

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

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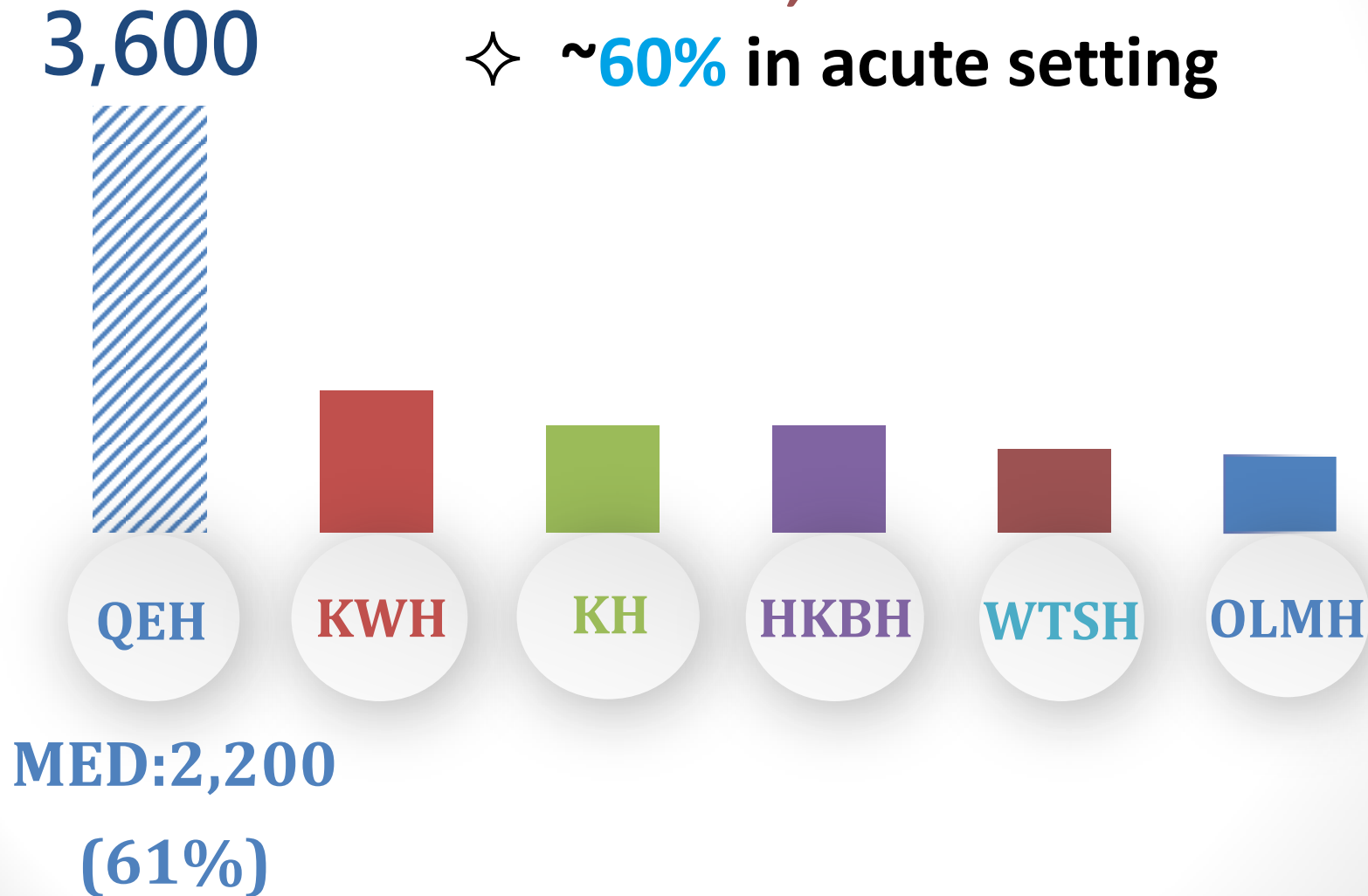
Hospital Authority Convention 2017

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”*

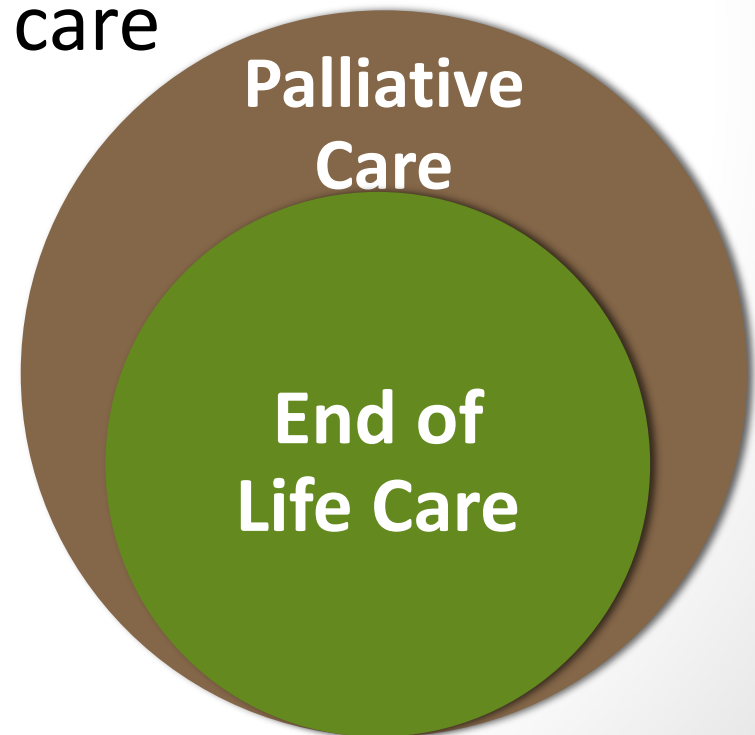
Number of Deaths in KCC in 2016

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



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

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

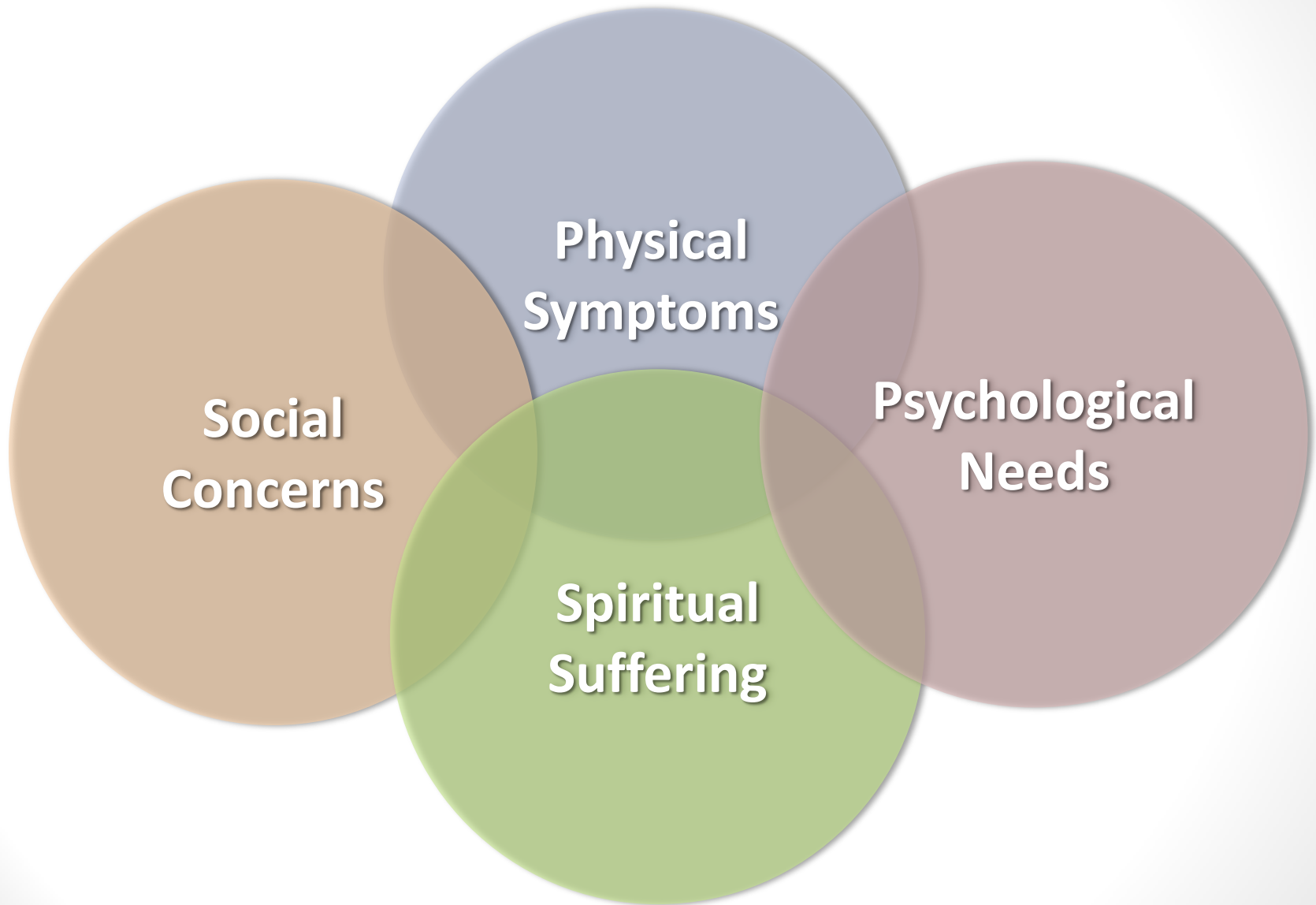
Referral by ward nurses /
MO

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graph TD; A[Referral by ward nurses / MO] --> B[Assessed by Palliative Care Nurse]; B --> C[Refer to other PC team members / related services];
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Assessed by Palliative Care
Nurse

Refer to other PC team
members / related services

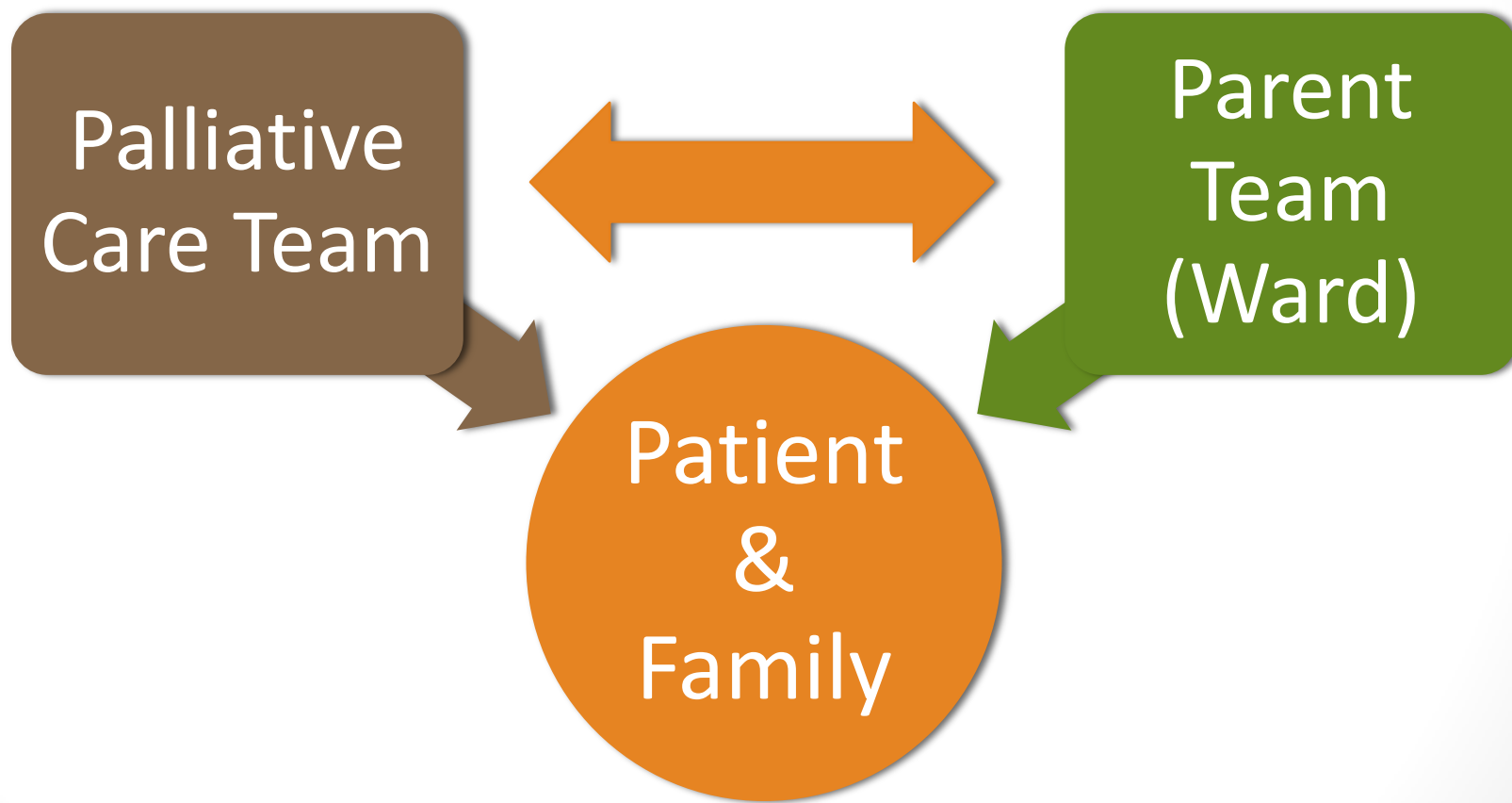
Areas of Focus



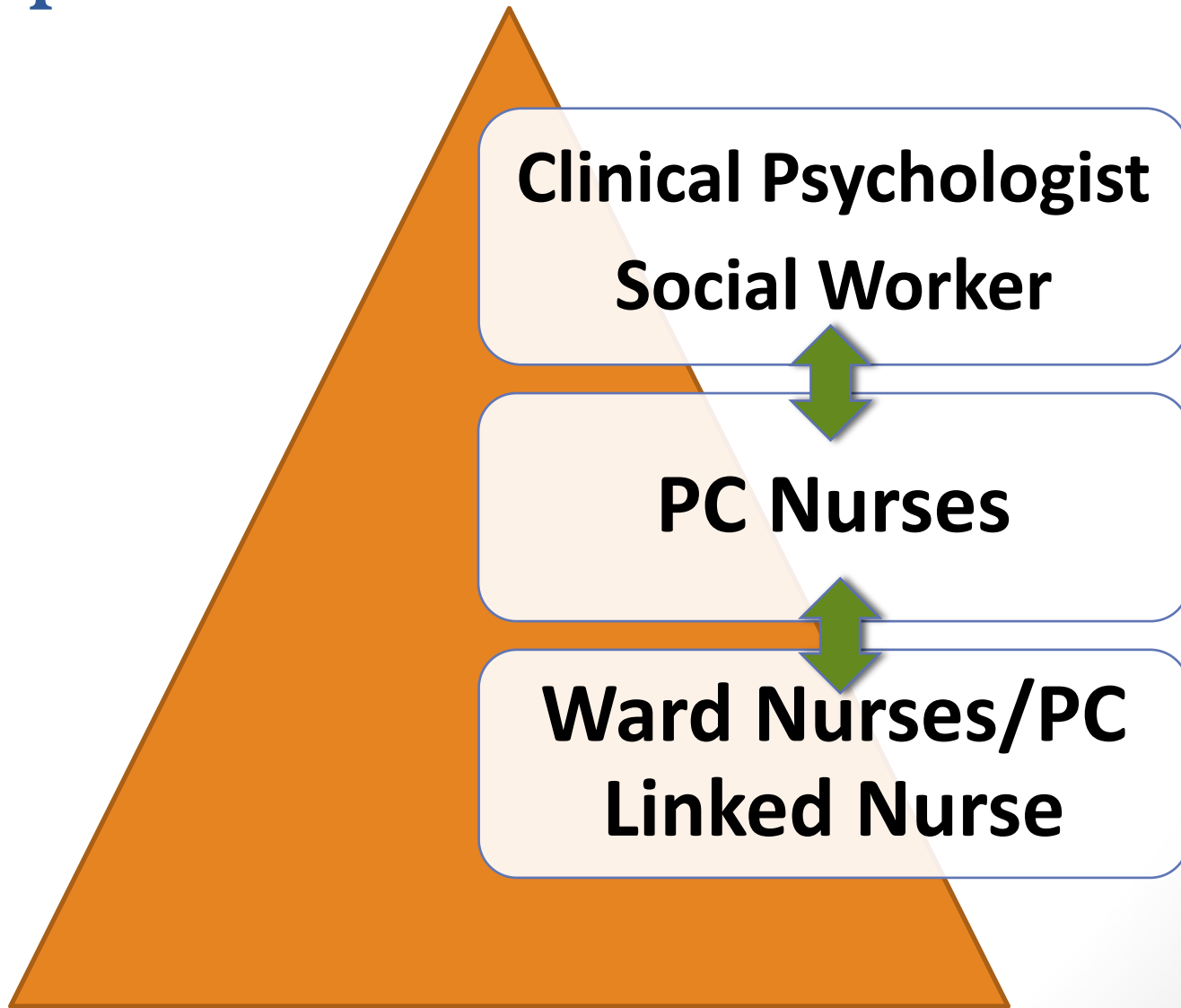
Service Highlights

- 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

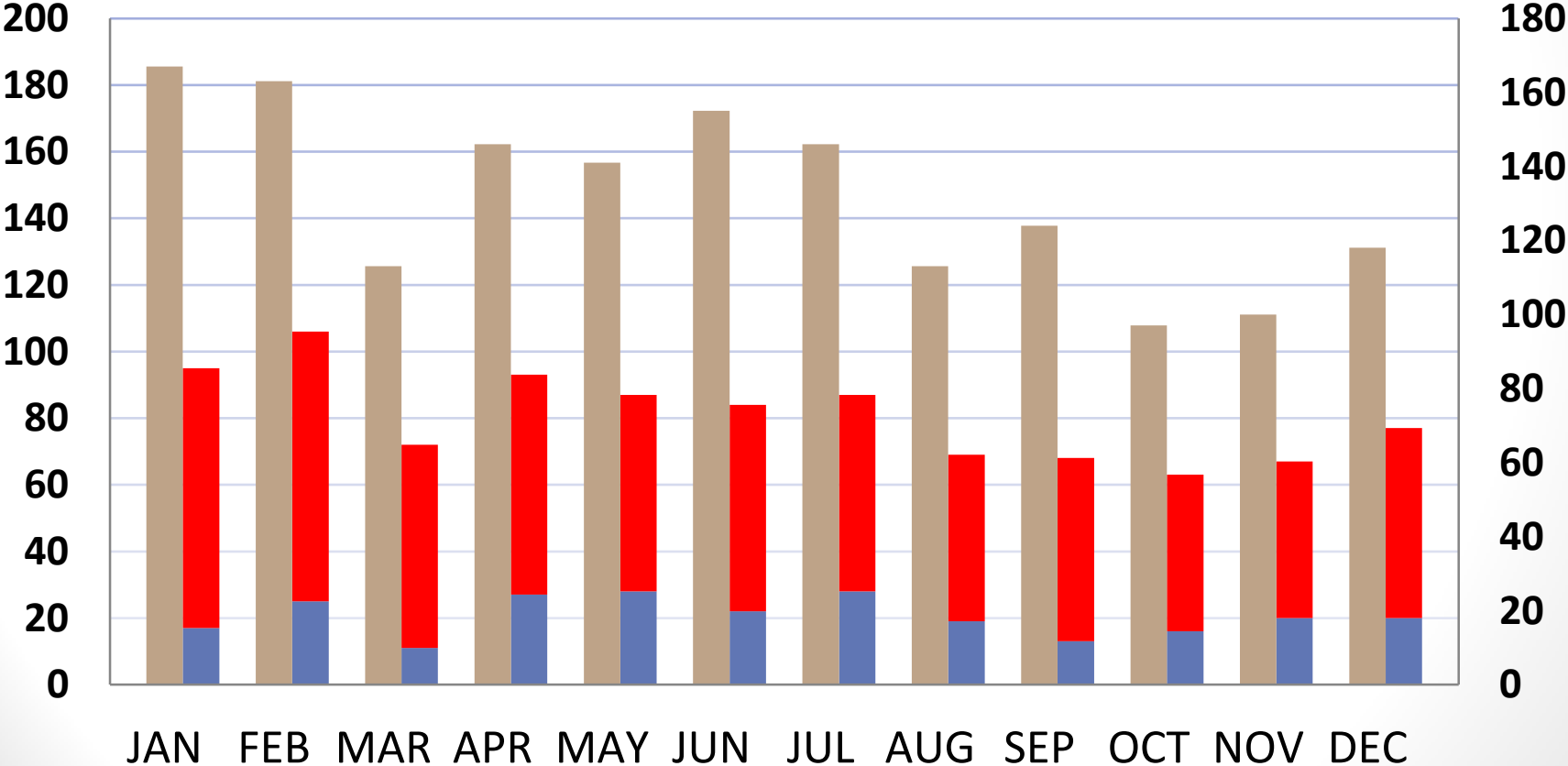


Co-ordinated Psychosocial Support in Medical Wards



In-patient PC Service 2016

■ Cancer patient ■ Non Cancer patient ■ Patient Episode

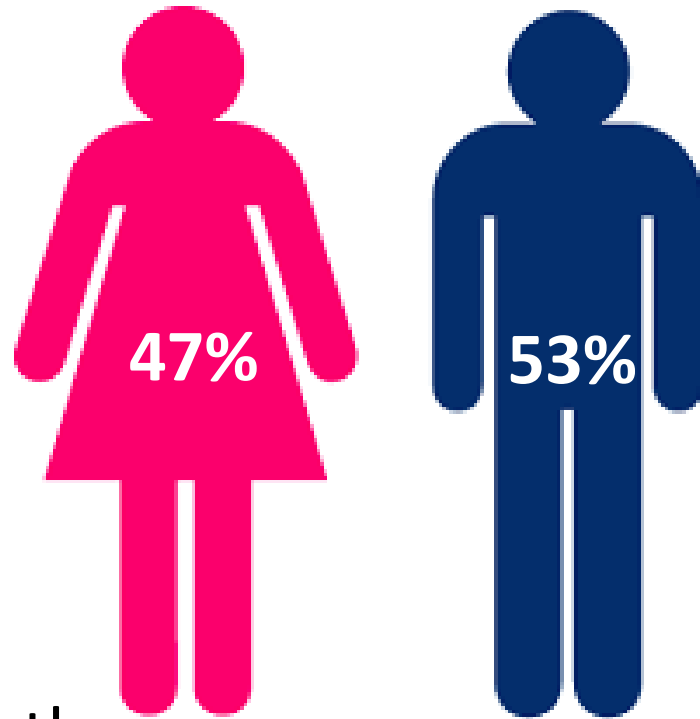


In-patient PC Service 2016

N = 966 Patients

Median Age: 79

(range 26-108 years old)



Length of Service:

21% (n=204) alive at 2 months

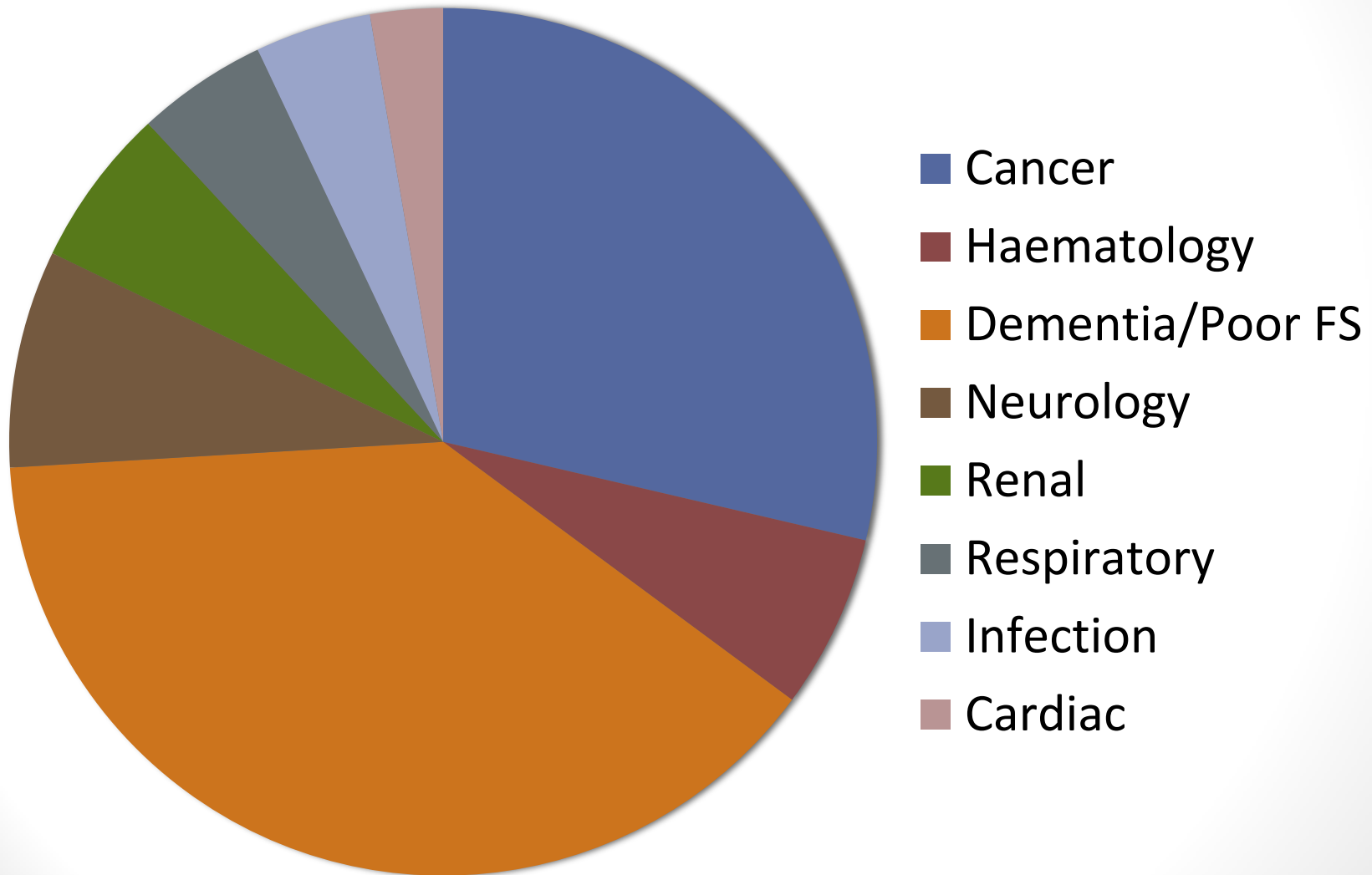
73.5% (n=710) passed away within 10 days of assessment

Stepped up Service for Psychosocial Needs:

4.8% (n=46) seen by clinical psychologist

7.7% (n=71) seen by social worker

PC Referrals by Diseases



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 O₂ 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

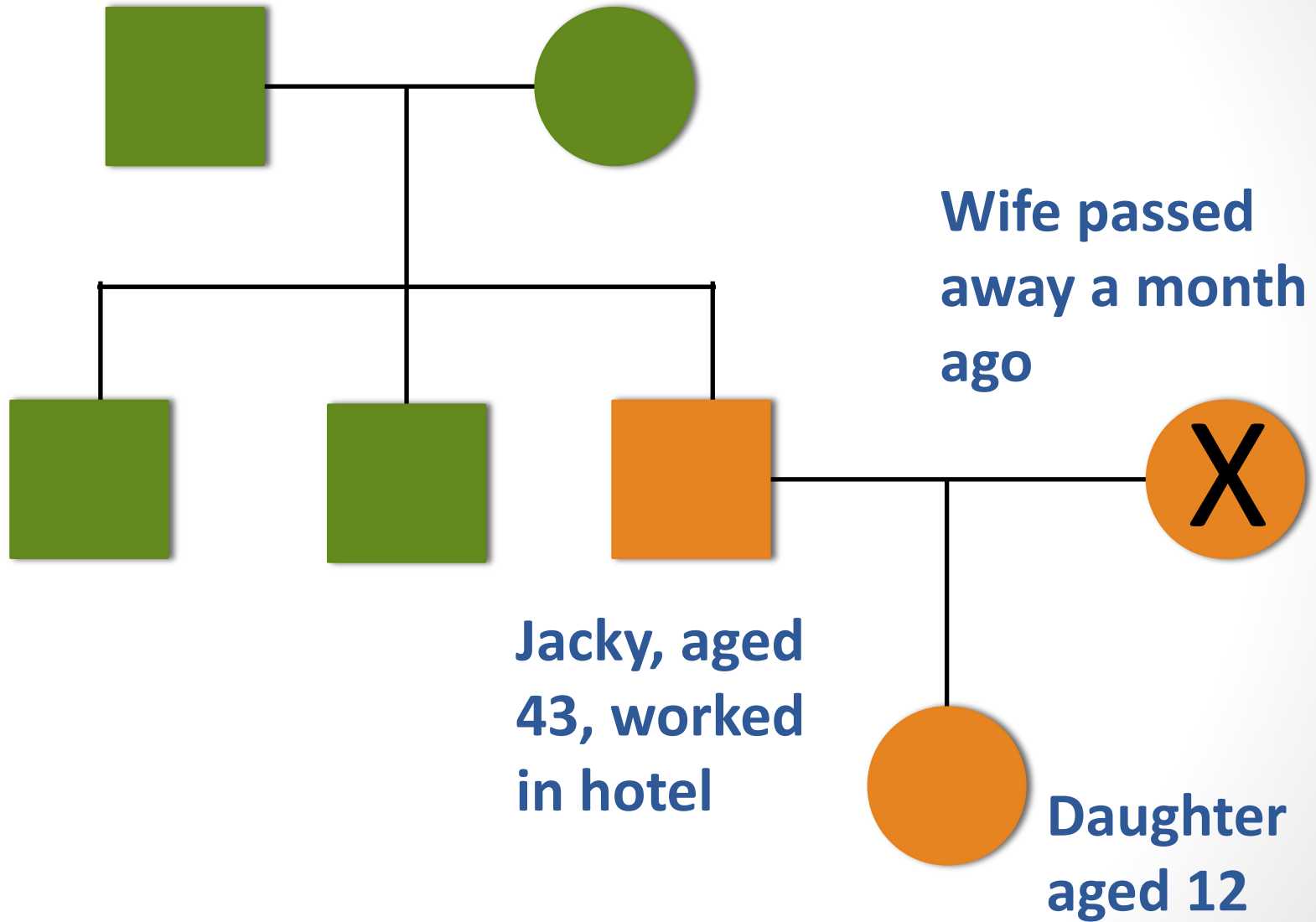
- Sensitivity to time pressure was crucial
- Patient's wish honored
- Family more prepared for the rapid and unexpected deterioration
- Family especially wife very comforted by the fact that the end moments were just what Mr Chan had wanted

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 5th line of Rx

Jacky's Family Tree



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。
為人善終實在是一份不容易的工作，
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。

及後因腦出血引致離世。雖然這段日子我們
一家都很難過，但是在她最後一程中看到你們
對我們家的慰問，特別是對病人給予應有的尊嚴。
這都使我在難過中經歷到清泉及祝福。