



Service Priorities and Programmes Electronic Presentations

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Palliative Care Consultation Service in an Acute Regional Hospital

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Introduction

Patients with advanced illnesses are frequently admitted under various specialty beds during their hospitalizations, and are often attended by health care professionals of parent teams with variable backgrounds of training in palliative care (PC). There is constant and growing need for support from PC team.

Objectives

To study the service needs in PC consultation service and to look for room for further improvements.

Methodology

All referrals for PC consultation service in April 2015 were retrieved. Case notes of respective patients were collected with relevant data regarding provision of consultation service recorded and analysed.

Result

During the review period, 76 referrals for cancer patients were retrieved. At time of census 75 (99%) had died. The majority of referrals was from M&G, followed by Surgery. Cancers of GI tract and lung constituted the majority. Most of the patients had not received PC service before. 63% were male. Mean age was 71 years (SD 13; 30-91). 84% were from homes. Median survival was 25 days (IQR 8-52). Median length of stay (LOS) was 10 days (IQR 5-21). The purpose of referral was mostly for PC in-patient bed (96%), followed by symptom control (50%), psychosocial & terminal care (7.4%). 29 (38%) was directly discharged to community, while 27 (36%) died under the care of parent teams. 10 (13%) were taken over for in-patient PC care. 51 (67%) patients had DNACPR order in place when referred. Of these patients, 54 (71%) were seen by palliative care team, constituting 88 first encounters and 18 review encounters. For the first encounters, the coverage rate by doctors and nurses were 92.6% and 70.4% respectively. Median waiting time was 2 working days (IQR 2-3). Patients with longer length of stay and longer time from referral to discharge were more likely seen by PC team. For the consultation processes, distress was identified in 57%. Advice given for symptom control: strong opioids 28%, other

symptomatic medications 63%, non-pharmacological interventions 61%. Exploration with patient (P) vs family members (F) regarding: diagnosis 78% (P), 78% (F); goals and preferences 72% (P), 76% (F); life-sustaining treatments 44% (P), 65% (F). Psychological support was given in 91%. Recommendations for input from other disciplines: medical social worker (each 50%), psychiatry (15%), pain team (15%), physiotherapy (11%), occupational therapy (9%). For facilitating transitions: 19% were waitlisted for PC bed, and 54% were recommended for follow-up at Palliative Clinic. Dying phase was identified in 19% and discharge problems identified in another 19%. Conclusion: (1) significant proportion of patients died under the care of parent team, highlighting the need for PC team input through consultation service. (2) Earlier referral during hospitalization may enhance coverage of PC consultation service.