



International Conference on
Community End-of-Life Care
Sustainable Development and New Frontier

**Hong Kong Palliative Care Social Work :
From the Lens of Stakeholders**

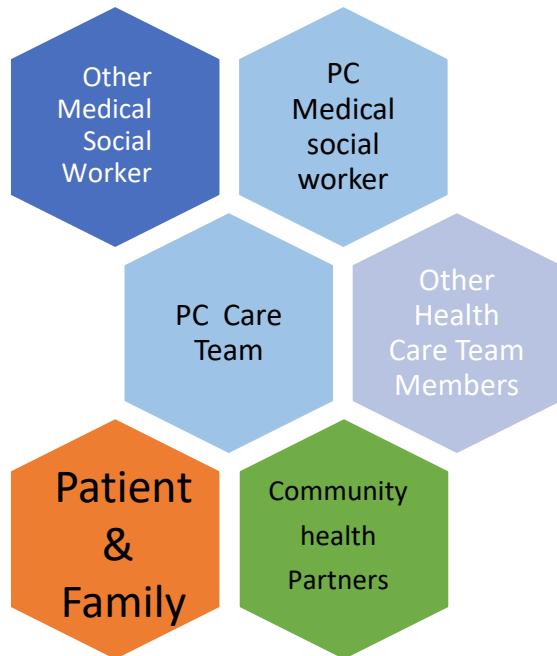
Margaret Suen, RSW, FT

June 2021

Hong Kong Palliative Care (PC) Social Work

- ❖ Disease Journey
- ❖ Palliative Care Service Development in HK

the *Stakeholders*



Terminology in HK :
Medical Social Worker (MSW),
Medical Social Work in Palliative Care (PC MSW)
Health Social Worker

the *Eras*

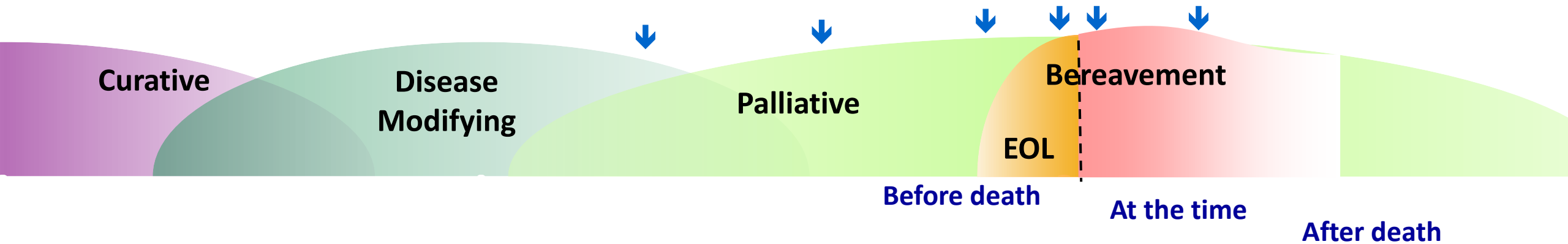


Workforce

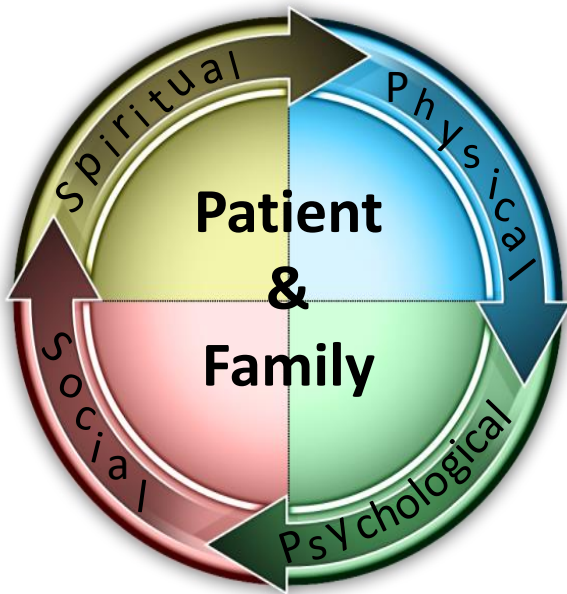
Roles & Contributions

Training & Credentials

The Disease Journey



Palliative Care Social Work



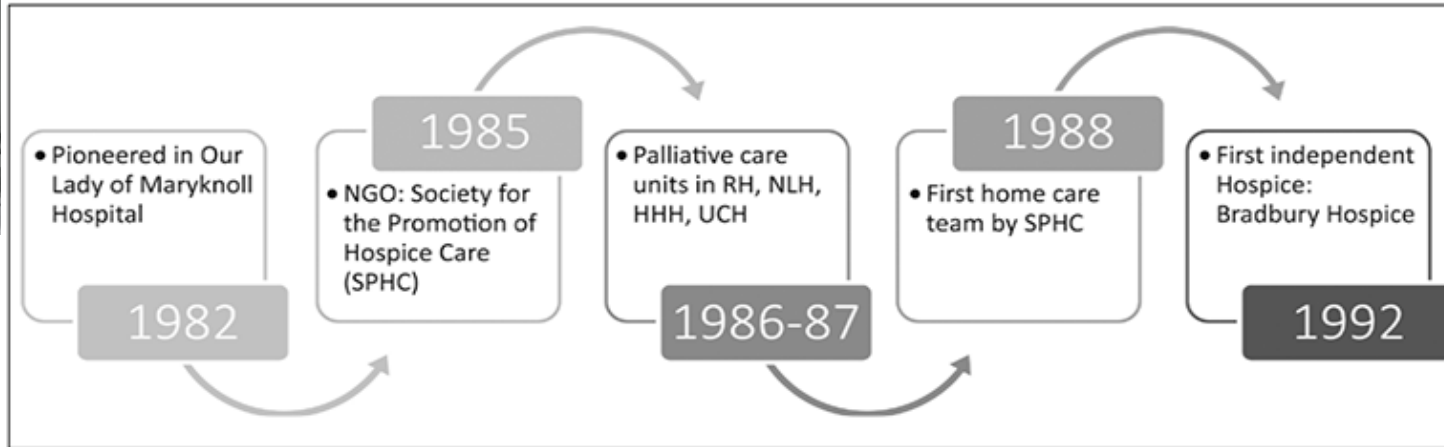
- Interconnection of physical, psychological, social & spiritual
- Need-based
- Key time points of psychological stress
- Targeting patients and family caregivers
- Multidisciplinary involvement
- Collaboration with community service providers and volunteers

The Development of Hong Kong Palliative Care & PC Social Work

The Era



Workforce

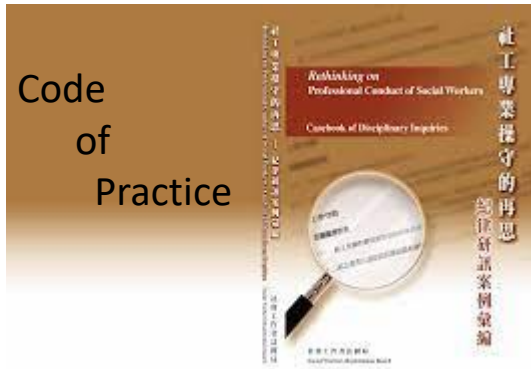


(WM Lam, Palliative Care in Hong Kong, HK Practice, 2019)

- Small team, multi-duties, rotation & duty assignment basis
- 'on your own' and 'out of your own'
- support, training, supervision is scanty



Roles & Contributions



Social Worker Registration Board, HK

Medical social workers (MSWs) are stationed in public hospitals and some specialist out-patient clinics to provide timely psycho-social intervention to patients and their families and help them cope with or solve problems arising from illness, trauma or disability. As a member of the clinical team, MSWs play an important role in linking up the medical and social services to facilitate patients' recovery and rehabilitation in the community.



- ✿ To assist patients and their families with **Emotions or daily living problems** arising from illness, trauma, or disabilities
- ✿ To enable patients to make **best use** of medical/rehabilitation **services** in medical institutions and the community
- ✿ To contribute to the total rehabilitation (physical, medical, and social) of patients, **and their re-integration**
- ✿ To strive for the promotion of **Health awareness** for patients, their families and the community

Medical Social Service, Social Welfare Department, HK

- Code of Practice as foundation, Medical (Hospital) Social Service is reference
- Generic approach



Training & Credentials

Recognized Training Institutes

HK / Non-HK

- Diploma training in SW
- Undergraduate Training in SW
- Post-graduate Training in SW

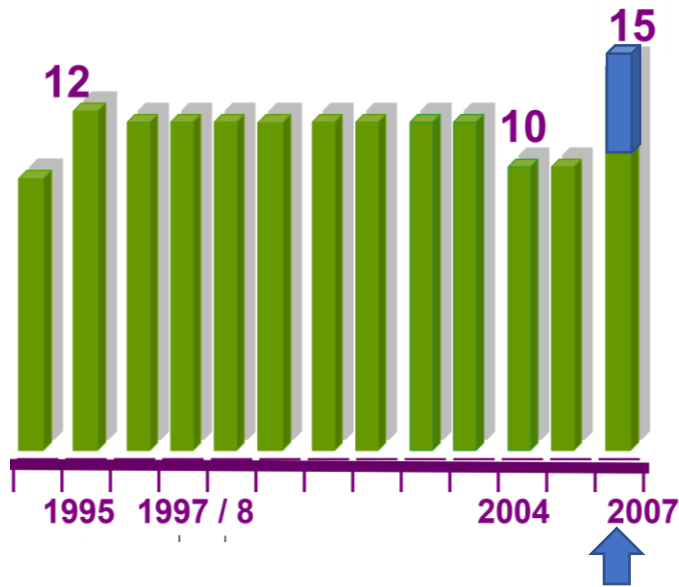


Registered social worker

- Basic Social Work Training
- Health & Mental Health, Death and Dying as elective, available only in some training institutes but not all
- Local PC training is limited, quality and structure varied, mainly by NGO



Workforce



LKS Foundation Hospice Program

Manpower Available (Strength in full-time equivalent)		2007
Doctor	21	
Nurse	201	
Medical Social Worker	7.5	5

HA Monthly Report on PC Service, 2010

- Social Work Departments of different administration
- Palliative Social Worker under different governance
 - Hospital Social Work Department
 - Clinical Team
- ↑number , lack of coordination
- Absence of PC workforce measurement
- Diverse in PC service scope, and no service evaluation

The “good will” Era

The



Era:

Arising from

Workforce

: social worker vs PC (designated) social worker

- What are the Patient Needs in Palliative Care, EOL, and Bereavement?
- How could it be addressed ?
- How to achieve consensus ?
- What are the expertise required ?



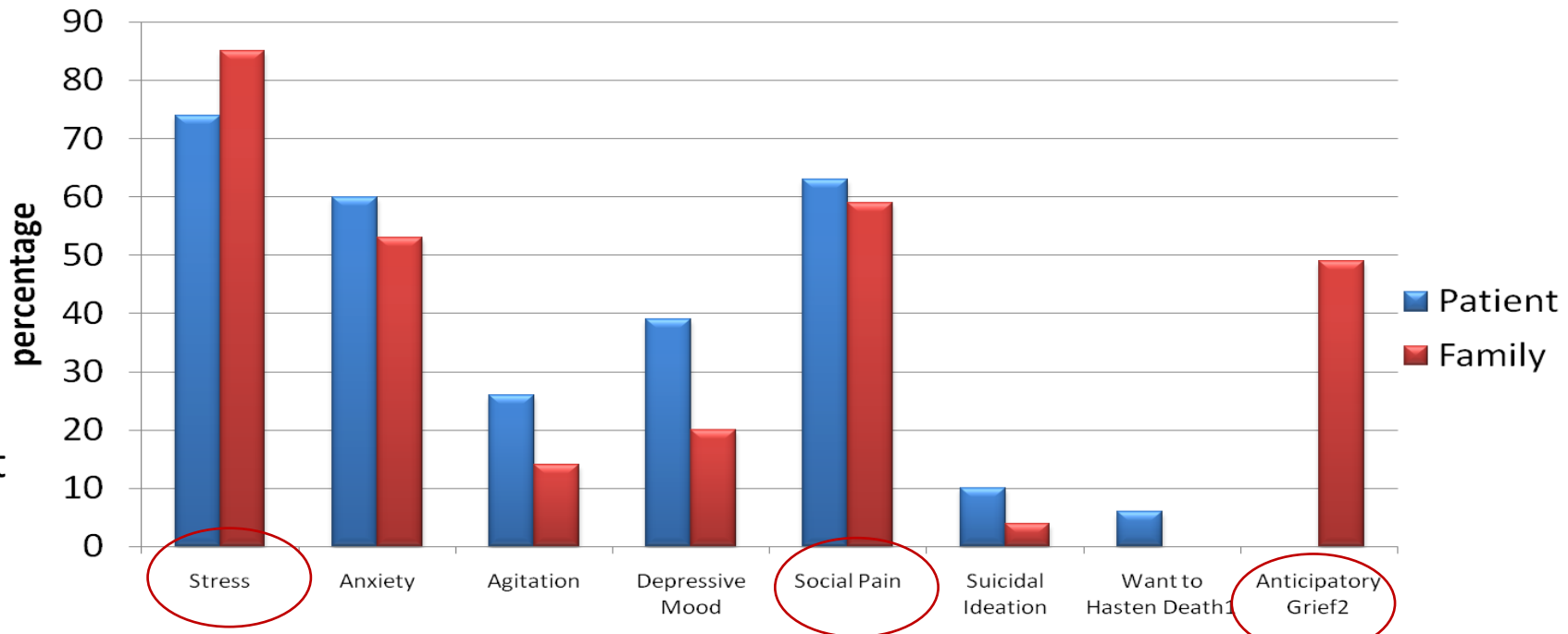
Roles & Contributions

Patient
&
Family

Other
Medical
Social
Worker

The first structured PC SW service review in 2009

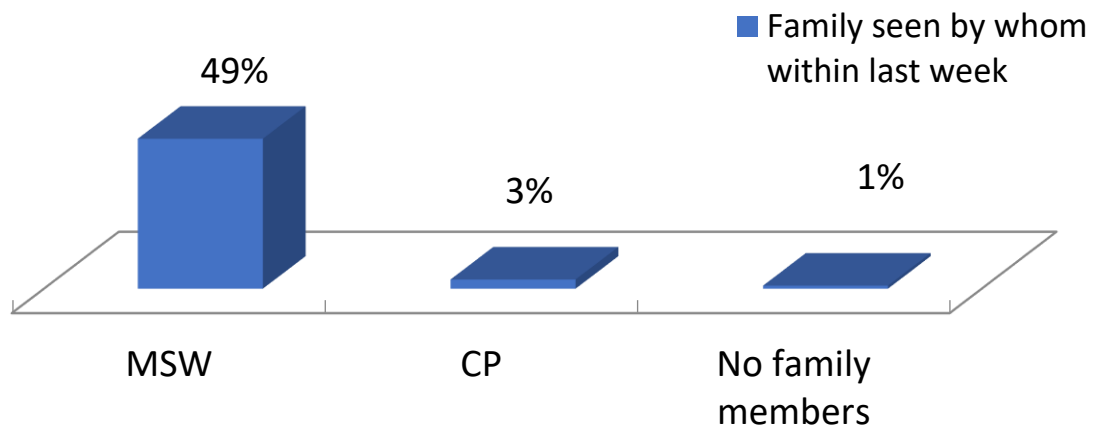
- **7** Medical Social Work **units** providing PC services
- **84 social work service records** randomly drawn for data analysis



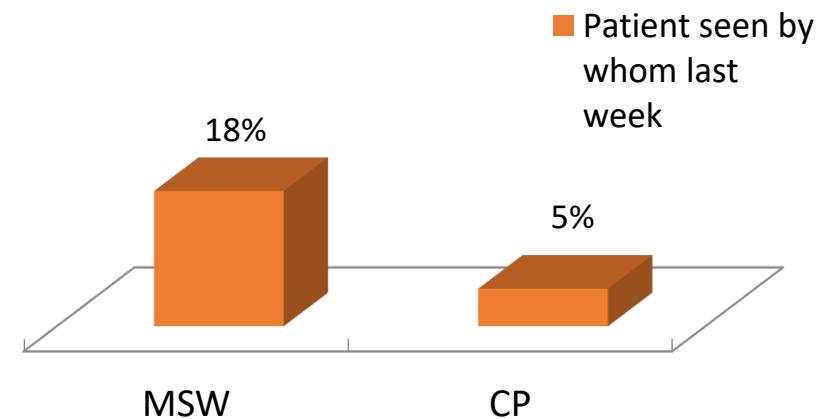


Roles & Contributions

Patient
&
Family



**7 out of 109 families (6.4%)
require urgent psychological
intervention**





Roles & Contributions

Patient
&
Family

Other
Medical
Social
Worker

Roles in responding to PC Needs for both patient and family

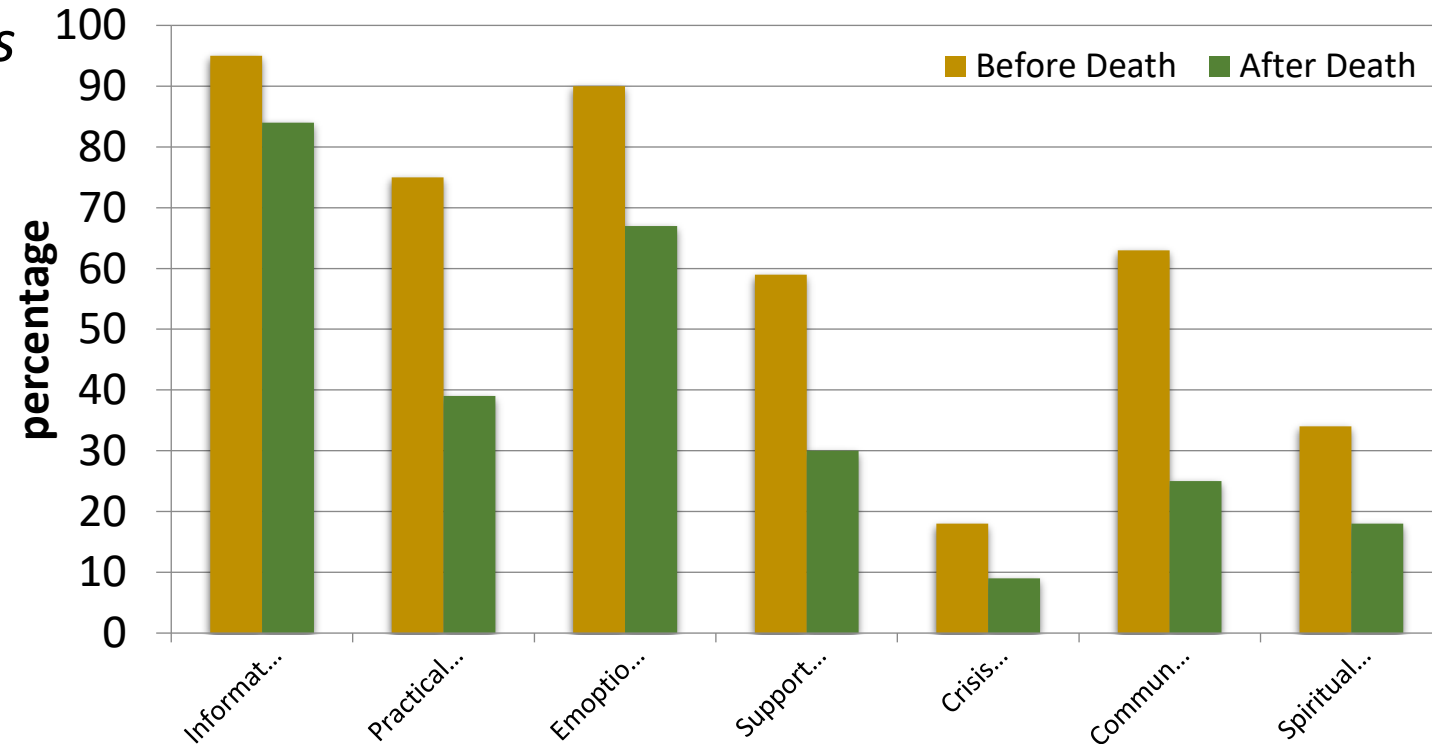
Assessment

Provision of Support relevant to Needs

- Information
- Emotional
- Practical

Mapping & Bridging Needed Care

- Community support
- Specialist service





Roles & Contributions

Patient
&
Family

Facing Death and Dying :

- Emotion, Relation
- Communication (connected)
- Practical Assistance (timely)

人員及社工們：
公公已離世有數個月，家人們都漸漸從悲痛中走向生活的正軌。公公是因為跌斷腳而住院一直到離世，疼痛加上公公認知障礙症的關係脾氣有點古怪，家人們都知道在餵食、轉身食藥或換片等等方面都比較困難，醫生、姑娘、助理姐姐們辛苦了！感謝社工趙生一直密切跟進著公公的個案，
2018-04-27

上次你來診沒有見到你，
沒有機會跟你說聲謝謝。
他入住院舍已個半月，在這
應中。津貼的申請等事也按着
你的指示及安排辦理。謝謝
你在这事上的幫忙，各種醫生
報告和申請表有賴你幫忙而
及時呈上。伯父是個粗人，脾氣
不好，我們家人有時都受不了
難得你還是善待他，真不容易。
總之敬表心感激。祝工作愉
快。

四醫院試行 首階段 800 人受惠

寧養服務擴至末期腎病者

【本報訊】本港每年有一萬名病人死於癌症，死於器官衰竭者逾八千人，末期病人在肉體及精神上承受沉重的壓力，寧養服務需求大增。醫院管理局在今年將寧養服務自癌症擴展至末期腎病，率先在西貢醫院推出先導計劃，為該院有末期腎病病人受惠。

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末期腎衰竭病人納計劃 紓緩治療擴至8院

【本報訊】末期腎衰竭病人，在肉體及精神上承受沉重的壓力，寧養服務需求大增。醫院管理局在今年將寧養服務自癌症擴展至末期腎病，率先在西貢醫院推出先導計劃，為該院有末期腎病病人受惠。

社工護士 助患者家人減壓

【本報訊】末期腎衰竭病人，在肉體及精神上承受沉重的壓力，寧養服務需求大增。醫院管理局在今年將寧養服務自癌症擴展至末期腎病，率先在西貢醫院推出先導計劃，為該院有末期腎病病人受惠。

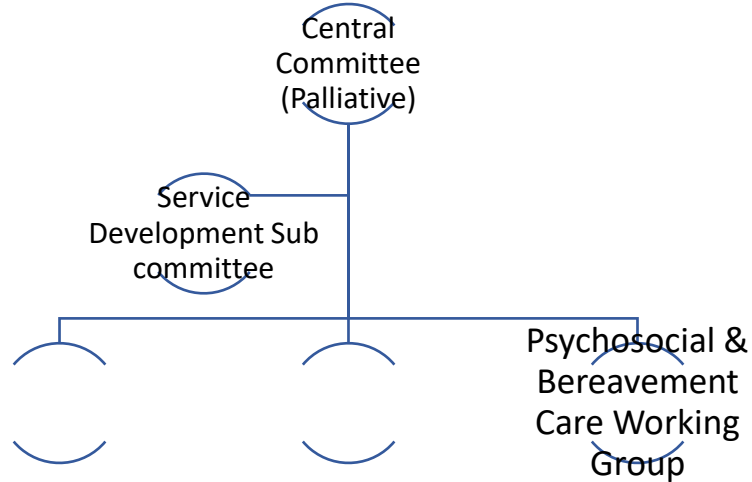
很為你高興，腦海中立刻浮現出你呼
著我的家姑，開心地傾談的身影，也記
得我為她的問題請你協助時，你總是
毫不猶豫地幫忙。當然，還有媽媽眼
我亦是深深感激的。
你可能已經得知，家姑林惠燕已
於本月中在佛教醫院離世。她最後
兩次入院，因區公關後只住到伊院，
但對我們來說，路途短得也是好處。
在明愛看護已一年多，得到你和其他醫
護人員的照顧，對作為家屬的我來
說，是很大的支持。借此機會表達我
的謝意，並祝賀你得獎！
馬劍濤
2018.01.2011

thank
you

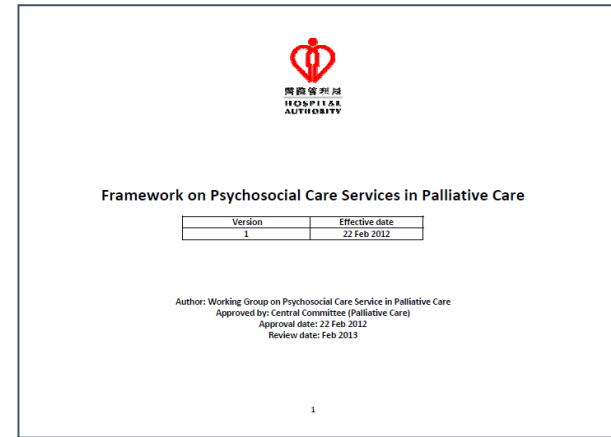


Roles & Contributions

PC Care Team



Framework on Psychosocial Care Services in Palliative Care in 2012



Level 1

Recognition of psychosocial needs

Level 2

Early identification of distress

Level 3

Intervention for distress

Level 4

Diagnosis of psychopathology

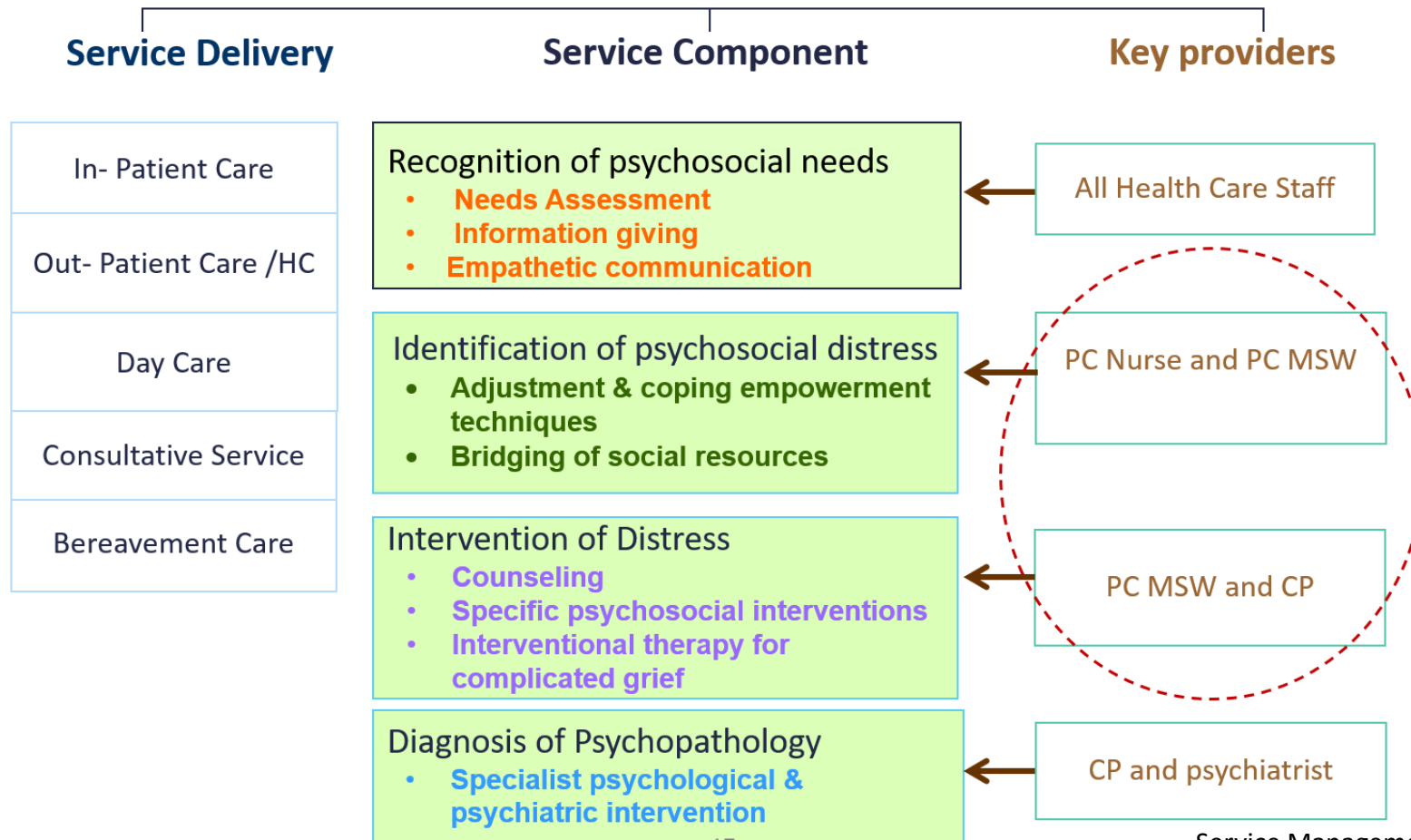
- Stepped care model
- International Reference & Local adaptation
- Integrated approach



Roles & Contributions

PC Care
Team

Service Model





Roles & Contributions

PC Care
Team

Transform the framework on Psychosocial Care into Operational terms

Standardized Ax & Intervention	
Core 10 (before death)	
• Living Condition	
• Financial Condition	
• Caregiver & Caregiving	- MCSI
• Family Relationship	
• Patient Perceived Support	
• Community Support Service	
• Emotion Reaction	
• Bereavement Risk	- BRF
• Problem Identification	
• Follow up Action	
COC(MSW) PC Working Group, 4/2012	

Ongoing Review & Intervention	
Assessment, Intervention and Review:	
• Ax and Intervention:	Entry PC (OP/IP/HC) Hospital Admission MSW F/U
- intervention based on needs	
• Review and Intervention:	
- ongoing review & intervention	
- bridging appropriate service	
Structured Bereavement Service	
<u>On Bereaved</u>	
• Assessment & Intervention:	Upon patient's death after patient's funeral at 6th month /before closing
• Review & Intervention:	
- bridging appropriate intervention	
• Review and Closing	
- ICG and specialist referrals	



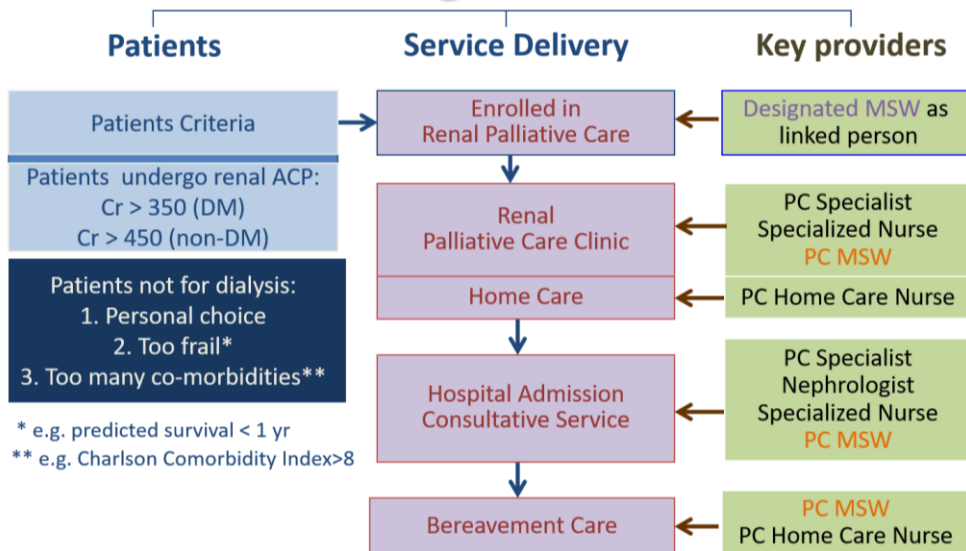
Roles & Contributions

Other
Health
Care
Team
Members

RPC* Service Model

* Palliative Care Service for End Stage Renal Disease

RPC Program in CMC



* e.g. predicted survival < 1 yr
** e.g. Charlson Comorbidity Index>8

■ Experience of a Renal Palliative Care Program in a Hong Kong Centre: Characteristics of Patients who prefer Palliative Care to Dialysis. DMW Tse Hong Kong J Nephrol 2009;11(2):p50-58.

Disease specific needs

- ❑ Disease specific treatment
- ❑ Advance care planning

+

Palliative care needs

- ❑ Advance care planning
- ❑ Symptom control
- ❑ Psychosocial issues
- ❑ Spiritual care
- ❑ Care for end-of-life
- ❑ Family support
- ❑ Bereavement care



Collaboration of Renal & PC Team

- Role in Advance Care Planning
- Role as Linked person in service transition



Roles & Contributions

PC Care
Team

Other
Health
Care
Team
Members

Teaching Post Registration Certificate Course for Nurses (Palliative Care)

- Social Support and Resources
- Support to Family & Caregiver
- Bereavement Support



Workforce

Manpower Available (Strength in full-time equivalent)	2006	2007	2012	2015
PC Social Worker (PC MSW)	7.5	5	8	8



30.5*

Enhance Psychosocial & Bereavement Care Program:
Application of Framework on PC Psychosocial Care
(8 PC Social Workers , 5 Clinical Psychologist)

Palliative Care Non-Cancer Service
(clinician, nurses, 7 PC social workers)

* HA data at Oct 2015
(including additional
Workforce on PC unit &
internal top up)



Training & Credentials

Core SW Training

PC SW Training

External

- Overseas Training & Attachment
e.g. PC certificate course, Cardiff University, UK
e.g. ACP facilitator certification course, Respecting Choices, US
e.g. Overseas attachment program for PC SW
- Overseas Accreditation Program
e.g. Fellow/Certified in Thanatology, ADEC, US
- Local Training (PC & Counselling)
e.g. Death & Dying / counselling therapies by NGO
e.g. Commissioned Training by PC Central Committee, HA
e.g. Hospital Clinical Journal Club

Internal

- One-off
e.g. training program on palliative and EOL care for medical social workers
- Structured
e.g. Work Based rotation training for PC social worker

The “good will” Era

The “Building ” Era:

The Era

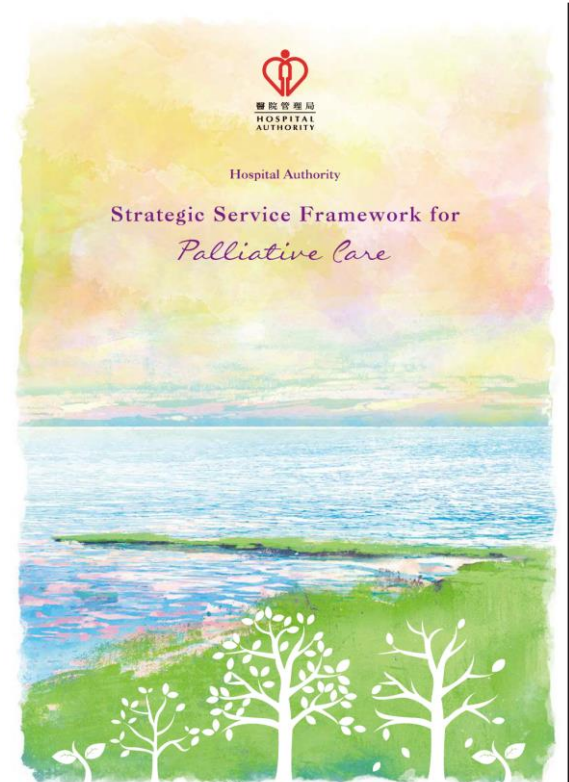


Workforce

Challenges ahead

2016 Moving from hospital to community PC & EOL care

2019 Moving from Unit based to Cluster based hospital PC service





Workforce

- Workforce Planning Parameter for PC MSW
- Cluster based hospital PC service

Manpower Available
(Strength in full-time
equivalent)

PC Social
Worker

30.5

2019

7

>37.5*

PC Consultative Service
(clinician, nurse, PC SW)

* evolving estimation

Hong Kong West

Queen Mary Hospital
Grantham Hospital*

FYK Hospital
Tung Wah Hospital
MMRC

Kowloon West

Princess Margaret Hospital
Caritas Medical Centre*

Yan Chai Hospital
Kwai Chung Hospital
North Lantau Hospital

New Territories East

Prince of Wales Hospital
Bradbury Hospice*
Shatin hospital

North District Hospital
AHN Hospital
Cheshire Home

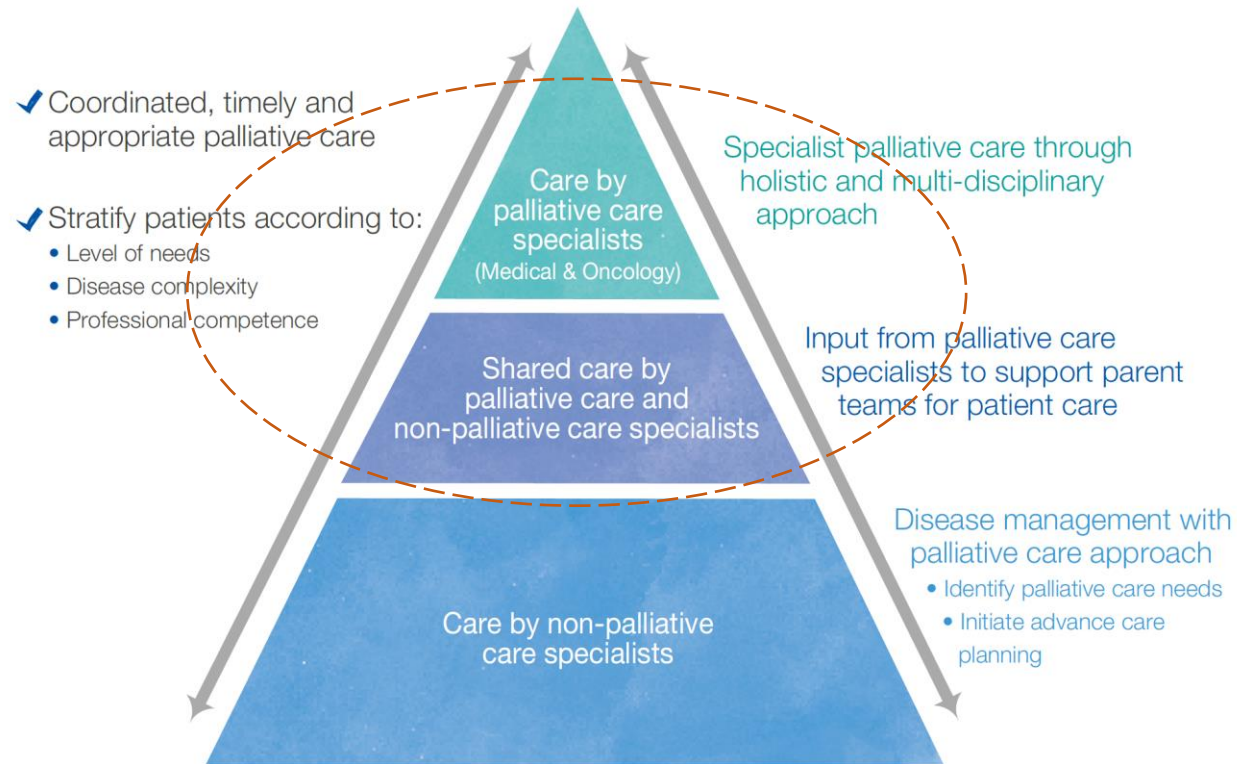




Roles & Contributions

Challenges ahead

Figure 7. Shared Care Model between Palliative Care and Non-Palliative Care Specialists



- Shared Care Role : parent ward social worker & PC social worker
- On-site EOL support Role in non-PC settings
- Role on management of complex psychosocial distress



Training & Credentials

Challenges ahead

- ✓ Core SW Training
- ✓ PC SW Training

➤ PC SW Higher Training

Post graduate / Research post graduate

Specific Accredited therapeutic Intervention

Sum Up

Workforce

- ✓ > 4-folds expansions in Workforce in hospital PC social work
- ✓ built new PC SW workforce in the community EOL care

Sufficient to meet all Needs ? If not, how should we move on ?

Roles & Contributions

- ✓ Medical (hospital) Social Work Role
- ✓ Support and Assistance on EOL, Death and Dying including Advance Care Planning, On-site grief support
- ✓ Bereavement Care
- ✓ Skills & Knowledge Transfer

The Quality? Outcome Measures?

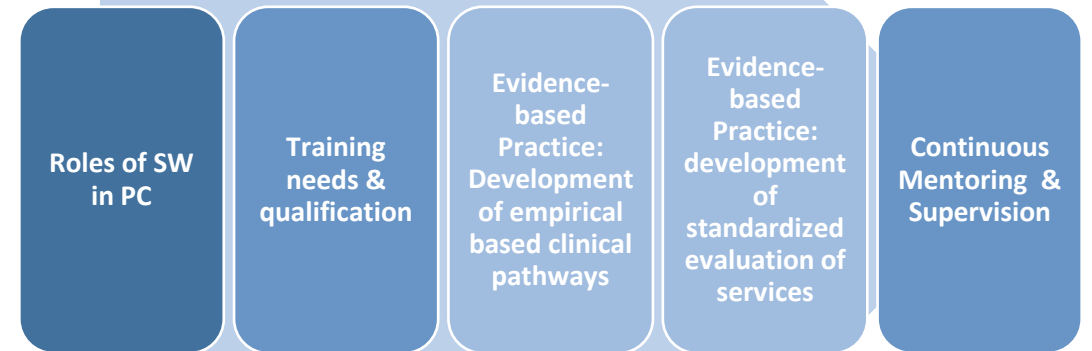
Medico-social collaboration, How can SW contribute ?

Sum Up

Training & Credentials

- ✓ Structured Social Work Training & Qualification
- ✓ Availability of PC training by various training agency
- ✓ Lack of structured local higher PC training program and accreditation

Do we need an independent program or be a core in SW training ?



Thank YOU