



Service Priorities and Programmes
Electronic Presentations

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Palliative Care Consultation Service can have a significant impact on clinical outcome: United Christian Hospital experience.

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Introduction

Over the past 10 years, Palliative Care Consultation Service (PCS) has been a signature service in United Christian Hospital. There is a fact that the increasing recognition of the specialty of palliative care resulted in a dramatic growth in the number of consultations made by other specialties. This suggests that PCS has strengths in improving clinical outcomes.

Objectives

The inpatient PCS targeting: (1) to assess and provide expert advice/recommendations to treat symptoms; (2) to communicate and support for decision making meeting personal care needs; (3) to coordinate care system for patients admitted to non-hospice wards interface with other palliative care services (e.g. hospice ward and/or hospice day centre).

Methodology

The palliative care consultation team was consolidated consisting of a physician specializing in Palliative Medicine, a rotating resident, and 2 palliative care nurses delivers consultative services. A social worker and clergy may be involved in the implementation of the PCS recommendations. The service can be accessed by referral basis, referral is made by the primary care physician who identifying patients need palliative care and they would benefit from such care approach. Once a referral is made, the team members provide bedside consultation to patients staying at non-hospice ward. Periodic review was made for the patients whenever necessary. During the consultation, the team members discussed the following issues with the patients and their family members: prognosis and goals of care; selecting interventions and/or treatments that meet those goals; and advance care planning.

Result

From September to December 2012, the PCS team received 266 referrals. The majority of the consultations were requested for cancer patients, but the team also encountered patients with non-cancer diagnoses. Medicine and Geriatric department provided 53% of the referrals, 41.7% and 4.1% came from surgical and orthopedic sources respectively, referrals also from gynecology and, ear nose throat. "Symptom management" and "psychological support" were the most common reasons for

referral by the referring team; and terminal care and caregiver support were the second most common reasons. Pain was the most common symptom found by the PCS team at assessment; other symptoms include dyspnea, nausea/vomiting, and emotional problems. The result from PCS showed a positive impact on patient care in an acute hospital setting and appears to fill a gap in the multi-specialty provision of care.