



Service Priorities and Programmes
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Continuity of care model for patients with advance non-cancer illness under the non-cancer palliative care program

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Introduction

Patients suffering from advanced illness are prone to be destabilized and have frequent Accident and Emergency Department (AED) attendances and repeated hospital admissions. In order to match the needs of these group of patients, timely delivery of service with continuity of care instead of the rigid appointment schedule is crucial in improving the patient care. The non-cancer palliative care (PC) service at Department of Medicine and Geriatrics composed of in-patient care, out-patient care, and palliative home care, to take care of the patients with advanced non-cancer illnesses e.g. end-stage renal disease (ESRD), advanced heart failure, advanced pulmonary diseases. The designated non-cancer PC beds are non-acute beds at rehabilitation block.

Objectives

(1) To enhance health care delivery by providing continuity of care (2) To minimize AED and acute ward admission

Methodology

Patients enrolled in the program were given a telephone hotline to call back when the condition changed. Patients were screened at specialty clinic for assessment. Patients were admitted to designated non-cancer PC bed if the symptoms could not be managed as out-patient.

Result

From Oct 2011 to Dec 2012, 77 patients admitted to the non-cancer PC beds through the use of telephone hotline. There were 216 episodes that required additional specialty clinic attendance during the period. The new onset of physical symptoms could be settled in 31.5% of episodes, while 68.5% (148) of them required clinical admission for further management. These 148 clinical admissions constituted 22.3% of all admission to the non-cancer PC beds during the period. M:F = 1:1.1. Majority of the patients were suffering from ESRD (64.2%), advanced haematological disease

(22.3%) and advanced cardiac failure (5.4%). The average length-of-stays (LOS) of these admissions was 6.86 days, with almost half of the LOS (49.3%) being ≤ 3 days. There were 83.8% of patients discharge from the hospital, and 16.2% (24) died after the clinical admission. Conclusion: With this program, patients with advanced non-cancer illness can receive a continuity of care by the same team of health care workers who are familiar with the patient and family. The program demonstrated a shorter LOS compared with non-acute setting and PC setting and reduced use of acute resources (e.g. A&E attendance and acute ward admission).