

PS8.2

Medical-social Collaboration

13:15 Theatre 1

Medical-social Collaboration in End-of-life Care – The Hong Kong West Experience*Luk J**Department of Medicine and Geriatrics, TWGHs Fung Yiu King Hospital, Hong Kong*

Older people tend to have multiple co-morbidities. One prospective study revealed that one-year mortality of older people with advanced dementia living in residential care homes (RCHes) was 34%. In order to foster better end-of-life (EOL) care for older people living in RCHes, the Hong Kong West Community Geriatric Assessment Team (HKW CGAT) piloted the EOL Programme for RCHE in collaboration with two RCHes in 2009. In the programme, patients/family members could select one of the two pathways, specifically the Hospital Pathway and Accident and Emergency Department (AED) Pathway. In the Hospital Pathway, elderly would be clinically admitted to a geriatric step-down hospital (instead of an acute hospital) which was suitable for EOL care via an expedited route. In the AED Pathway, elderly would stay in RCHE as long as possible with support from the RCHE staff and EOL team of HKW CGAT. In October 2015, HKW CGAT was one of the four teams to implement the Hospital Authority programme “Enhanced CGAT Services for EOL care in RCHes” in Hong Kong.

In this presentation, the experience of medical-social collaboration between HKW CGAT and RCHes in the implementation of the EOL programme will be shared. The model of “12 Share” (12 S) in medical-social collaboration will be discussed. The 12S model includes share goals and values, share knowledge and information, share programme development, share governance, share manpower and resources, share care, share risk and responsibility, share training, share program promotion, share monitoring and auditing, share researches, share outcomes and rewards.