

Content



- Briefly introduce our project.
- How do ESKD patients and family react on ACP?
- How do our project intervene?
- How does it happen after ACP discussion?
- Recommendations

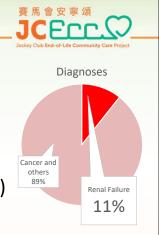
Our Team



- Case referred by HA PCU.
- Working model:
 - Integrated Community End-of-Life Support Team
 - -3P
 - Practical needs
 - Physical needs
 - Psychosocial spiritual needs
- Staff: Social worker, RN, Caregiving Officer, AA

Our Team

- 1. Patients with incurable disease with prognosis less than 12 months
- 2. Elderly
 Age ≥60 yrs,
 ≥45 yrs (special arrangement)
- Served more than 1100 families since 2016.
- More than 100 patients were End Stage Renal Failure.

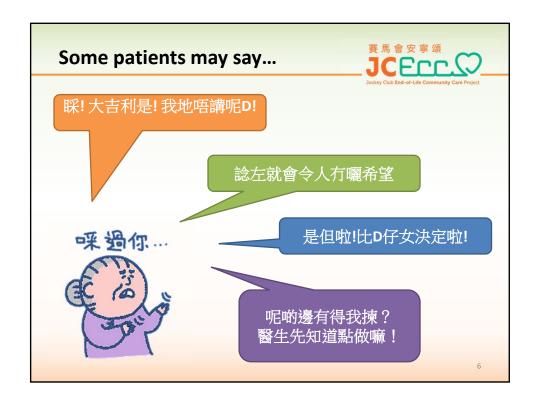


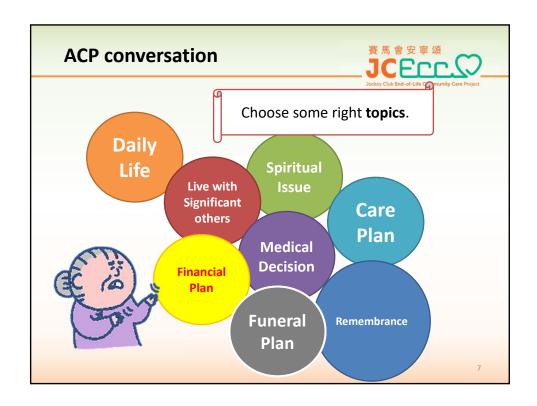
Any commonality?

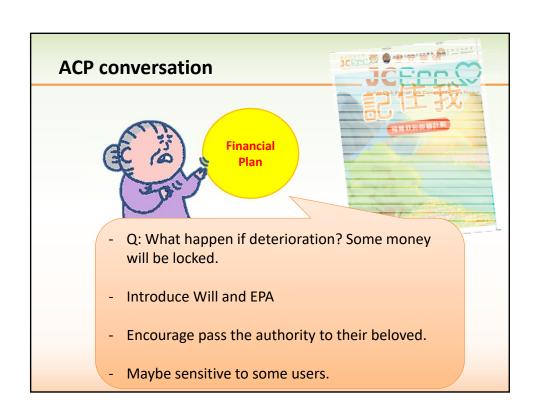


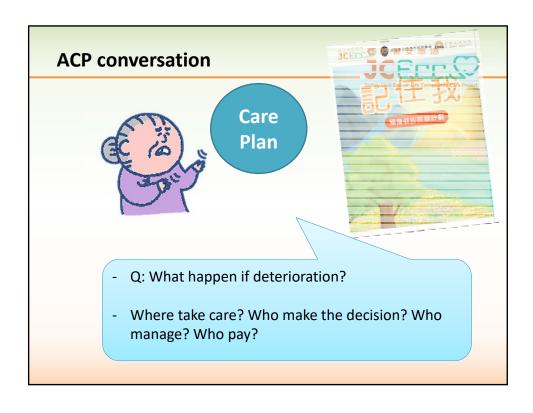
- More old age elderly
- Some with MCI or dementia
- Fatigue, poor appetite and poor sleep quality
- Argue with caregiver about the food intake
- Expect themselves have longer lives than doctor's diagnose.



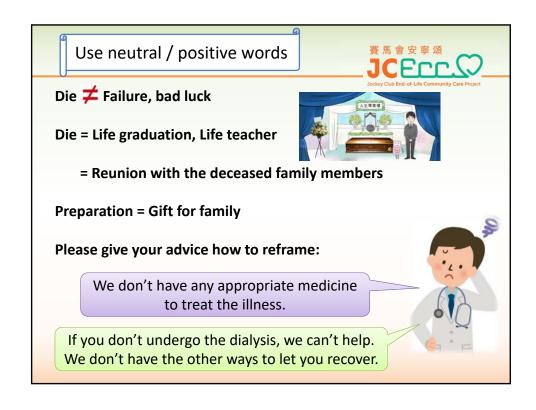


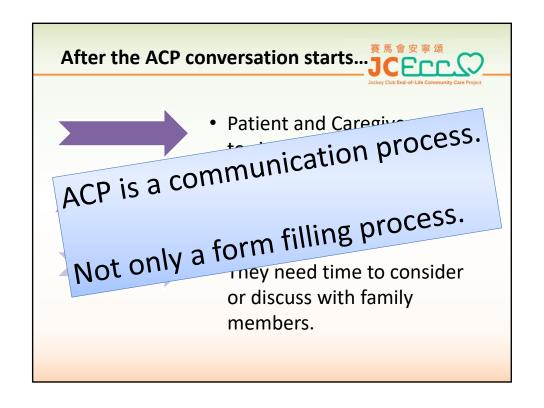












Knowledge



- Social Services
 - Eg. JCECC (Community Care, Residential Care)
- Social Resources
 - Eg. Rehab aids lending, Mutual help group
- Funeral issues
- Die at home issues



