

# Early experiences at United Christian Hospital in advance directives refusing cardiopulmonary resuscitation

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HOSPITAL AUTHORITY CONVENTION 2013

# INTRODUCTION

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- Registry for advance directives (AD) for palliative care patients at UCH
- **Objectives**
  - To review the current practice of ADs signed by patients under the care of Palliative Care Team of UCH
  - To identify issues for further follow-up and improvements

# METHODOLOGY

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- Case records of patients in the AD registry
- Areas of review
  - demographic data for the patients who had signed ADs
  - the timing, setting and timeliness of the enactment of ADs with regard to their acceptance of palliative care service and death
  - the circumstances of their deaths
- Descriptive statistics
- Issues for further improvements identified

# RESULTS

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- Review period (3/11/2011-13/9/2012)
  - 23 patients had signed AD
- Patient characteristics
  - 15 cancer patients (9 died, 6 surviving)
  - 8 end-stage chronic diseases (3 died, 5 surviving)
  - Age: mean 69.8 (43-89; SD 15.1)
  - Sex: male 7 (30%)
  - Palliative Performance Scale
    - Mean 64% (30-90; SD 15.6)
  - The duration of being known to PC service
    - Median 4.6 months (0-27)

# RESULTS

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- Settings in which ADs were signed
  - Out-patient clinics: 17 (74%)
  - In-patient: 4 (17%)
  - Home care visit 2 (9%)
- Time between AD signed to death
  - Median 36 days (15-153)
- 12 deceased patients
  - In-patients:
    - 7 (UCH), 1 (convalescence)
    - None of the hospitalized patients received CPR
  - Death before arrivals (DBA): 4

# CONCLUSION

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- AD is applicable in Hong Kong
- For further promotion in HA hospitals
  - Improving the quality of encounters with patients, especially in the clinics
  - Clearer focus on advance care planning
  - Measures to ensure continuity of care and multidisciplinary collaboration