



Service Priorities and Programmes
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Effectiveness of Pilot study on Educational Group for Enhancing Effective Discharge Planning for Palliative Service in HKBH “安居樂加油站”

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Introduction

Cancer is the leading cause of death in the past 25 years, killing more than 13,000 people and a rising rate of 2% per year. In 2010, 77,831 men and 5245 women died of cancer accounting for 29.9% of all deaths. Palliative service in HKBH is an interdisciplinary team work including patient, care-giver as well as doctors, nurses, CP, Dietitian, MSW, OT, PT and Home care nurses. Palliative care includes many domains, such as physical, social, spiritual, and practical types of need. It should be great if comprehensive care involved in the broad range of services and service providers. Palliative care in Canada shown that more than half program provided to patient was in nature of educational and supportive. The responds in the Kelvin study (2008) shown that 64% receiving direct-care respondents felt it was inadequate and not available when needed. In modern times family members have always been active in palliative home care. The qualitative research in Denmark shown that care-giver felt powerless and alone when they took care of cancer patient at home. However, the care-giver all expressed it was important to be able to fulfill the wishes of their loved one.

Objectives

In order to fill the service gap and empower care-givers, medical social worker (MSW) & Occupational Therapist (OCC) introduce this service to match service between hospital and community. Positive responses from Fielding & Chan study⁴ indicated that educational group intervention is less distressed for care-giver. Based on Cox an Parson's group process, we fulfilled relationship building, empowerment, consolidating common problems, enhancing problem solving, sharing successful experiences and establish network for continuous support.

Methodology

Group intervention in 3 weeks' schedule started in June till December 2013. All suitable care-givers will be referred by ward and completed Carer Strain Index. Jointly shared by MSW & OCC in a group format on related information for 10 mins each.

Result

There expected to have 10 groups of 55 clients involved. Immediate feedbacks from all participants will be collected via survey. Result for 7 groups indicated that 93% of participants felt that sufficient information presented in the group and 100% of participants would like to join this activity again. The Length of stay (LOS) for client attending group is 30.4 days while the LOS (from January to May 2013) for client discharge community is 34.3 days. Further analysis after completion of pilot project at end of December will include care-giver feedbacks, length of stay comparison.