Enhancing Psychosocial Care for Patients with Palliative Care Needs in the Acute Medical Wards

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Hospital Authority Convention 2017
What is Psychosocial Care

• “Concerned with the psychological & emotional well being of the patient and their family/carers, including issues of self-esteem, insight into an adaptation to the illness & its consequences, communication, social functioning and relationships”

National Council for Hospice & Specialist Palliative Care Services 1997
Number of Deaths in KCC in 2016

- Total ~8,000 deaths in 2016
- ~60% in acute setting

3,600

QEH
KWH
KH
HKBH
WTSH
OLMH

MED: 2,200 (61%)
Terminology: End of Life care vs Palliative Care

• End of Life Care: episode of care in the last days or weeks of life

• ~75-80% referrals in the acute medical wards are for end of life care
Characteristics of Acute Medical Care

• Mindset and Expectation of care – cure
• Focus on treatment and advance technology
• Patient and care givers often not well prepared for the acute deterioration
• Rapid turnover
Original Article

Delivering Palliative Care in an Acute Hospital Setting: Views of Referrers and Specialist Providers

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• Visibility & Accessibility including informal route
• Timely response
• Interface between general ward staff & specialist PC team
Our Setting

• 13 medical wards ~ 500-550 in-patients
• 10% with active cancer symptoms & not amenable to curative treatment
• Special services include
  • HIV service
  • Haematology & Medical Oncology
  • Custodial Ward
Palliative Care Team

• Physicians
• PC APN /RN
• Occupational therapist
• Social Worker

• Supported by
  • Clinical Psychologists
  • Pain team
  • Physiotherapists
  • Chaplaincy
Service Referral

Referral by ward nurses / MO

Assessed by Palliative Care Nurse

Refer to other PC team members / related services
Areas of Focus

- Physical Symptoms
- Psychological Needs
- Social Concerns
- Spiritual Suffering
Service Highlights

• Level of intervention/ support matched to patient need rather than disease specific
• Timely & coordinated care
• Close partnership with parent medical team and ward staff
• Empower and support via linked nurse program at ward level
• Specialty team coordinators for Drs
Shared Care Model

Palliative Care Team

Parent Team (Ward)

Patient & Family
Co-ordinated Psychosocial Support in Medical Wards

Clinical Psychologist
Social Worker
PC Nurses
Ward Nurses/PC Linked Nurse
In-patient PC Service 2016

- Cancer patient
- Non Cancer patient
- Patient Episode
In-patient PC Service 2016

N = 966 Patients
Median Age: 79
(range 26-108 years old)

Length of Service:
21% (n=204) alive at 2 months
73.5% (n=710) passed away within 10 days of assessment

Stepped up Service for Psychosocial Needs:
4.8% (n=46) seen by clinical psychologist
7.7% (n=71) seen by social worker
Identification of psychosocial issues

- Acceptance of illness
- Transition of Care
- Adjustment to deteriorated health or increasing dependency
- Facing death / Existential sufferings
- Complicated family dynamics
- Potential need for bereavement FU
  - Single / widowed with poor social support
  - Children
Challenges

• Limited time for quick engagement
• Provide timely and adequate support
• Highly intensive with tight timeline
• Recognizing the need
• Patient and families not well prepared
• Ward environment
The Story of Mr Chan
Mr Chan with Idiopathic Pulmonary Fibrosis (IPF)

- 80/M ADL independent, lived with wife, 3 sons
- Admitted with pneumonia +/- exacerbation of his IPF
- Requiring $O_2$ 4L/min NC
- Expressed wish not for intubation in the event of deterioration
A man of planning...

- Seen alone in ward, well and talkative
- Believed that dying is a natural process
- Expressed wish for Advance Directive (AD) documentation as his last wish
- Phone contacted his wife about this issue, wife seen same evening
- Discussed advance care planning, encouraged further discussion within the family with their sons
The following day …

• Proceeded with AD documentation with wife at bedside
• Bedside care with shaving
• Took a photo with his wife
• Sudden deterioration and passed away in the afternoon
Reflection

• Sensitivity to time pressure was crucial
• Patient’s wish honored
• Family more prepared for the rapid and unexpected deterioration
• Family especially wife very comforted by the fact that the end moments were just what Mr Chan had wanted
The Story of Jacky
Progressive disease despite many lines of treatment

• First diagnosed lymphoma 3.2015 involving GI tract
• Chemotherapy, autotransplant then further chemotherapy
• Admitted in 8.2016 for post chemo fever & abdominal pain
• Complicated by recurrent GI bleed, intestinal obstruction, bilateral hydronephrosis
• Further progression despite 5\textsuperscript{th} line of Rx
Jacky’s Family Tree

Wife passed away a month ago

Jacky, aged 43, worked in hotel

Daughter aged 12
Issues

• Suboptimal pain control
• Young family with child
• Recent bereavement
• Unexpected turn of events – already bought concert tickets for Jacky Cheung
PC team intervention

• Pain control optimized with stepping up of morphine
• Supported patient & family
• Facilitated daughter to participate in bedside care of his father
• OT helped with positioning
• Contacted CP for psychological preparation and adjustment of daughter
Reflection

• Rapid communication between different team members and with ward staff to act in a short period of time
  eg fulfilling patient’s last wish, contacting the school for support
• Complex family situation as already in grief with a single survivor who is a child
• Ward staff support
Looking ahead & Bridging the gap

• Caring for the service gap patients
• Ward culture change
  • Bed arrangement, flexible visiting
  • Awareness of Psychosocial issues
• Shared care & team approach with holistic and coordinated care in a tight timeline
特此送上簡短心意感謝您陪伴我們走過爸爸的最後一段路，為人善良實在是一件不容易的工作，您專業的照顧為爸爸臨終前減輕痛苦不安。作為家屬，實在感恩遇上了您。

危後因腦出血引致離世。雖然這段日子我們一家都很難過，但在她最後一程中看到你們對我們家的關心，特別是對病人給予應有的尊重，這都使我在難過中經歷到情意及祝福。