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# Palliative Care Consultative Service in Acute Hospital - Impact & Challenges

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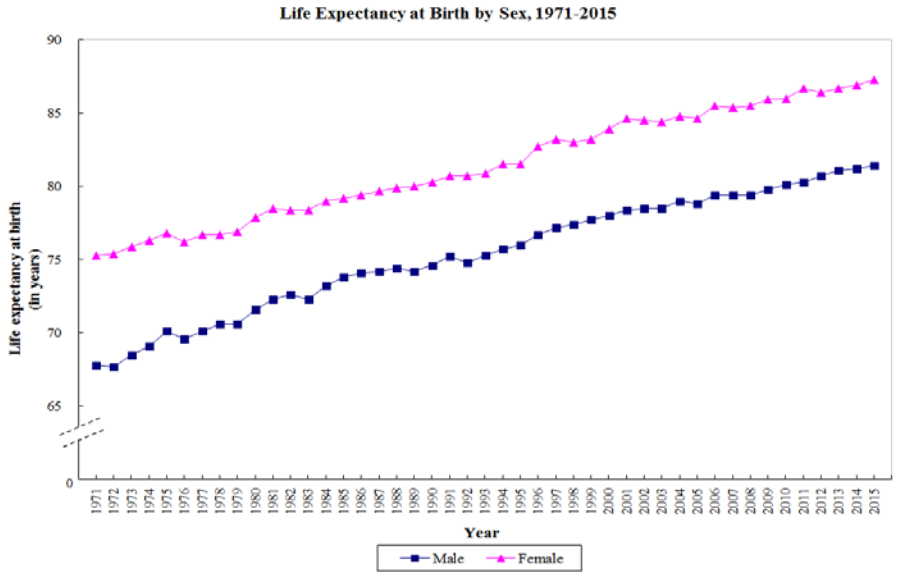
# Contents

- Aging population and palliative care needs
- Palliative Care delivery models
- Palliative Care Consultative Service
  - What is it?
  - How it helps? – Impact
  - What are the difficulties? - Challenges

# Aging Population in Hong Kong



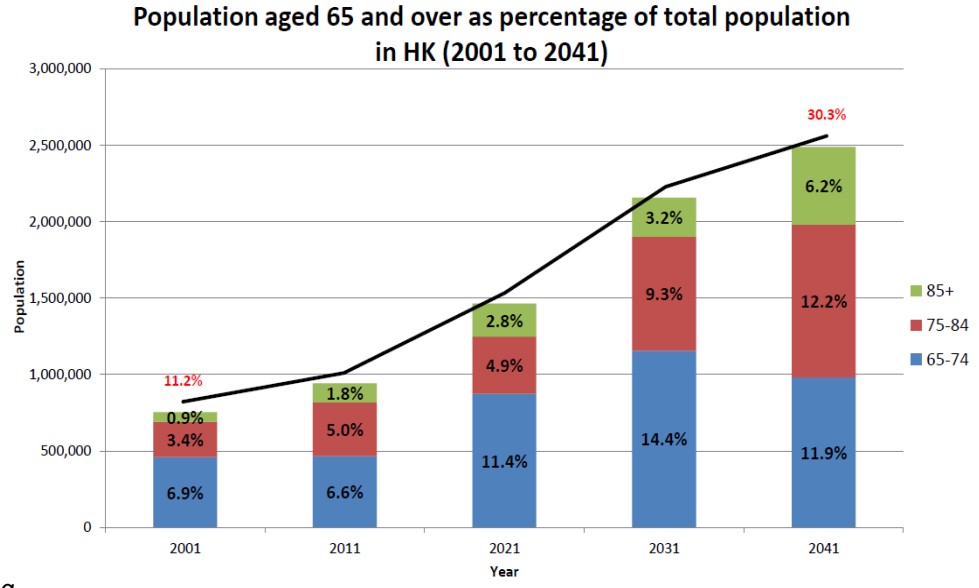

**LONGEST LIFE EXPECTANCY** in the world

From 1971- 2015

Male : 67.8 →81.4 yrs old
Female: 75.3 →87.3 yrs old

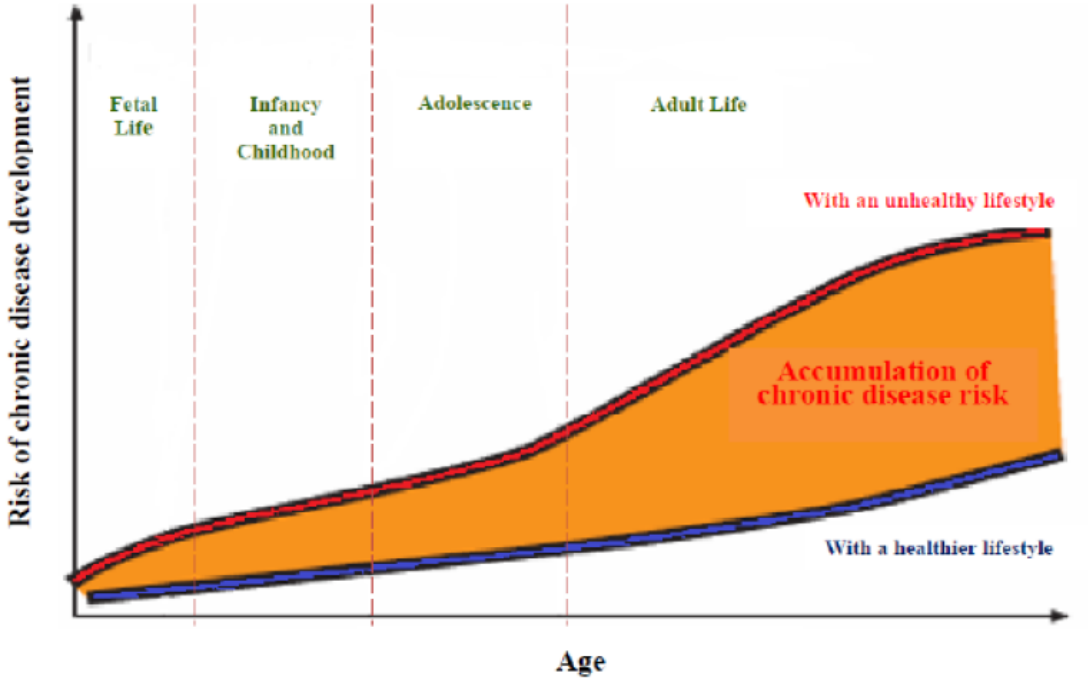
From 2011 – 2041

Aged ≥ 65: 11.2%→30.1%
Aged ≥85: 0.9% →6.2%




*Source: (1) Website of the Census and Statistics Department, Hong Kong*
*(2) Hong Kong Population Projection 2011-2041*

# Aging Population → Change of epidemiology of disease



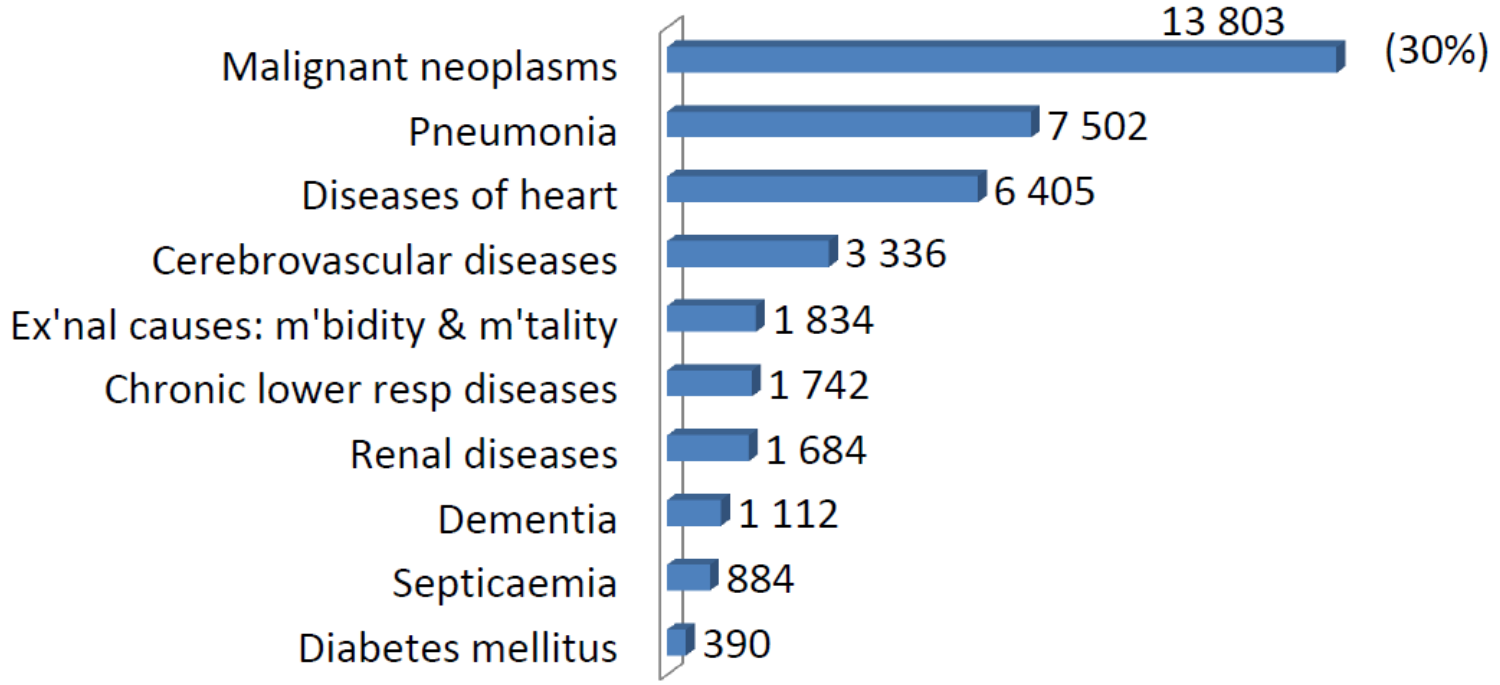

In HK, ***74.6%*** of local people aged 65 or above had at least one chronic disease in 2014

→ *Projected increase in disease burden from age-dependent chronic diseases*

*Source of diagram: (1) Taskforce on Palliative Care Strategic Service Framework, HAHO*
*(2) WHO 2002*
*HK data on chronic disease in elderly: Census & Statistics Department, Thematic Household Survey Report No.58, Oct 2015*

# Aging Population → Change of epidemiology of disease

**Top 10 Causes of Deaths in Hong Kong in 2014**




- Deaths from **cancer and chronic diseases** of lung, heart, neurological systems, kidney and DM accounts for **~ 60%** of total deaths in HK

*Source of diagram: Taskforce on Palliative Care Strategic Service Framework, HAHO*
*Data source: Department of Health*

# Aging Population →↑chronic disease burden → ↑Palliative Care Needs

**Symptoms burden & Impact on family**

**Chronic disease**: Evidences suggested patients with heart failure, COPD, renal failure, dementia had significant **physical and psychological symptoms** burden, poor QOL and physical & emotional **burden of family** comparable with advanced cancer

**Advance Care Planning**

In many local and overseas studies showed that when people diagnosed with life-threatening illness, the way they are told information and involvement in decision-making are important determinants of satisfaction of care


(1) *What are the palliative care needs of older people and how might they be met? WHO 2004*
(2) *Chung RYN et al. Knowledge ,attitudes and preference of advance decisions, end of life care and place of care and death in Hong Kong: A population based telephone survey of 1067 Adults. JAMDA 2017*

# Overseas & local evidences showed that Palliative Care can

1. Improve patient QOL
2. Improve Pain & Symptoms control
3. Reduce caregiver burden
4. Higher respect of treatment preference


1. *Temel et al. Early Palliative Care for Patients with Metastatic non-small cell lung cancer. NEJM 2010:363:8*
2. *Higginson et al. Is there evidence that palliative care teams alter end of life experiences of patients and their caregivers? J Pain Symptom Manage. 2003;25:150-168*
3. *DMW Tse et al. The impact of palliative care on cancer deaths in Hong Kong: a retrospective study of 494 cancer deaths. Palliative Medicine 2007;21:425-433*

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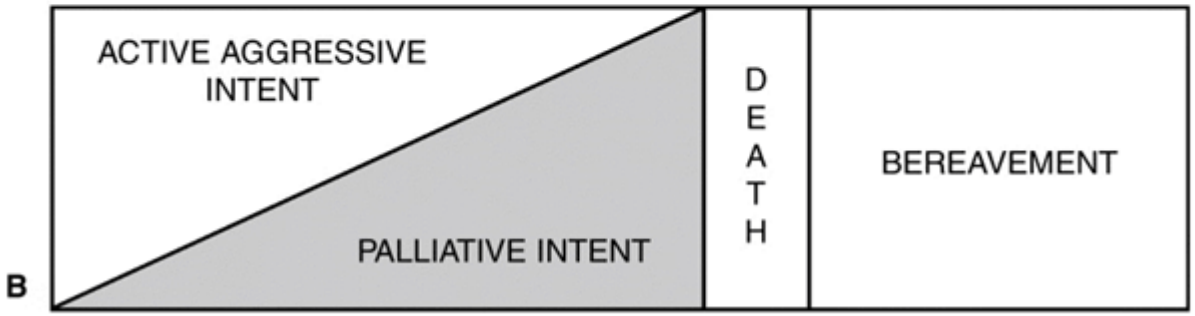
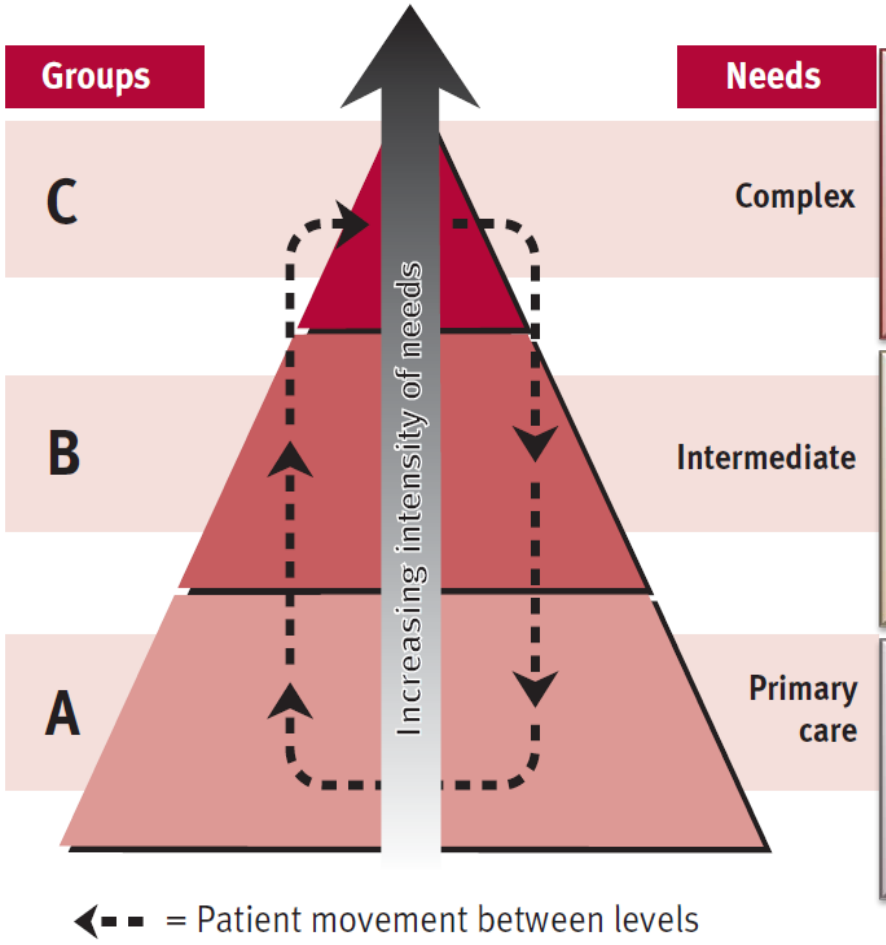



# B: New concept of Palliative Care

Palliative care should be **offered alongside potentially curative treatment**
Treatment intended to modify the disease decreases as illness progress,
While palliative care increases as the person reach the End Of Life
Palliative care also support family and bereavement counseling after patient died

# Generalist Vs Specialist Palliative Care




**C. High Complex Need – Specialist PC care**

Require Specialist PC Multidisciplinary Team individualized care plan, close monitoring

Service modality : e.g. PCU, PC Home care

**B. Intermediate complex Need – Shared care**

Require access to PC specialist for consultation/advice

Service modality: e.g. PC consultative service

**A. Low complex Need – Generalist care**

Care by non-PC specialist with basic PC knowledge

***Model of level of need within the population of patients with a life threatening illness***

*Palliative Care Australia. A Guide to Palliative Care Service Development: A Population based approach 2005*

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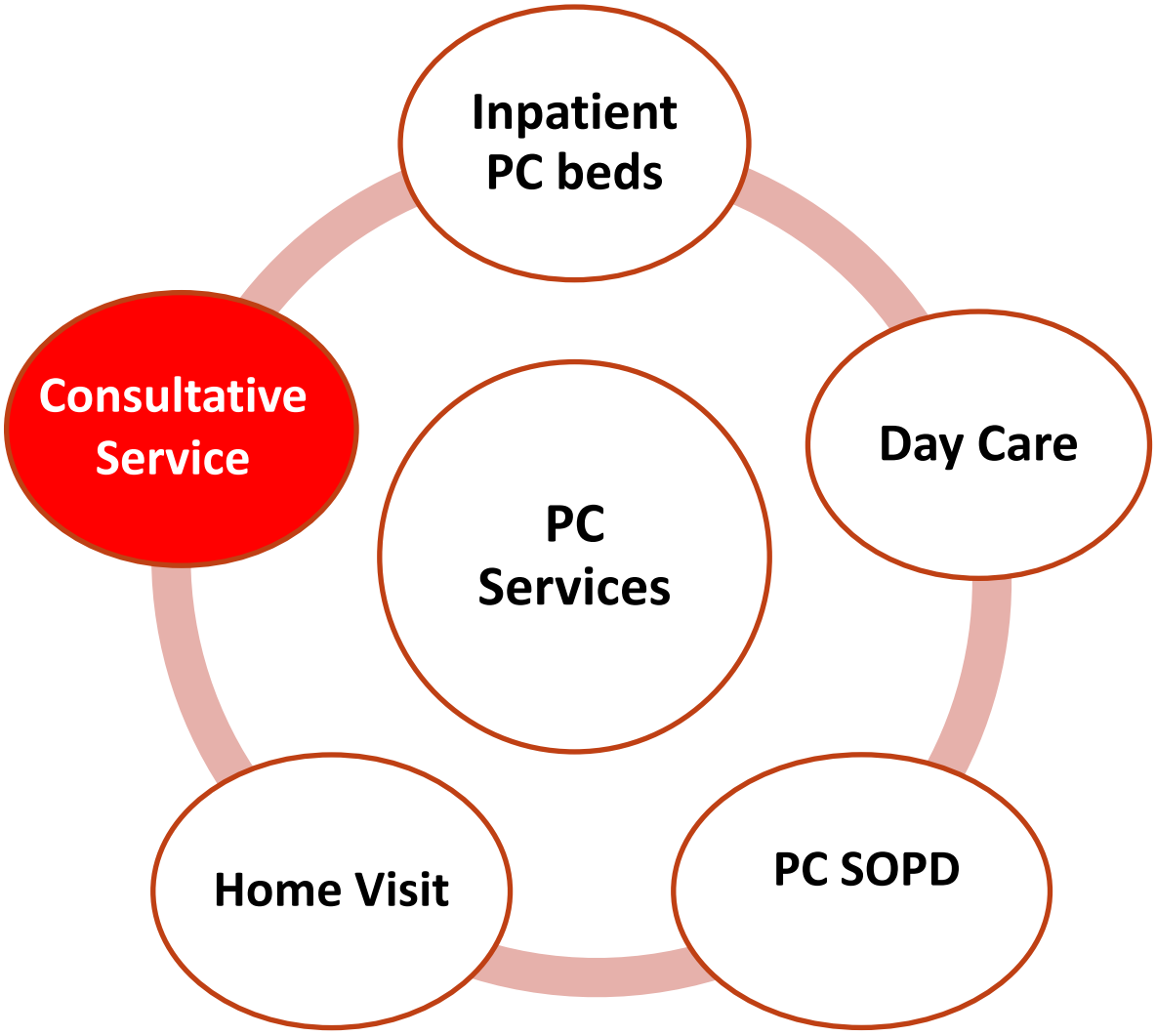
# Service Modalities of PC



# Scope of PC Consultative Service

| | |
|---|---|
| **Symptom control** | Assessment and management of complex symptoms<br>Use of strong opioids and other medications |
| **Advance care planning** | Discussion of goal of care, prognosis & treatment options<br>Transition to palliative approach<br>Decision making on CPR & other LST |
| **Psychosocial spiritual needs** | Handling of intense emotion<br>Come to terms with dying |
| **Care Coordination/ Discharge planning** | Coordination of post discharge care<br>Transitions to another care setting |
| **Care in dying phase** | Recognizing imminently dying<br>Anticipatory prescribing of medications |
| **Caregiver support** | Managing caregiver's stress<br>Anticipatory grief<br>Manage family conflict on patient's care |
| **Communication among providers** | Communicate with parent team & other providers on goal of care |

*RM Adams et al. Palliative care consult team. Textbook of Palliative Medicine & Supportive Care. 2nd Edition.*
*Weissman DE and Meier DE. J Palliative Med, 2011.*

# PC Consultative Team structure

**Optimal team model**

- At least a physician, a nurse, and a social worker specialized in Palliative Care

- Regular interdisciplinary meeting where each patient's care is discussed from different team member perspective

**Time cost/ case load**

- Median time spent in consultation:

  PC fellow – 60 min

- Most consultation time spent on elicit and giving information and providing counseling

*Clinical Practice Guidelines for Quality Palliative Care, 3rd Edition. http://www.nationalconsensusproject.org/GuidelinesTOC.pdf*
*RM Adams et al. Palliative care consult team. Textbook of Palliative Medicine & Supportive Care. 2nd Edition.*

# Referral trigger/criteria

| A potential life-limiting of life-threatening condition and |
| --- |
| **Primary criteria** |
| The "surprise question": you would not be surprised if the patient died within 12 months |
| Frequent admissions ( e.g. >1 admission for the same condition within several months) |
| Difficult control physical or psychological symptoms ( Moderate-severe symptoms >24-48hrs) |
| Complex care requirements: functional dependency, complex home support for ventilator and feedings |
| Decline in function, feeding intolerance, unintended decline in weight |

*DE Weissman & DE Meier. Identifying Patients in need of a palliative care assessment in hospital setting. J of Palliative Med 2011*
*CAPC-IAPL website: http://www.capc.org/iapl/project*

Different hospitals develop checklist help to identify patients at high risk of unmet PC needs and **TRIGGER PC CONSULTATIVE REFERRAL**

Checklists to trigger PC consultation in different setting & disease types

# Impact of PC Consult Team
# Overseas experience

| Patient and family | Health Care system |
|---|---|
| Improvement of **symptoms** | Reduce hospital **readmission** |
| Increase patient and family **satisfaction** | Reduce overall hospital **length of stay** |
| Improve patient's and family **emotional and spiritual support** | Reduce **ICU length of stay** |
| Improved in **Communication**<br>- Right amount of information received<br>- Being listened by team | Increase **access to palliative care** including inpatient palliative care and home care service |
| **Advance Care Planning**<br>- More DNR order<br>- Less received unwanted treatment | Increase likelihood of **dying at home** |
| | Decrease hospital **cost**<br>( Decrease ~ US$2700/ patient/ admission) |


*RM Adams et al. Palliative care consult team. Textbook of Palliative Medicine & Supportive Care. 2nd Edition.*
*RS Morrison et al. Palliative care Consultation Teams cut hospital costs for Medicaid Beneficiaries. Health Affairs 2011*
*LC Hanson et al. Clinical and Economic impact of palliative care consultation. J Pain Sympt Management 2008*
*D Casarett et al. Do Palliative Consultations improve patient outcomes? JAGS 2008*
*NR Connor et al. The Impact of inpatient palliative care consultations on 30-Day hospital readmissions. J of Palliative Med, 2015*
*E Mun et al. Trend of decrease length of stay in the ICU and in the hospital with palliative care integration into the ICU. The Permanente Journal 2016*

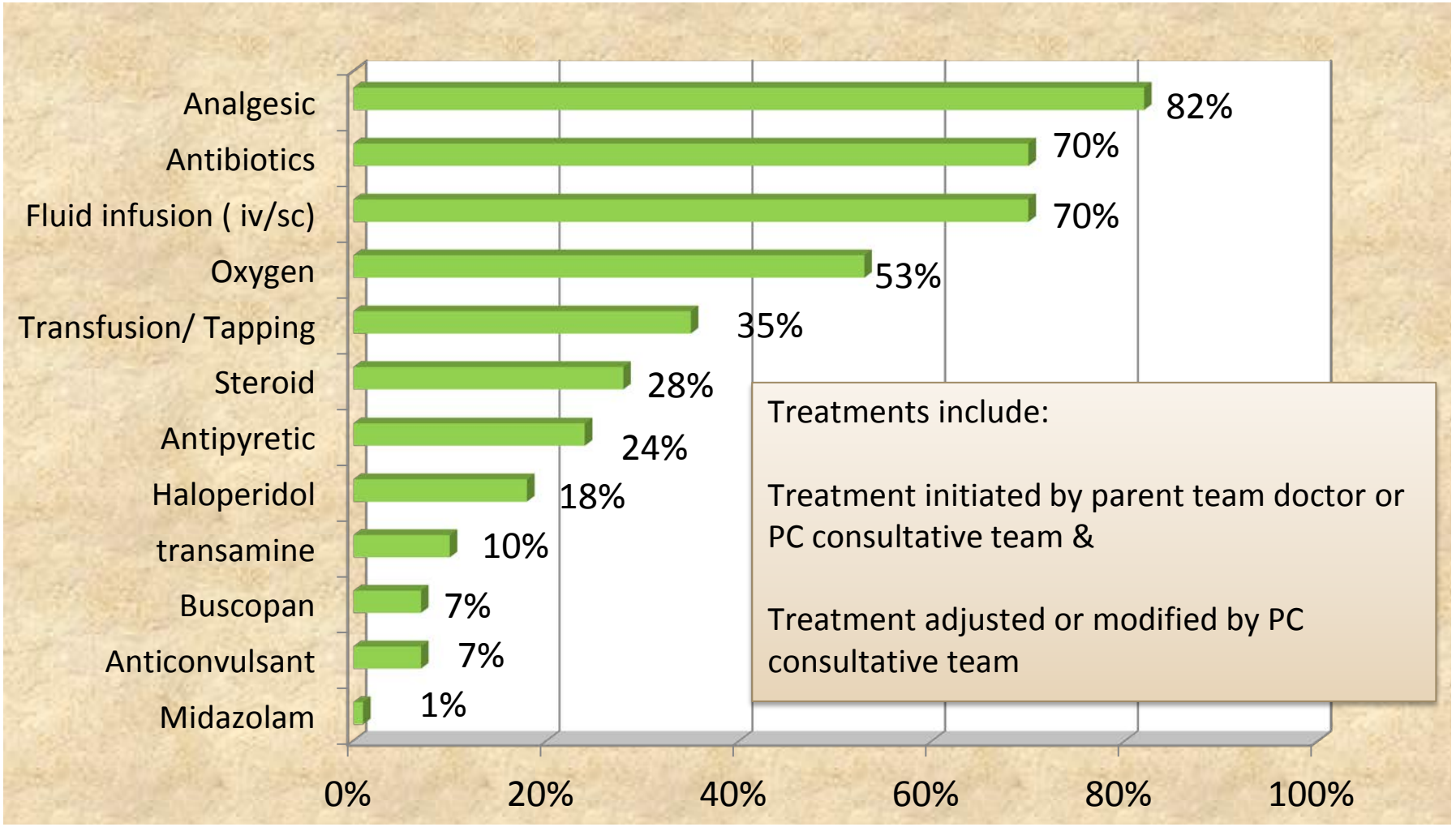
# Impact of PC consultative Service (PCCS) - Local Experience (CMC)

| | Intra-hospital PCCS CMC | Inter-hospital PCCS YCH |
|---|---|---|
| Team Structure | Multi-disciplinary team<br>PC doctor/ nurse/ MSW | PC Nurse ( NC/APN), phone support by PC Consultant |
| Service provision | CMC all department | YCH all department |
| Service availability | Office hrs, sessions in long PH<br>Urgent consultation A/V | 2 sessions/ week<br>No urgent consultation |
| Target population | Cancer and organ failure | Cancer patients awaiting for CMC inpatient PC beds |
| Service start date | > 20 years | Since 10/2014 |
| Data review | July- Sept, 2014, 3 months<br>N=89 | Oct, 2014- Jun, 2016, 20 months<br>N= 298 |

# Local experience – intra-hospital PCCS

## What are the physical interventions received by patients?

*Characteristics of PC consultative service in a regional hospital in Hong Kong. APHC free paper presentation 2015.*



# Local experience – intra-hospital PCCS

## What are the physical interventions provided by PC team?

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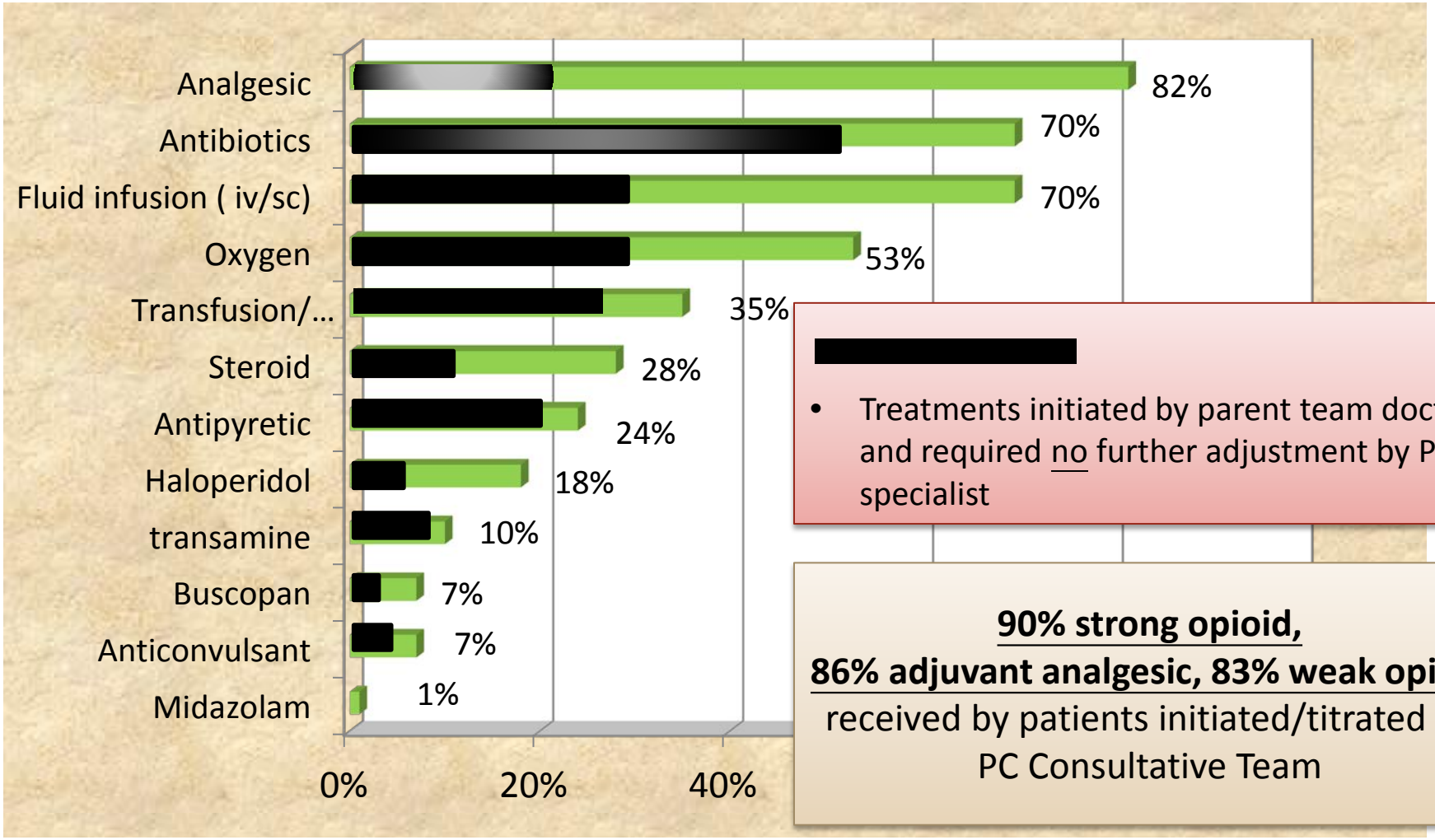


- Treatments initiated by parent team doctor and required no further adjustment by PC specialist

**90% strong opioid,**
**86% adjuvant analgesic, 83% weak opioid**
received by patients initiated/titrated by PC Consultative Team

# Local experience – intra-hospital PCCS

## What are the non-physical interventions provided by PC team?

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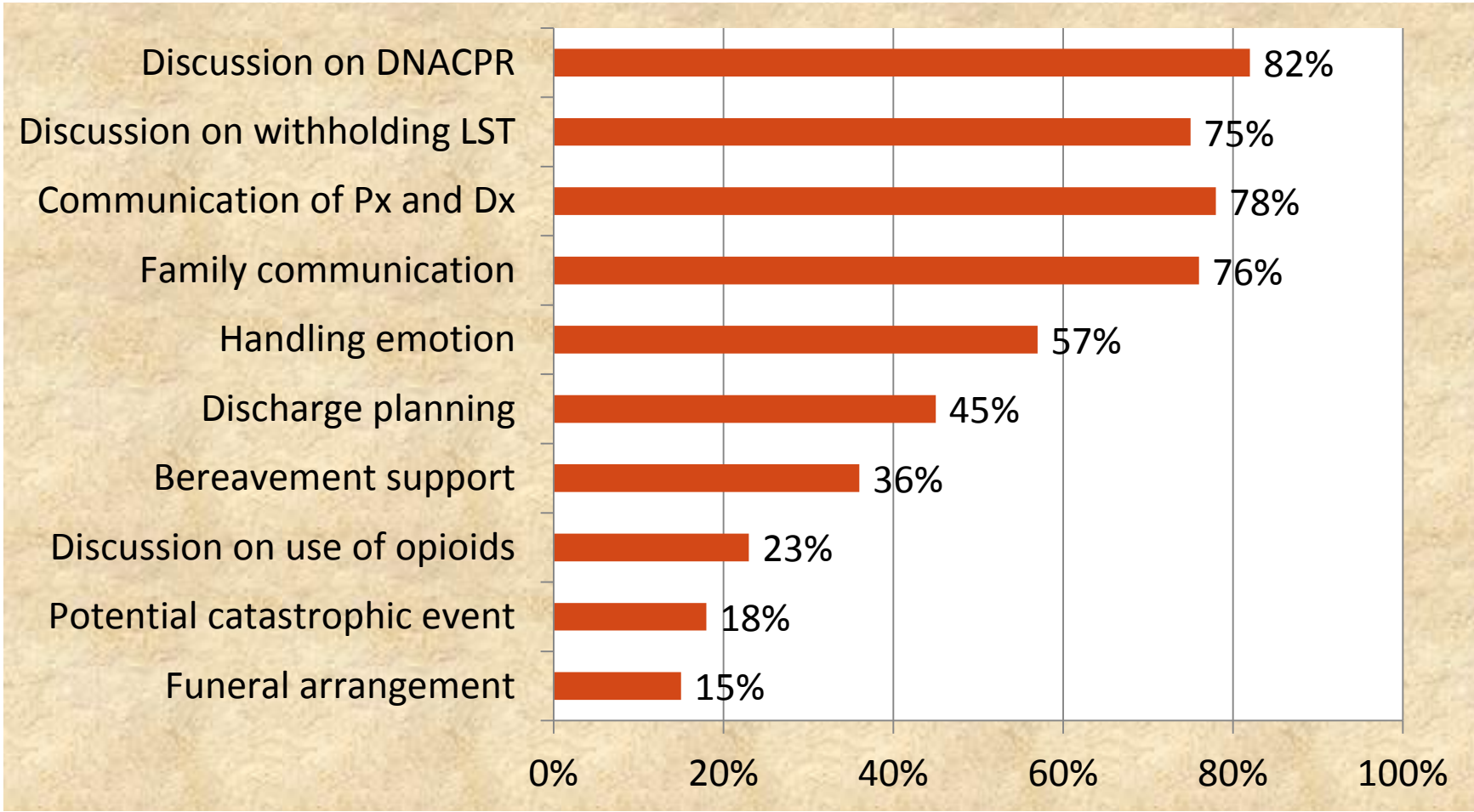
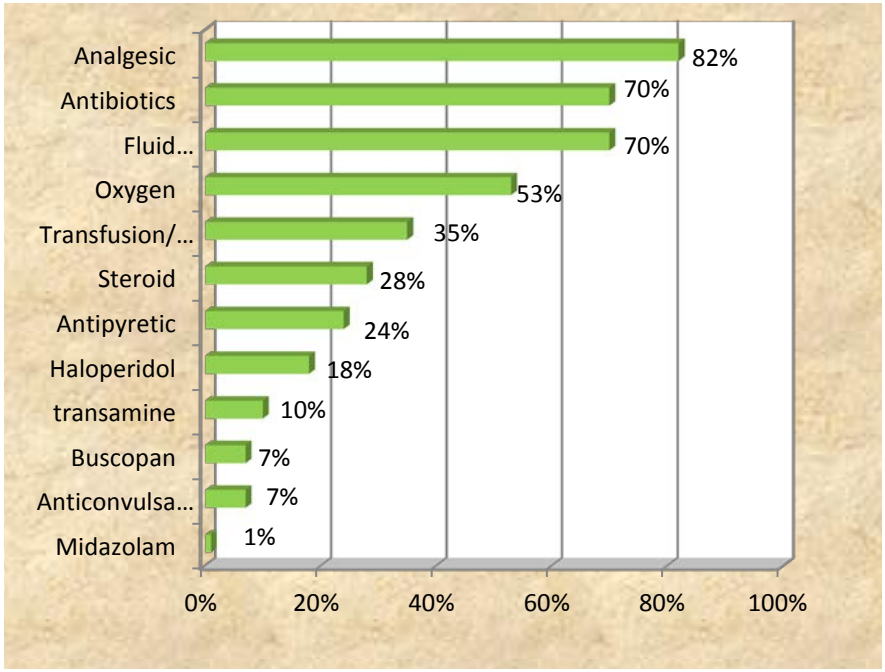
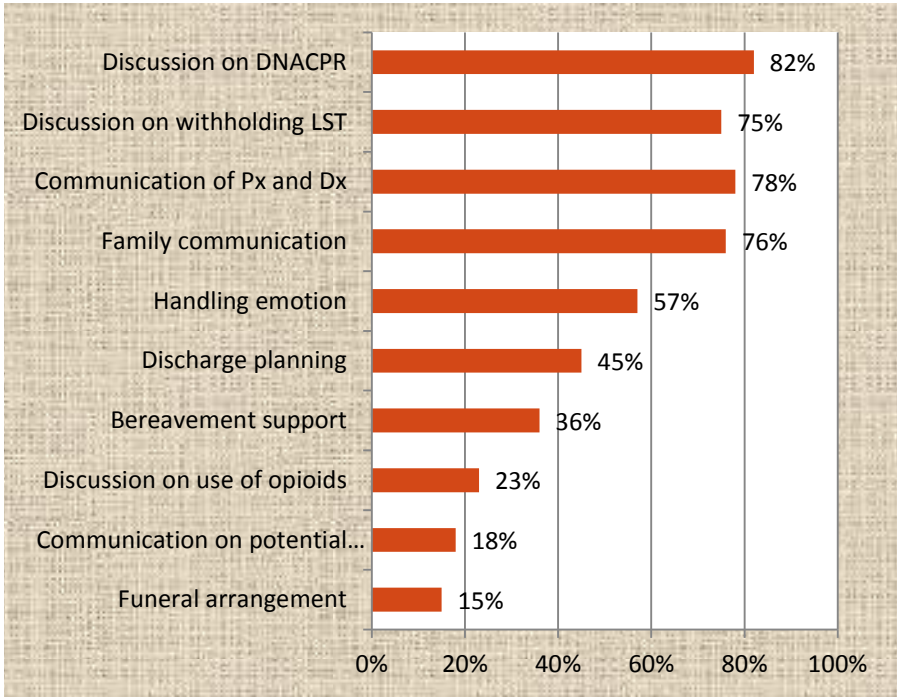





## Physical Intervention

# A shift in focus

## Non-physical Interventions

### Communication/ psychological support

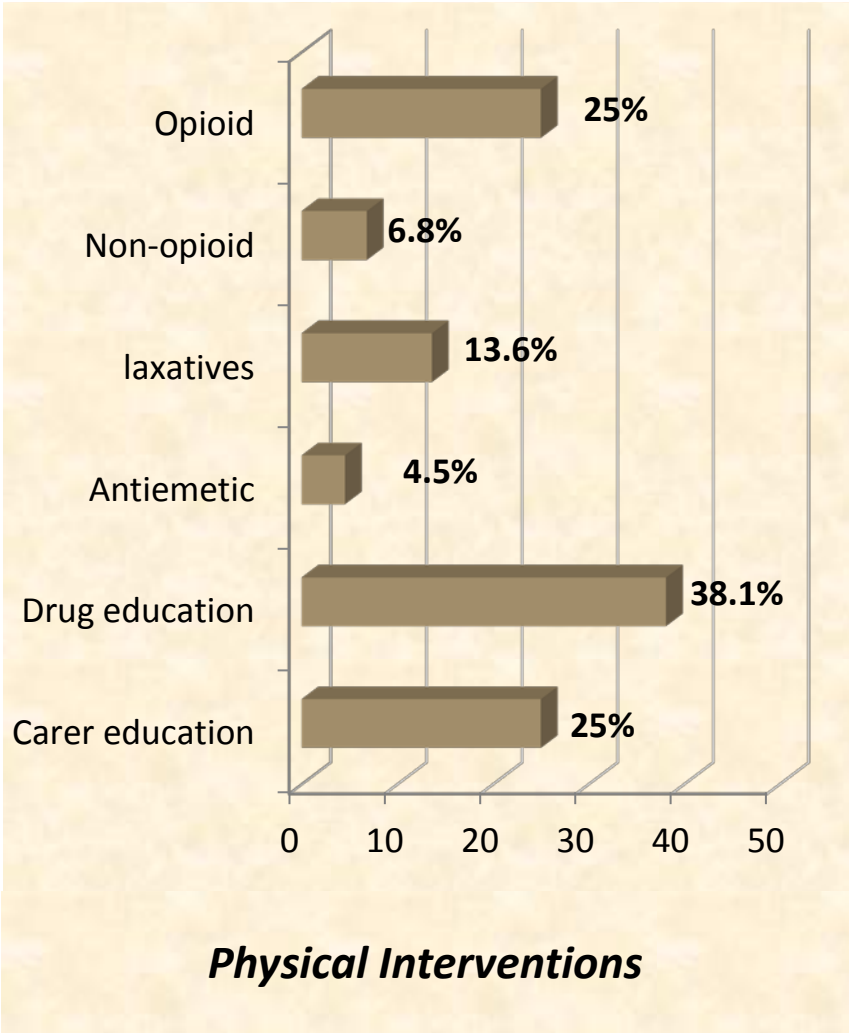
- Information needs
- Advance care planning
- Psychosocial spiritual support
- Family support

Physical interventions cover 78.7% of PCCS
Vs
Non-physical interventions cover 98.9%
P value =0.054

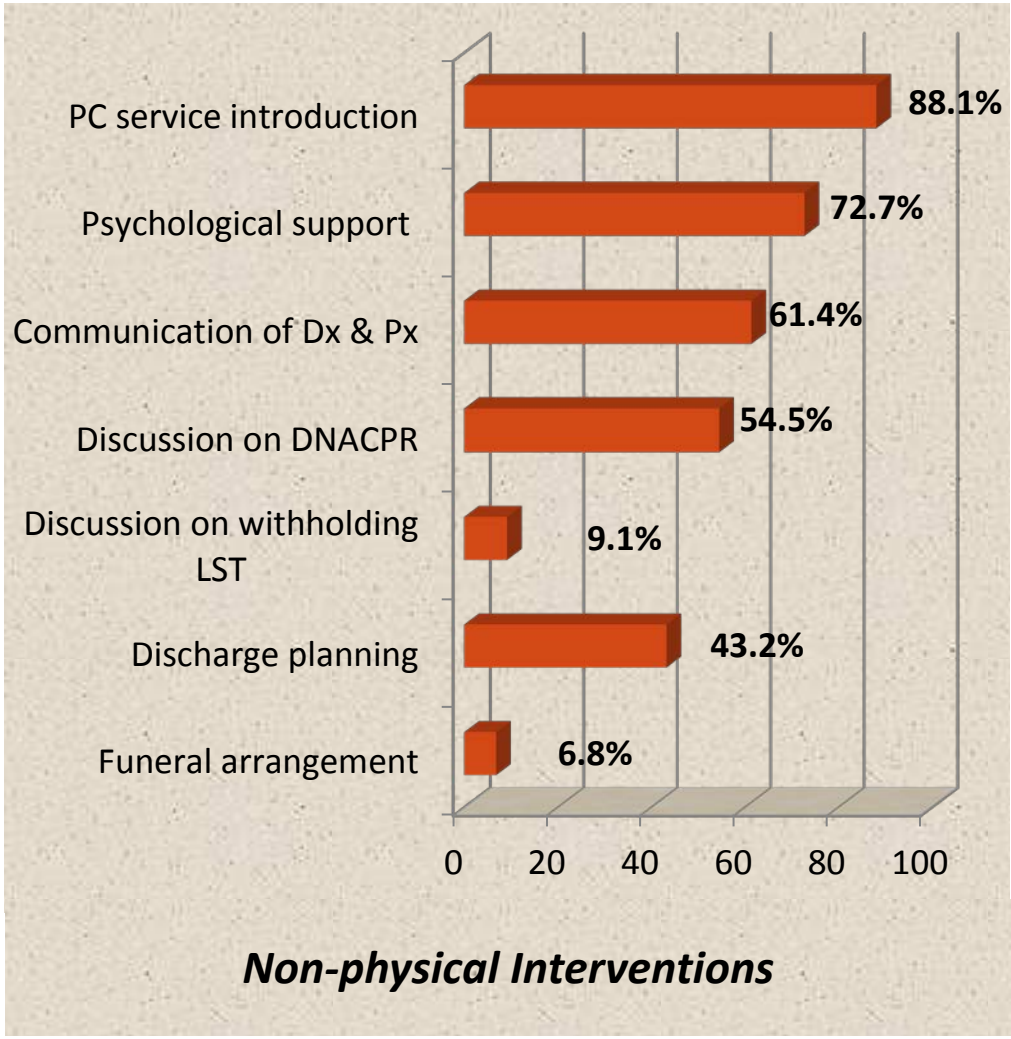
# Local experience – Inter-hospital Nurse PCCS

## What are the interventions provided by PC nurse?

*Inter-hospital PC Nurse consultative Service in Hong Kong. APHC poster presentation 2017.*
*Inter-hospital PC Nurse consultative service in YCH. HA Convention 2015*




***Physical Interventions***

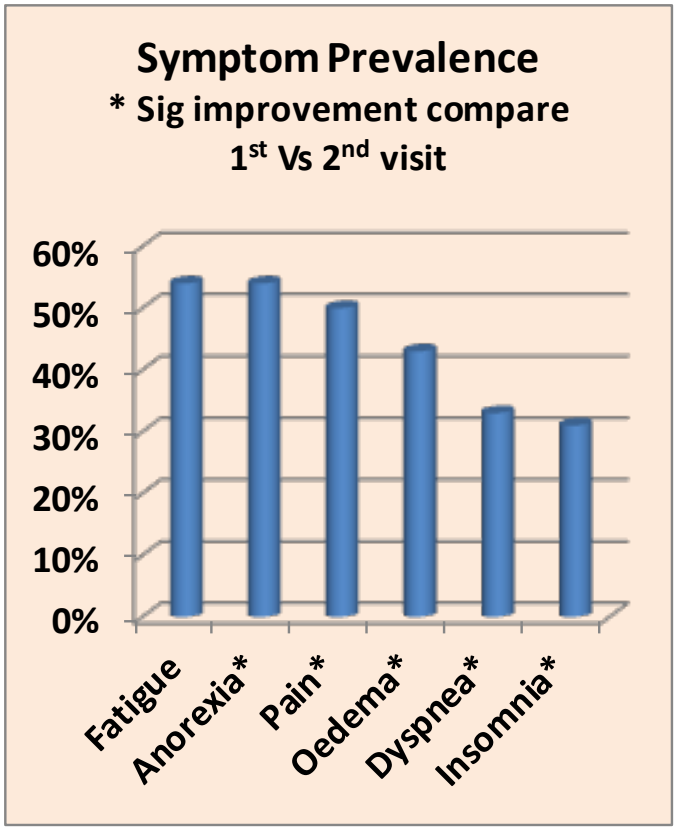



***Non-physical Interventions***

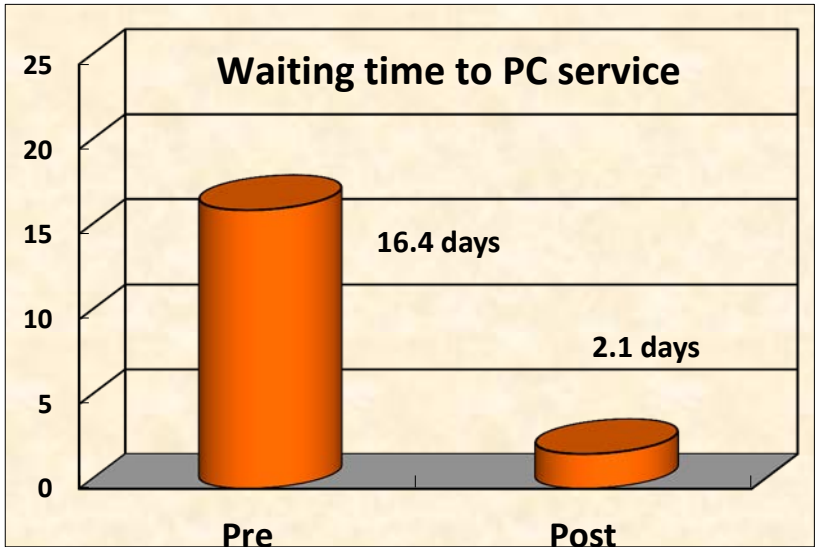
# Local experience – Inter-hospital Nurse PCCS

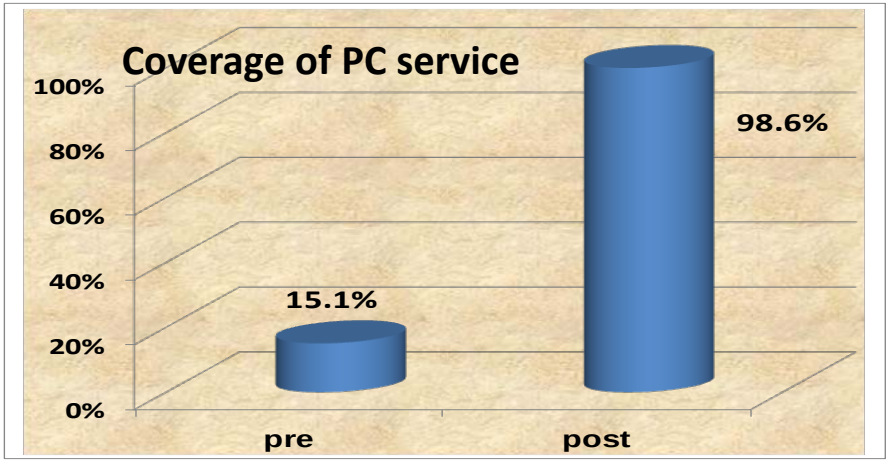
What are the outcome?

## 1. SYMPTOMS improvement




## 2. Improve ACCESS to PC service

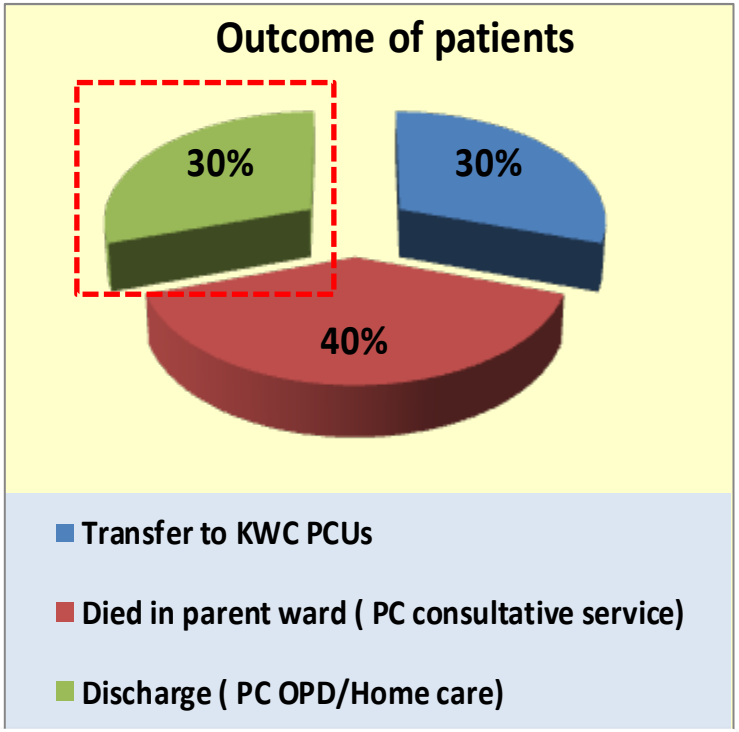


# Local experience – Inter-hospital Nurse PCCS

## What are the outcome?

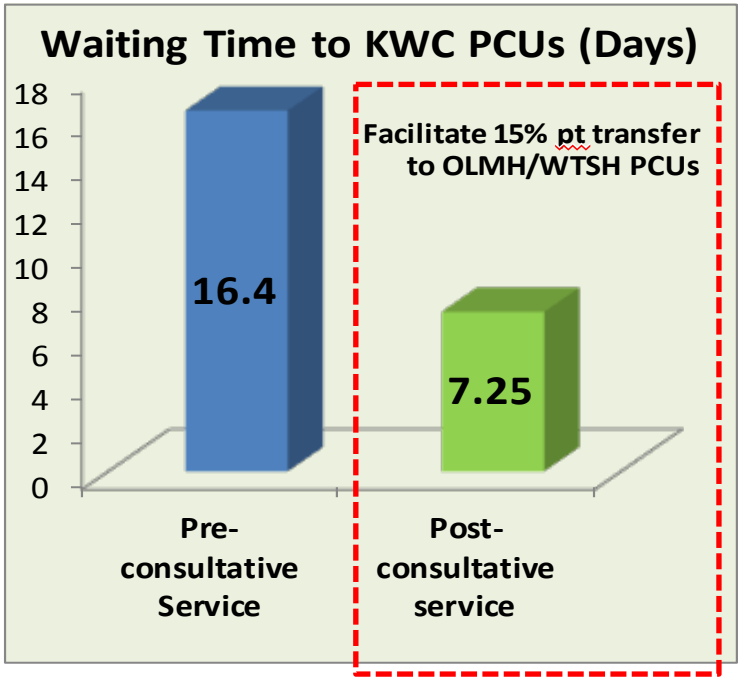
### 3. Facilitate DISCHARGE

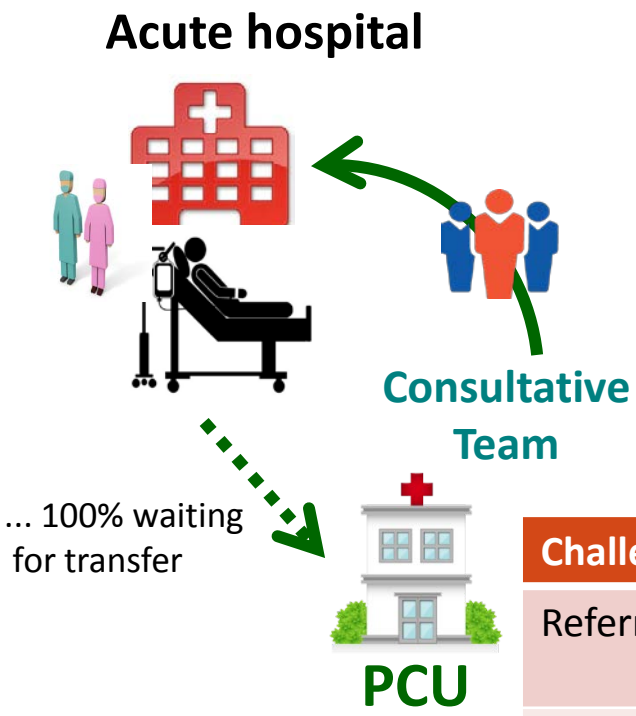



**Intra-hospital PCCS by PC team**:
50% - died in parent ward
35% discharge
15% transfer to PCU

### 4. Reduce WAITING TIME to PC beds

- Triage high complex need patients






# Challenges

## **COLLABORATION** between Parent Team & PC Consultative Team

| Challenges | Possible strategies |
|---|---|
| Referral from parent team | Develop **triggers** to identify patient<br>**Training** to parent team |
| Different need/ expectation from parent team | **Training** on basic PC knowledge to parent team<br>PC consult team **flexible** to meet different needs/ expectation |
| Compliance on recommendation | **Training/skill transfer** to parent team<br>Direct **communication** with parent team<br>Good **communication skill** of PC team |
| Involve different hospitals (staff, culture, system) | **Art of team work** of PC consult team and parent team → cultural change |
| Spatial challenges | Efficient **arrangement** of consultative session in different hospital among PC consult team |


# Take Home message

## PC Consultative Service (PCCS) in Acute Hospital

- Aging population,↑ chronic disease burden, ↑ PC demand
- PC service provision should according to the complexity of need of patients
- PC consultative service is one of the PC service modality shared care with parent team
- Evidences showed PCCS can improve symptoms, communication including ACP, patients/families support and satisfaction of care
- PCCS can improve coordination of health care service (↑accessibility of PC service, triage patient, facilitate discharge, shorten LOS, ↓readmission rate, ↓health care cost)

- Key of success of PCCS are the collaboration between PC consult team and parent team ( skill transfer, communication)

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# End
# &
# Questions