

HAC 2016 ABSTRACT for Oral Presentations

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Presenting Author: K Y CHAN Dr, GH Assoc CONS(PMU)

Project title

Collaboration using 'Gold Standard framework' –A Review of 3-year Experience of Non-Cancer Palliative Care Project in HKWC

Author(s)

Chan KY(1), Sham MK(1), Li CW(1), Wong MS(1), Lau VWK(1), Jim MH(2), Yip T(3), Wong J(4)
(1) Palliative Medical Unit, Grantham Hospital (2) Cardiac Medical Unit, Grantham Hospital (3) Renal Unit, Tung Wah Hospital (4) TWGHs, Jockey Club Rehabilitation Complex,

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Introduction

Non-cancer palliative care (PC) project was introduced to HKWC since 2011. By using collaborative model with different medical teams (cardiac, renal, respiratory, geriatric and neurology), we chose suitable end organ failure patients for palliative care based on 'Gold Standard Framework' (GSF) criteria during joint round and clinic. The project also involved community collaboration with 'Embracing the Setting Sun' team in an elderly home which serviced a group of blinded patients with medical illness. Direct admissions for symptom control and end of life care to PC unit were arranged as to avoid unnecessary casualty attendance.

Objectives

To study the impact of PC on symptom burden, acute admission rate (AAR) and caregiver burden.

Methodology

1. Service deliverables were estimated between June 2012 to May 2015. 2. Symptoms were evaluated by Edmonton symptom assessment scale (ESAS) in outpatient. 3. AAR and total length of stay (TLOS) in acute and convalescent hospitals for high-risk group were compared 6 months before and after receiving PC. 4. Caregiver burden was assessed by Zariet burden Inventory (ZBI) for 6 months by paired t-test.

Result

1. In total, there were 898 new cases referred with 3824 clinic attendances, 3739 home visits, 4541 social worker consultations and 788 hospice day care attendances during the evaluation period. The primary diagnosis include 56 % congestive heart failure, 33 % end stage renal failure and 11 % (COPD, dementia, myopathy). 2. Notably, renal palliative care patients had high baseline symptom scores. After 3 month of PC, the mean ESAS symptom scores were reduced significantly including pain, depressed mood and edema domains [4.3(3.0) vs 2.3(1.6); 3.2(3.1) vs 1.3(1.1); 2.1(1.7) vs 0.7(0.5), p<0.05]. 3. There were 217 patients identified as high risk for readmission. Mean of AAR and TLOS per patient were reduced significantly 6 months after PC [1.9(1-7) vs 0.9(0-3), 23.6(1-87) vs 10.2(0-45) days respectively, p<0.05]. 4. Advance care plan was made in all patients. 'Direct admission' was made in 58% of the elderly home patients. 5. ZBI scores were reduced significantly after 3 month of PC [32.8(12.2) vs 21.3(6.6), p=0.009] and found insignificant improved at 6 month. This report showed that non-cancer PC project was successfully implemented in HKWC under collaborative model by using GSF.