Enhancing Palliative and End of Life Care Services in Hospital Authority

Dr Su Vui LO
Director of Strategy and Planning

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

<table>
<thead>
<tr>
<th>Service</th>
<th>Volume</th>
</tr>
</thead>
<tbody>
<tr>
<td>In patient discharges</td>
<td>1.63 million</td>
</tr>
<tr>
<td>Accident and Emergency attendances</td>
<td>2.22 million</td>
</tr>
<tr>
<td>Specialist outpatient attendances</td>
<td>7.19 million</td>
</tr>
<tr>
<td>Allied health (outpatient) attendances</td>
<td>2.43 million</td>
</tr>
<tr>
<td>Primary care attendances</td>
<td>6.19 million</td>
</tr>
</tbody>
</table>

Mortality Scene, 2014

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

Top 10 Causes of Deaths in Hong Kong

<table>
<thead>
<tr>
<th>Cause</th>
<th>Volume</th>
</tr>
</thead>
<tbody>
<tr>
<td>Malignant neoplasms</td>
<td>13 727</td>
</tr>
<tr>
<td>Pneumonia</td>
<td>7 431</td>
</tr>
<tr>
<td>Diseases of heart</td>
<td>6 361</td>
</tr>
<tr>
<td>Cerebrovascular diseases</td>
<td>3 328</td>
</tr>
<tr>
<td>Ex’nal causes: m’bidity &amp; m’tality</td>
<td>1 513</td>
</tr>
<tr>
<td>Chronic lower resp diseases</td>
<td>1 740</td>
</tr>
<tr>
<td>Renal diseases</td>
<td>1 671</td>
</tr>
<tr>
<td>Dementia</td>
<td>1 108</td>
</tr>
<tr>
<td>Septicaemia</td>
<td>881</td>
</tr>
<tr>
<td>Diabetes mellitus</td>
<td>388</td>
</tr>
</tbody>
</table>
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)
Care Continuum of PC Services

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

Inpatient Care & Consultative Service
- Continuity of palliative care of discharged patients
- Management of less acute & complex symptoms

Outpatient Care

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

Day Care & Home Care
- Optimize symptom control & rehabilitation
- Provide psychosocial care for patients and their families in the community

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%

Enhancement of EOL Care in Residential Care Homes (RCHEs)

- Inpatient Deaths in HA by Age
  - N=36 451
  - <65: 6 644 (18%)
  - +65: 29 807 (82%)

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

Patients receive ‘routine’ acute interventions
- CPR
- Tube feeding
- Iontropes
- Mechanical ventilation
- IV antibiotics

Enhancement of EOL Care in RCHEs

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**

<table>
<thead>
<tr>
<th>Year</th>
<th>Cluster</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015-16</td>
<td>Hong Kong East Cluster</td>
</tr>
<tr>
<td></td>
<td>Hong Kong West Cluster</td>
</tr>
<tr>
<td></td>
<td>New Territories East Cluster</td>
</tr>
<tr>
<td></td>
<td>New Territories West Cluster</td>
</tr>
<tr>
<td>2016-17</td>
<td>Kowloon Central Cluster</td>
</tr>
<tr>
<td></td>
<td>Kowloon West Cluster</td>
</tr>
<tr>
<td>2017-18</td>
<td>Kowloon East Cluster</td>
</tr>
</tbody>
</table>

**Enabler: Education and Training**

- **Multidisciplinary approach**
  - Symposiaums
  - Workshops
  - Post-registration Certificate Course in Palliative Care Nursing
  - International conferences
  - Oversea training and attachment
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

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
Strengthen Partnership

- 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

Thank you!