

















Enhancing Palliative and End of Life Care Services in Hospital Authority

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Presentation Outline

- Background
- Recent initiatives
- Way forward



















Background















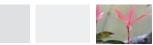
Hospital Authority (HA)

- Established in 1990 under the Hospital Authority Ordinance
- A statutory body tasked to manage all public hospitals and institutions

















Facilities & Services

- 42 public hospitals with over 27,000 beds
- 47 Specialist Outpatient Clinics
- 73 General Outpatient Clinics

Patient throughput per year

In patient discharges	1.63 million
 Accident and Emergency attendances 	2.22 million
 Specialist outpatient attendances 	7.19 million
 Allied health (outpatient) attendances 	2.43 million
 Primary care attendances 	6.19 million



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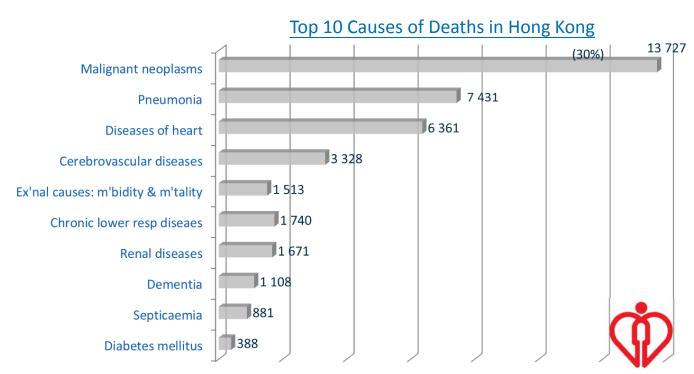






Mortality Scene, 2014

- All registered deaths in Hong Kong: 45 710
- Deaths in HA in 2014: 36 451 (80%)











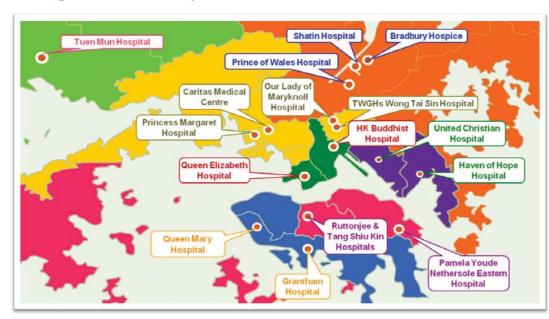






Palliative Care (PC) Services in HA

- Organized & coordinated on a cluster basis in 16 hospitals
- Starting with cancer patients





















Multidisciplinary PC Team

- Doctors
 - PC physicians
 - Oncologists specializing in PC
- Nurses
 - Possess post-registration specialty training on PC
 - Nurse Consultants (PC)
- Allied health professionals
 - Clinical psychologists
 - Social workers
 - Physiotherapists
 - Occupational therapists
- Spiritual workers
- Volunteers (under structured training program)







- Intervention for symptom palliation & psychosocial problems Consultative service for
- shared care with parent



 Continuity of palliative care of discharged patients Management of less acute &complex symptoms Outpatient Care



 Support patients and families in grief Identify persons at high risk of psychological morbidity











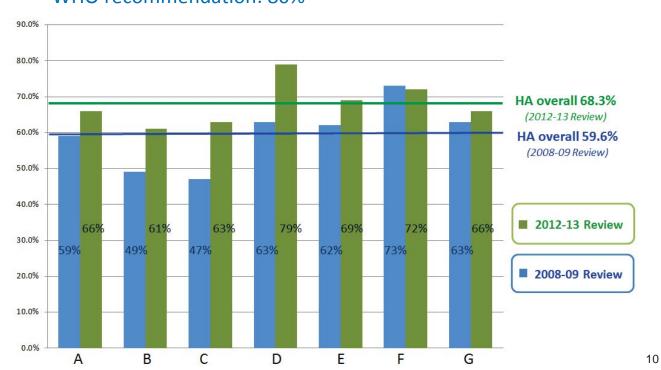




Service Coverage for Cancer Patients

2008-09: 59.6% 2012-13: 68.3%

WHO recommendation: 80%





















Recent Initiatives

















Governance

Formation of Central Committee on Palliative Care to guide policy and service development

- Membership
 - Palliative care physicians
 - Oncologists specializing in palliative care
 - Palliative care nurses
 - Allied health professionals
 - Executives

















Strengthened Psychosocial Services

- Psychosocial services to patients & bereavement care for their families
- Provided by clinical psychologists and medical social workers
 - Earlier identification of patients and family members with severe psychosocial distress
 - Interconnection of physical, psychological, social & spiritual aspects
 - Multidisciplinary, collaboration with community service providers and volunteers





















Enhanced PC Day Services

- Collaboration with community partner
- Established 10 PC Day Centres
- Strengthened care modalities in ambulatory setting
 - Outpatient services
 - Rehabilitation
 - Counselling & psychosocial support
 - Educational activities
 - Peer & volunteers support













Extension to Patients with End-stage Organ Failure

- Mainly renal, also COPD and heart failure
 - Provide appropriate care option other than life-sustaining treatments
 - Improve quality of life and symptom control
- Collaboration model between PC and parent specialties
 - Provide integrated services, e.g. inpatient consultations, outpatient, home care visits and bereavement care
- PC service coverage for end-stage renal patients
 - HA overall (2013-14): 44%



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Enhancement of EOL Care in Residential Care Homes (RCHEs)

Inpatient Deaths in HA by Age

N=36 451 <65 6 644 (18%) 29 807 (82%)

Residential Care Homes	40%
Non-Residential Care Homes	60%

- Community Geriatric Assessment Team (CGAT)
 - Provide outreach medical consultation, nursing assessment, treatment and community rehabilitation
 - Coverage: around 640 RCHEs (90%)







Patients receive 'routine' acute interventions

- CPR
- Tube feeding
- Iontropes
- Mechanical ventilation
- IV antibiotics







Enhanced CGAT support

- Advance Care Planning (ACP)
- Symptom control and psychosocial support
- Support and training to RCHE

CGAT coordination for hospital admission to appropriate setting















Coverage of EOL Care in RCHEs

Year	Cluster
2015-16	 Hong Kong East Cluster Hong Kong West Cluster New Territories East Cluster New Territories West Cluster
2016-17	Kowloon Central ClusterKowloon West Cluster
2017-18	Kowloon East Cluster















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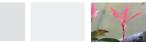
Enabler: Education and Training

Multidisciplinary approach

- Symposiums
- Workshops
- Post-registration Certificate Course in Palliative Care Nursing
- International conferences
- Oversea training and attachment

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Community Project

'Palliative Care in Residential Care Homes'

- Collaboration between the Salvation Army, the HK Association of Gerontology and HA
- Provide one-stop palliative & holistic care to residents and their families
- Pilot in 6 RCHEs
- Test out successful model to improve quality of care at EOL and facilitate dying in place

Enhance manpower support

Strengthen staff attitude, knowledge

Upgrade

facilities

















& skills



Enhanced Facilities for Terminal Care

Individual accommodation renovated in RCHE

Facilitate residents to die in peace with presence

of their families







































Strategic Service Framework and Training

- HA will formulate strategic service framework for PC and EOL care in 2016/17
 - To better guide the development of service model(s) and system infrastructure in HA
 - To address the existing and anticipated gaps in HA palliative care services over the next 5 to 10 years
- Strengthen training and skill transfer to more staff in non-PC teams













- Enhance collaboration and partnership with NGOs, other healthcare providers and the community
- Raise public awareness of palliative care
- Increase service options and improve quality of life of patients facing end of life through palliative care approach





