



**Service Priorities and Programmes**  
**Electronic Presentations**

**Convention ID:** 600

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**A new scope of Occupational Therapy (OT) service for End of Life (EOL) Patients in Residential Care Home for the Elderly (RCHE)**

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**Keywords:**

Community Geriatric Assessment Team

Occupational Therapy

End of life

Residential Care Home for the Elderly

New scope of service

**Introduction**

The Hong Kong West Cluster Community Geriatric Assessment Team (CGAT) had launched a new “Enhanced CGAT Service for End Of Life Care” (ECEOL) Program in RCHE in Oct 2015. The main role of CGAT OT for this group of patients is to help patients improve their quality of life by supporting their engagement in daily life occupation while assisting them in relief from pain and suffering. As the number of RCHE joining the program had increased, the demand of service was anticipated to increase. A new arrangement of CGAT OT designed for their special needs was required to provide earlier, need-based and patient-centered service with relatives’ engagement.

**Objectives**

- i) To provide earlier follow-up visits
- ii) To understand their individualized needs basing on their functional profile, daily activities pattern , medical condition and interview with their care-givers.
- iii) To facilitate relatives’ engagement in formulating patient-centered service.

**Methodology**

Quota in the existing fast-track cycle were reserved for known ECEOL patients discharged from Fung Yiu King Hospital, newly referred ECEOL patients from CGAT and current ECEOL patients in RCHE. Functional assessments were conducted, including Montreal Cognitive Assessment (MoCA) and Modified Barthel Index (MBI). Interventions were provided to patients and education was given to caregivers and/or relatives. Proactive phone calls to patients’ relatives were made to update patient’s functional performance, explain and describe the OT service provided and invite engagement of relatives.

**Result**

Under this new arrangement, the fast-track cycle worked to allow up to 2.4 weeks

earlier in the follow-up visits. In November and December of 2017, 15 ECEOL patients received CGAT OT service. Their mean age was 87. Their mean score of MoCA and MBI were 1/30 and 7/100 respectively. With the provision of seating assessment and adaptation, 6 patients were then sitting out daily in comfortable position safely during mealtimes. 2 of them could even stay behind to participate in social activities. 8 patients were totally bedbound and the focus of service for them was on positioning for pain relief, comfort and minimizing risks of pressure injury. One patient had ADL performance well maintained at supervision level. 10 patients' relatives had been contacted via phone successfully. All of them were thankful to our service. 2 of them expressed explicit appreciation to our service and initiated to get involved in the intervention plan. This new and special arrangement of CGAT OT service has helped to serve the special needs of ECEOL patients.