation):	
Work package	Work package one
goals:	To develop collaboration on culture and end of life care across different
	countries in Europe.
	Work package two
	To provide input on the priorities and preferences of European Citizens for
	end of life cancer care and generate reflection amongst international
	researchers on ways of addressing those preferences and priorities in end of
	life care research and measurement.
	Work package three
	To study and compare how research in end-of-life care in cancer is
	conducted across Europe, and to identify and develop a research agenda
	based upon clinical priorities within end-of-life care.
	Work package four
	a) To identify and describe the ways in which measurement tools are used
	in end-of-life care in European countries
	b) To coordinate exchange of experiences in those who use identified tools in end-of-life care.
	c) To develop resources and support for those who use the POS and STAS in
	end-of-life cancer care.
	Work package five
	To identify and share benefits of the use of the Palliative Care Outcome



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	Scales Sub-Scale (POS-S), and instrument designed to measure the symptoms experienced by cancer patients at the end of their life. Work package six To explore (a) what constitutes quality care in end-of-life cancer care in nursing homes, and build a collaborative on end-of-life cancer care in European nursing homes; (b) share experiences in measuring quality in end of life nursing home care using the POS and other tools, and compare the performance of the POS/STAS and other tools in this population; and (c) optimise future research on end-of-life cancer care in nursing homes. Work package seven To provide scientific leadership to all work packages, co-ordinate and manage the project, take responsibility for collation and integration of all outputs unifying researchers, ensuring financial regularity and ethics compliance, report to the European Commission, and bring together the objectives of each WP to achieve PRISMA's primary aim.
Dissemination	Work package eight To organise and host a final conference to disseminate PRISMA's work and findings, and to disseminate widely the conclusions from the conference. PRISMA will publish a number of peer review articles in the field of end-of-
(publications - articles):	life research: culture, public preferences and priorities, clinical research priorities and best practice in end-of-life care (including measurement in nursing homes and symptom measurement). Tools to aid clinical care (e.g., POS-S) will also result from PRISMA.
Dissemination online	PRISMA findings and resources will be shared via PRISMA's website (www.prismafp7.eu) and other relevant websites as the findings become available.
Dissemination (Conferences)	PRISMA presented its first findings at EAPC Vienna in May 2009. We will present at this and similar fora during the life of PRISMA contract and beyond. We aim to facilitate an open conference meeting to disseminate beyond PRISMA partners in 2011.