Advance Care Planning in Elderly Care – Concerted Efforts through Medical Social Collaboration

Advance care planning(ACP) is an overarching process of proactive and ongoing communication regarding end-of life care preferences for medical and personal care. The scope and skills for the ACP facilitator covers not only the medical condition, prognosis and treatments, but also the social, cultural and spiritual background of the person which are familiar to social care partners. Majority of elderly with end of life needs are mentally incompetent, and family members are already integral to the ACP process.

The presentation will show that medical social collaboration for conjoint ACP and end of life care can spark a synergy for the best interest of patient care. Two models, firstly the HA/HKEC Community Geriatric Assessment Team Services (CGAT) collaboration with Residential Care Homes for the Elderly (RCHE) and secondly HA(HKEC) RTSKH Geriatrics team collaboration with JCECC. The latter is a pioneer conjoint ACP model started July 2019.

The presentation will illustrate the bedside process from case identification, ACP process, care provision to the final journey with case scenario, as well as describe innovations and challenges met.

Rethinking inter-sectoral multidisciplinary models of collaboration for end of life comes at a timely moment as HKSAR consults the public for legislative proposals. This is a stimulating time for us to discover better approaches for ACP, patient care and a good death.