



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

**Convention ID:** 898

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**Development of a Need-focused Triage System in Palliative Care - Do the Greatest Good for the Greatest Number of Dying Cancer Patients**

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**Keywords:**

Quality of Death

Triage System

Palliative Care

Resource Management

**Introduction**

According to Quality of Death Index conducted by The Economist Intelligence Unit, Hong Kong scored relatively low in the overall rankings among developed regions. In Hong Kong, citizens had a good quality of life but might not have a good quality of death. Dying patients had complex symptom control issues and complex psychological needs. To fulfill the urgent needs of patients and relatives with limited resources, a triage system was developed by the Department of Clinical Oncology in the New Territories West Cluster.

**Objectives**

To maximize patient throughput, staff capabilities and resources availabilities To ensure caring interventions are given appropriately and timely

**Methodology**

Triage System aimed at prioritizing patients based on their condition and providing treatments efficiently when resources were limited. As the conditions of palliative patients changed overtime, patients and relatives could be in urgent needs suddenly. Triage System was an effective tool to cope with such medical emergencies in Palliative Care. According to the self-designed model applied in the Palliative Care (PC) and End-Of-Life Care (EOL), nurses prioritized the needs of patients. In the three-level triage, the severity and ranges of symptoms, the urgency of required interventions and the complexity of the patients' or relatives' situation were the core triage elements. The patients and their relatives would be reassessed continuously by Case Nurses. Category I was Stable. Symptoms were adequately controlled by current management or anxiety level was mild. Category II was Deteriorating. Gradual worsening of existing symptoms or moderate in anxiety level was identified. Category III was Terminal. Death likely would be occurred within 72 hours. Based on the severity levels, nursing interventions would be offered accordingly. To maintain

continuous improvement for the quality of death and the Triage System, complaints and incidents were studied among all level of nurses. Periodic conferences were held by APNs who led the discussions and enhanced the triage skills of nurses.

### **Result**

The number of Transfer-In & Admission increased from 1982 to 2118. In the pain audit, 84% patients were satisfied. In countries with outstanding quality of death like the UK and Australia, triage tools were widely used to handle the increasing demand in Palliative Care. As terminally-ill patients also had urgent needs of care, a Need-focused Triage System could optimize resources and help the right patients receiving right interventions at the right time by the right person.