A Review on Post Discharge Support Program for Palliative Care Patients in an Acute Regional Hospital

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Post Discharge Support Program(PDSP) for Palliative Care (PC)Patients

Background:

Optimize discharge and home support for PC patients toward EOL

Implemented since 2011 with collaboration from acute medical wards

Goals:

1) Patients' preference of home as the place of care

2) Early home discharge

3) AED attendances /LOS / Unplanned re-admission

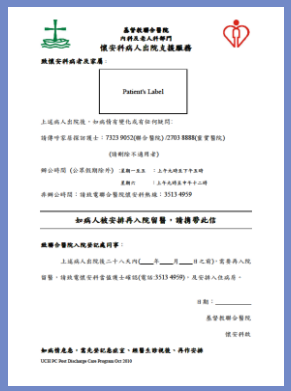
Workflow of Post Discharge Support Program

Selection criteria:

1) Fit for discharge but high risk of re-admission
2) Home as residential place
3) Preference to stay at home
4) Committed caregivers
5) Agree PC home care or KEC Virtual Ward Program

Upon discharge

1) Early PC OPD FU
2) Nurse education
3) Document for direct re-admission within 28 days



At home

1) Home care nurse visit or
2) KEC Virtual ward program (CNS)

If condition changes

1) Nurse input
2) Physician input

+/- Hospital admission

24 hours direct admission to either PC ward or M&G wards

Objectives:

(1) To review the effectiveness

(2) To identify barriers/shortcomings

Methodology:

(1) Retrospective

(2) 1/4/2012 to 31/3/2013

(3) Cancer & non-cancer illnesses

(4) PC home care and ward nurses were interviewed

Results & Outcome:

- N=50.

-Mean duration to death after recruitment to PDSP : 63.27 days

-M = 19 (38%) ; F = 31 (62%)

- Mean age 75.2 (range 27-92)

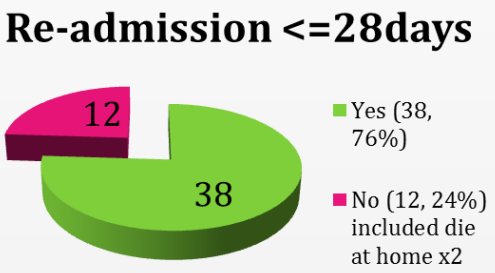
- Cancer 47 (94%) ; Non-cancer 3 (6%)

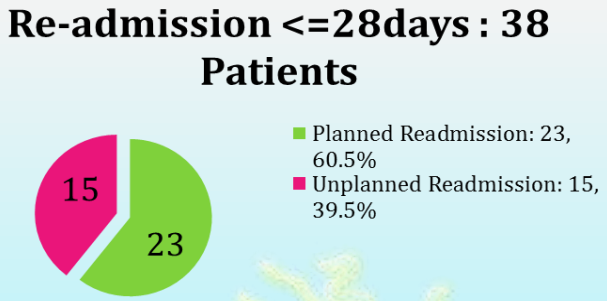
-14 (36%) patients passed away after re-admission

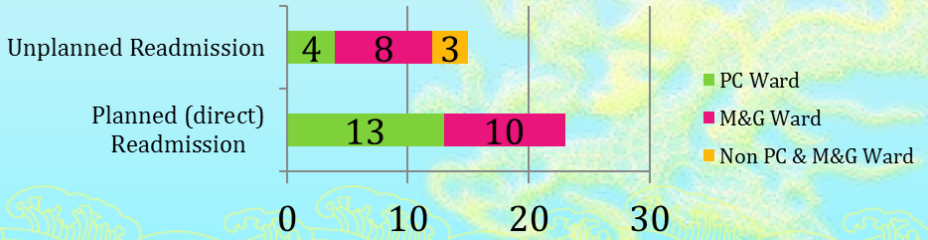
- **2 patients died at home**

- **Average LOS (days) of PC Ward: 9.2 (10/11) → 8.7 (12/13)**

- **Unplanned re-admission 12.5% (2010) -> 9.1% (2013)**







Conclusion

1) Case selection appropriate
2) Patients' preference fulfilled
3) Home death facilitated
4) Waiting time on admission shortened
5) Early discharge facilitated
6) Communication between patients / caregivers and PC team enhanced
7) Communication between PC ward and M&G wards enhanced
8) AED attendances reduced (60% among those who joined)
9) Unplanned re-admission reduced
10) In-patient LOS shortened.

- **Shortcomings/Barriers:**

1) Aged home residents not involved

2) Despite education, some caregivers still unable to follow our program.

Thank You