Palliative Care in Non-cancer Patients – Lessons Learnt in HKWC

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Outline

1. Collaboration with geriatricians
2. Collaboration with nephrologists
3. Collaboration with cardiologists
4. Palliative care in residential care homes
5. Advance care planning

Collaboration with geriatricians

Cheng HWB, Li CW, Chan KY, Ho R, Sham MK.

Bringing palliative care into geriatrics in a Chinese culture society – results of a collaborative model between palliative medicine and geriatrics unit in Hong Kong.

JAGS 2014;62(4):779-80.

Collaborative model

- A collaborative model of care was established between Acute Geriatrics Unit (AGU) and Palliative Medical Unit (PMU) in Grantham Hospital in 2011.
- Patients in AGU with specific palliative care needs were identified at joint rounds, and referred by geriatricians to PMU.

Referral diagnosis

Diagnosis	% (N=123)
Cancer	33.3
Heart failure	17.1
Renal failure	16.3
Chronic obstructive pulmonary disease	9.8
Stroke	8.9
Dementia	8.1
Others	6.5
Total	**100.0**

Palliative care services provided

Service provided	%
Inpatient consultative service at AGU	100.0
Inpatient palliative care service at PMU	29.3
Home care	23.6
Outpatient care	18.7
Bereavement care	69.3 (75 patients died)

Place of death

Place of death (n = 75)	%
AGU	34·7
PMU	29·3
Acute hospital	17·3
Other convalescent unit	16·0
Home	2·7
Total	**100**

Bereavement service coverage

Bereavement coverage of patients who died in:	%
PMU	100
AGU	84.6
Home	100
Acute hospital	30.7
Other convalescent unit	16.7

Combination of metolazone and frusemide in elderly patients with renal failure

Int Urol Nephrol
DOI 10.1007/s11255-014-0724-z

NEPHROLOGY - ORIGINAL PAPER

Combination therapy with low-dose metolazone and furosemide: a "needleless" approach in managing refractory fluid overload in elderly renal failure patients under palliative care

Hon Wai Benjamin Cheng · Mau-Kwong Sham · Kwok-Ying Chan · Cho-Wing Li · Ho-Yan Au · Terence Yip

Background

- Elderly patients are often considered inappropriate for renal replacement therapy.
- Metolazone is able to produce diuresis despite low glomerular filtration rate.
- Combination of metolazone and frusemide has shown synergistic effect, and been used with success in heart failure patients.

Report of 3 cases

Patient	Sex/ Age	CKD stage	Diagnosis	Frusemide	Metolazone
A	M/78	V	Diabetic nephropathy	80 mg bd	5 mg/d for 5 days
B	M/86	V	Diabetic nephropathy	60 mg bd	2.5 mg/d for 3 days
C	M/74	IV	Hypertensive nephropathy	80 mg bd	5 mg/d for 2 days

Results

Patient	Body weight (Kg)			Outcome
	Pre	Post	Change	
A	62.3	58.2	-4.1	Weaned off O2 and discharged
B	74.5	69.5	-5	Home on D14
C	53	51	-2	Home on D3

Adverse effects

Patient	Serum creatinine (µmol/L)		Serum Na (mmol/L)		Serum K (mmol/L)		BP fluctuation
	Pre	Post	Pre	Post	Pre	Post	
A	1,128	1,215	132	135	4.4	5	No
B	848	941	140	139	3.9	4.2	No
C	207	227	141	137	3.5	4.5	No

Collaboration with nephrologists

Vol. ■ No. ■ ■ 2014 Journal of Pain and Symptom Management

Brief Quality Improvement Report

Reduction of Acute Hospital Admissions and Improvement in Outpatient Attendance by Intensified Renal Palliative Care Clinic Follow-Up: The Hong Kong Experience

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Cho Wing Li, MRCP (UK), FHKCP,
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Wai Kee Vikki Lau, BBA
Palliative Medicine Unit (K.Y.C., H.W.B.C., C.W.L., M.K.S., Y.C.W., W.K.V.L.), Grantham Hospital; Division of Nephrology (D.Y.H.Y.), Department of Medicine, Queen Mary Hospital, University of Hong Kong; and Renal Unit (T.Y.), Tung Wah Hospital, Hong Kong SAR, People's Republic of China

Scope of service

1. Integrated renal palliative care clinic
   - with palliative medicine, nephrology, nursing and social work input
2. Home care
3. Inpatient palliative care
   - joint round by palliative medicine specialist and nephrologist
4. Multi-disciplinary case conference
   - inpatient
   - home care
5. Bereavement care

Problem faced

- Clinic default rate 30-50%
- Admission to acute medical ward for:
  - Fluid overload
  - Functional decline
  - Other complications

Intensified follow-up (FU)

- 21 patients who had one or more emergency department (AED) visits in 3 months were invited for intensified clinic follow-up from 4-6 week intervals to 1-2 week intervals; 19 agreed.
- Multi-disciplinary input was provided by nurses, doctors and social workers.

Outcome

Outcome parameter	Before intervention	After intervention	P value
	Mean NRS score (0-10)		
Pain	4.3	2.3	0.027
Depressed mood	3.2	1.3	0.033
Edema	2.1	0.7	0.021
Fatigue	4.6	3.2	0.071
	Rate in 3 months / patient		
AED attendance	2.63	0.63	0.007

Use of erythropoiesis-stimulating agent (ESA)

Int Urol Nephrol (2014) 46:653–657
DOI 10.1007/s11255-014-0661-x

NEPHROLOGY - ORIGINAL PAPER

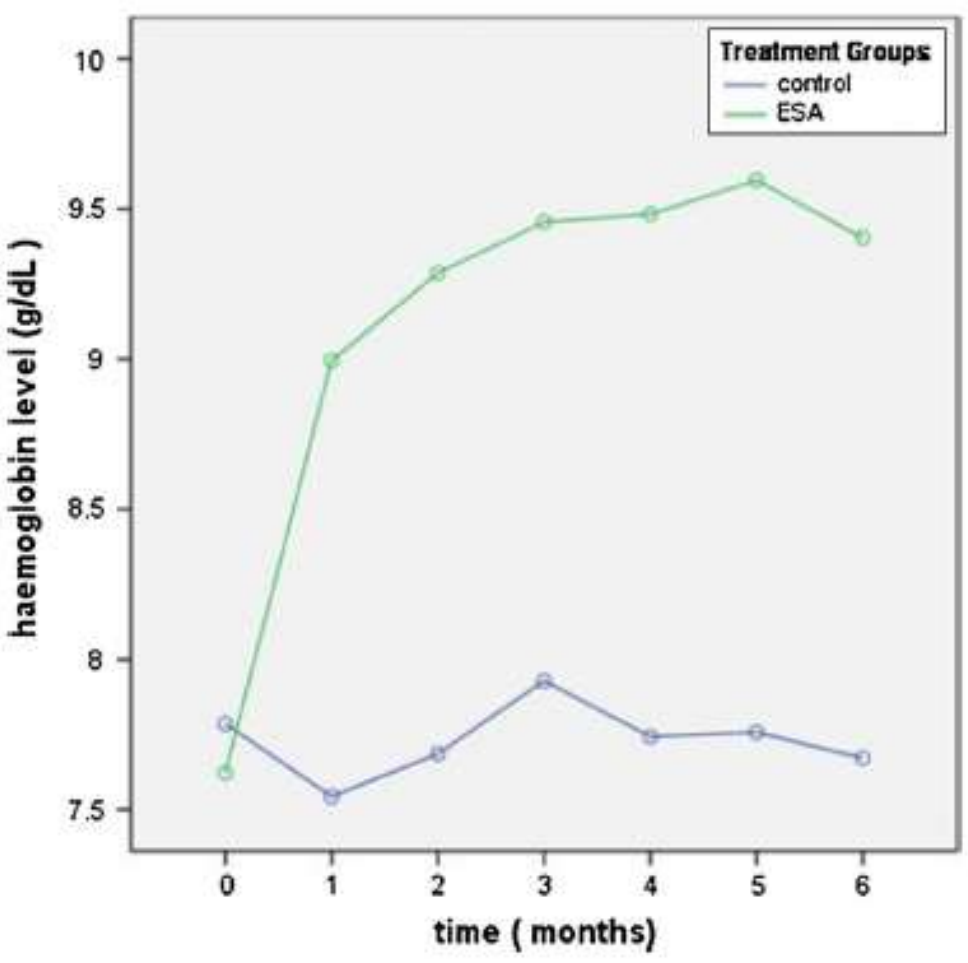
Effect of erythropoiesis-stimulating agents on hemoglobin level, fatigue and hospitalization rate in renal palliative care patients

Kwok-Ying Chan · Cho-Wing Li · Hilda Wong · Terence Yip · Mau-Kwong Sham · Hon-Wai Cheng · Kay-Cheong Teo · Wang-Chun Kwok · Tak-Mao Chan

Retrospective cohort study

- ESA group: Hb < 10 g/dL, suitable and consented to receive ESA
- Control group: self-refusal of treatment, medical contraindication, financial constraint

Outcome: mean hemoglobin level



Secondary outcome: Fatigue

	Mean NRS score (0-10)	P value
ESA group		
Baseline	4.7	
3 month	3.5	0.006
6 month	4.1	0.017
Control group		
Baseline	4.4	
3 month	4.0	0.392
6 month	4.5	0.489

Second outcomes

All cause hospitalization, e.g. fluid overload	Mean rate / patient-year	P value
ESA group	4.44	0.001
Control group	9.24	
Serious adverse events	**Occurrence**	
ESA group	nil	
Control group	nil	

Sertraline for uremic pruritus

JOURNAL OF PALLIATIVE MEDICINE
Volume 16, Number 8, 2013

DOI: 10.1089/jpm.2012.0504

Use of Sertraline for Antihistamine-Refractory Uremic Pruritus in Renal Palliative Care Patients

Kwok Ying Chan, MD,[1] Cho Wing Li, MD,[1] Hilda Wong, MD,[2] Terence Yip, MD,[3] Man Lui Chan, MD,[4] Hon Wai Cheng, MD,[1] and Mau Kwong Sham, MD[1]

Background

- SSRIs have an established value in the management of pruritus in cancer palliative care.
- Pruritus is a common symptom in uremic patients, and is sometimes resistant to anti-histamines.
- Sertraline is extensively metabolized and does not require dosage adjustment in renal failure.
- Consecutive patients with stage 5 chronic kidney disease and anti-histamine resistant pruritus over an 18-month period were reviewed.
- 20 patients were treated with sertraline, 17 evaluable.
- Pruritus was measured with numerical rating scale (0-10).

Outcome

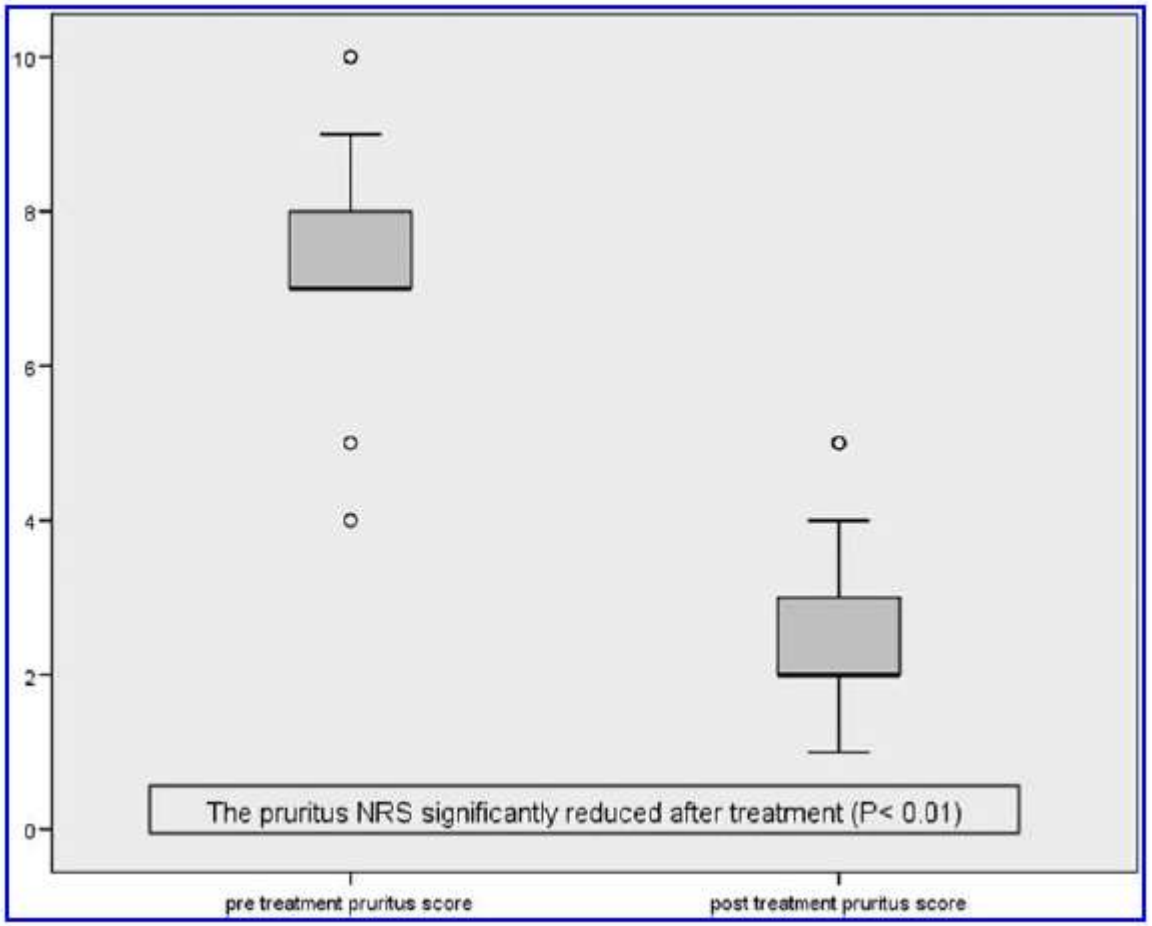


FIG. 1. Box-Plot of NRS before and after treatment with sertraline.

Collaboration with cardiologists

Home palliative care for cardiac patients

OUTCOMES ON PALLIATIVE NURSE FOLLOW-UP PATIENTS WITH END STAGE HEART FAILURE

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To be presented in International Council of Nurses Conference, 19-23 June 2015, Seoul

Patients and methods

- This is part of a randomized controlled trial conducted in GH, UCH and HHH.
- Heart failure patients were referred for palliative care according to Gold Standards Framework.
- 52 patients participated in the study from April 2013 to July2014.
- In addition to the whole range of palliative care, the study group received protocol driven palliative nurse home care while the control group did not.

Outcomes

Outcome	Intervention group (n=28)		
	Pre	Post	P value
Dyspnoea score	5.70	4.99	0.014
Quality of life	18.12	20.17	0.015
	Intervention group (n=28)	**Control group (n=24)**	
Satisfaction of care	47.56	37.88	0.016

Collaboration with residential care homes

Background

- PMU has been collaborating with a residential care home, Jockey Club Rehabilitation Complex (JCRC).
- Multi-disciplinary input was provided by palliative medicine specialist, home care nurse and social worker.
- Patients were referred according to Gold Standards Framework, palliative care needs and the 'surprise question'.
- These include patients with severe intellectual disabilities (ID).

Palliative care for patients with intellectual disabilities

Poster/Oral

PALLIATIVE CARE FOR PATIENTS WITH INTELLECTUAL DISABILITIES: IF NOT, WHY NOT? REVIEW OF COLLABORATIVE PALLIATIVE CARE SERVICE FOR PATIENTS WITH INTELLECTUAL DISABILITIES IN A LONG TERM CARE RESIDENTIAL HOME

Bryan Cho-Wing Li[1], Benjamin Hon-Wai Cheng[1], Joseph Lo[2], Jeannie Wong[2], Joseph Yuen[2], Kwok-Ying Chan[1], Toni Ho-Yan Au[1], Ping Chan[1], Michael Mau-Kwong Sham[1], Vikki Lau[1]

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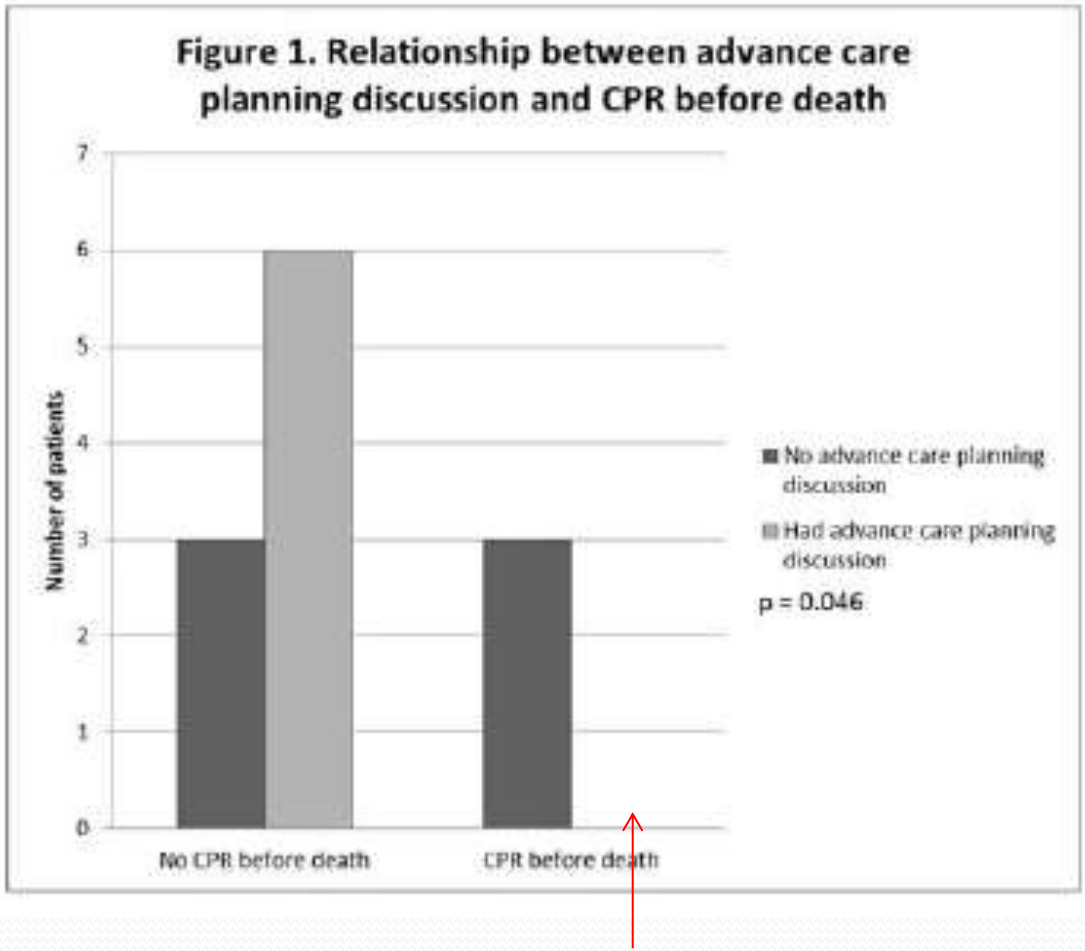
Presented in Asia Pacific Hospice Conference, 30 Apr – 3 May 2015, Taipei

Retrospective review

- Retrospective review of ID patients referred for palliative care from Jan 2008 to Aug 2014 was conducted.
- 24 patients were followed up for a median of 22 months.
- Symptoms included pain, constipation, weight loss, skin wound, spasticity and edema.
- 38% of patients and families expressed sadness and helplessness.
- Advance care planning was performed, all declining CPR.

Relationship between ACP and CPR



Advance care planning

Advance care planning (ACP)

JCN Journal of Clinical Nursing

Journal of Clinical Nursing

ORIGINAL ARTICLE

The evaluation of a palliative care programme for people suffering from life-limiting diseases

Carmen WH Chan, Ying Yu Chui, Sek Ying Chair, Michael MK Sham, Raymond SK Lo, Catalina SM Ng, Helen YL Chan and David CY Lai

Topics for discussion in ACP

- Identify proxy
- Discuss scenarios / conditions that are considered to be worse than death
- Discuss pros and cons of medical treatment
- Discuss the patient's priorities and spiritual values when facing a decision regarding the use of life-sustaining treatments, e.g. life purpose and meaning, need for comfort and support, fears
- Explore proxy understanding of the patient's preferences

Other topics for discussion in ACP

- Discuss advance directives
- Discuss what to do after making the advance directive, and the need for continuing conversation in order that the proxy really understands the wishes of the patient
- Discuss arrangements after death

Conclusion

Palliative care in non-cancer patients has been shown to:

- Improve quality of life
- Improve patient satisfaction
- Facilitate early discharge
- Decrease AED attendance
- Decrease all-cause hospitalization
- Fulfill patients' wish of DNACPR