



## Service Priorities and Programmes Electronic Presentations

**Convention ID:** 705

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### **A pilot program of direct hospital admission for terminal hospice patients**

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#### **Keywords:**

direct admission for terminally-ill patients  
direct admission for hospice patient  
wish of terminally-ill patients  
reducing length of hospital stay

#### **Introduction**

Home is a place where people may feel safety and a sense of wholeness. Many cancer patients express wish of staying at home in their last days of life. A common reason which makes caregivers hesitate to take the frail patients home is that patients may be brought to the A&E Department and admitted to acute hospital wards, instead of back to the parent hospice ward. A program of direct hospital admission was introduced in our unit which aims at providing patients with the quickest way to be admitted to the hospice ward for the end-of-life care or when they develop symptoms that cannot be managed at home.

#### **Objectives**

1.To provide a fast-track admission for terminally-ill cancer patients for end-of-life care;  
2.To facilitate patient's last wish of going home; 3.To reduce the length of hospital stay of patients

#### **Methodology**

1.Patients inclusion criteria: (1) Short-life expectancy (2) Express wish of going home and plan to return to hospital for end-of-life care. 2.Patient was assessed by hospice team before discharge. Home care nurses were informed for home support.  
3.Admission certificate was signed. Patient's caregivers were educated on the direct admission procedure and provided with an informative reminder as well as hot-line enquiry for support. 4.A telephone surveys with standard questionnaires was conducted among the main caregiver of the patients in a post-bereavement follow up.

#### **Result**

Results: 1.From May 2012 to January 2013, 5 patients were recruited into the program. All of them were directly admitted to the hospice ward after discharge home. The length of stay at home ranged from 2-12 days with median 5 days. 2.Caregivers treasured the arrangement under the program. They agreed that the direct admission procedure was smooth and less time were spent in admission process compared to previous hospital admission through the A&E Department. They feel more confident

and less anxious for allowing patients staying at home. 3. All of them were satisfied with the program and suggested that the program is important in the hospice care service. Conclusion: Our results suggest that direct admission of terminally-ill cancer patients is feasible and is welcomed by caregivers. It may also be cost-saving by reducing the length of patients' hospital stay.