



**Service Priorities and Programmes**  
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**EMPOWER @ HOME - A Survey on Home Settlement Service for Patients in Palliative Care**

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**Introduction**

Patients in palliative care are in unique needs with health issues. The challenges they face at home would increase risk of patients readmitted to hospitals(1).

**Objectives**

EMPOWER@HOME surveys on home settlement service for patients in palliative care aiming to investigate if the quality of home care would be improved to patients with support from occupational therapists after discharge and to identify which interventions most helpful to patients and their families.

**Methodology**

24 questionnaires were carried out to carers (or patients if no carer available) of in-patients admitted from Mar 2013 to July 2013 and discharged home. The questionnaire would be conducted at three phases, 1) pre-discharge, 2) 1st telephone follow-up within 5 days post discharge and 3) 2nd telephone follow-up within 5 days post-home visit if home visit was provided after discharge. Questionnaire would be focused on 1)confidence level of home care, 2) satisfaction towards occupational therapy interventions, and 3) opinion on the needs of post-discharge service by occupational therapists. Demographic data and re-admission rate would be collected as well.

**Result**

Among 24 of patients, age range was from 41-91 years old (mean age=64.2). Home visit were provided to 17 patients(70.8%) before discharge. ADL training and "Home assessment & Home modifications" were rated as most useful with 45.8% and 41.7% respectively. Confident in home care was rated mean=7.5 before discharge in compared with mean=8.0 post discharge on a 1-10 rating scale (10 as most confident). The average days in community before next admission was 69.2 days with home visit before discharge compared to those without home visit was 19.3 days. 85% of participants considered that both telephone followup and home visit after discharge would be helpful in providing advice in ADL at home. Patients and carers rated satisfaction towards this pilot program with an average of 8.6 on a 1-10 scale (10 as

most satisfied). Home visit before discharge appeared to be helpful to stay in community longer and prevent avoidable admissions. It is worthwhile for occupational therapist to further develop community support for patients in palliative care after discharge home. Future investigation should focus on how and which occupational therapy interventions assist in reducing burden and stress of carers in palliative care since carers experience enormous stress(2).