Service Priorities and Programmes

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Impact of "Round-the-clock" Hospice Program for Patients with Severe Physical or Intellectual Disabilities Living in Residential Homes

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Introduction

Most disabled patients with advanced cancer or end-stage organ failure living in the residential homes would be sent to the acute hospital before death in Hong Kong. Whereas if given the choice, many would prefer their End-of-life (EOL) care to be delivered by the nurse they are most familiar with and in places where they feel most comfortable. Reduction of EOL in acute hospitals also decrease overall healthcare burden and costs.

However, admissions to hospice are generally limited within office hours. Thus, a 'round-the-clock' palliative care (PC) program was established between the Grantham Hospital PC team and a disabled residential home since 2007 to support EOL care in the community.
During initial PC assessment, the preferred place of care and death was explored with the patients and their family as a component of advance care planning (ACP). The goals of care and management plans were also formulated and regular follow-up by PC doctors and home visits were arranged accordingly. Options of direct hospice admission were offered to patients who express wish to die in the residential home or expect to stay in the residential home until the last moment before transferal to a hospice unit.

Objectives

To study the impact of the "Round-the-Clock" PC program on the 'preferred' place of care and death in patients with severe physical or intellectual disabilities living in residential homes

Methodology

The 'preferred' places of death and relevant data were retrospectively reviewed in disabled patients who had ACP arranged by the PC team during 2007 to 2016.

Result

1. 158 patients had ACP discussion with the PC team and 48 (30.4%) patients joined the “Round-the-clock” PC program. 31 (65%) patients suffered from terminal malignancy while 17 (35%) had non-cancer principal diagnosis. All patients and 18 (38%) patients had do-not-resuscitate and advanced directive orders respectively.
2. 44 patients (91.7%) (11 in residential home and 33 in hospice) patients respectively died in their preferred place in patients who joined “round-the-clock” PC program.
3. 4 patients (8.3%) and 84 patients (76.4%) had EOL in the acute hospital setting in patients who have or have not joined the “round-the-clock” program respectively($p<0.001$).

This ‘Round-the-Clock” PC program is highly effective in allowing patients to die in their preferred place and significantly reduce EOL in the acute hospital settings.