



**Service Priorities and Programmes**  
**Electronic Presentations**

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**A retrospective review on social work service in medical palliative Care Team**

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Social Work Service

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**Introduction**

In March 2012, Social Work Service was commenced in Medical Palliative Care Team in QEH. Social Worker plays a role in providing psychosocial support to patients and their families. The patients were suffered from different chronic illnesses such as ESRF, COPD, neurological diseases and Cancer, etc. The source of referral was from Palliative Care Out-patient Clinic and End of Life program. There was much shorter life-expectancy and limited intervention time for the case from End of Life program. This is a challenge to develop the specialized psychosocial care for the diverse target group.

**Objectives**

In order to provide quality psychosocial care, Social Worker has to identify the specific psychosocial needs by timely assessment and address their needs by appropriate intervention. This review aims to identify the characteristics and specific psychosocial needs of patients and their families and explore the way forward for service development.

**Methodology**

A retrospective review was conducted on December 2013. 62 cases were identified from January to June, 2013 those received Social Work Service in Palliative Care Team. 373 attendances were drawn from these cases in the period of January to December, 2013. The psychosocial assessment form was designed and applied to screen the needs of target. Progress note was documented in each attendance to record the intervention progress. Both of them were included in the review.

**Result**

The mean age of patient was 73.1. 69% were male. 82% of patient lived with family and only 4% lived alone. 77% referred from Out-patient Clinic and 23% referred from End of Life Program. 84% had gone through comprehensive psychosocial assessment. 40% had financial needs. 45% of patient had caring needs. 32 % of patient had emotional needs. 50% of caregiver had emotional needs 53% of patient died before 2014. 85% of their family received bereavement care. Conclusion: For ongoing service development, comprehensive psychosocial assessment and clear documentation should be maintained. With better understanding on the

characteristics and needs, we may further consolidate the case management plan for the patient under palliative care out-patient clinic and End of life program. Bereavement care service should be enhanced.