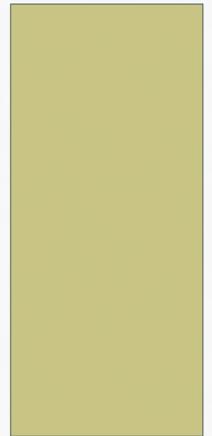


FUTURE DIRECTION IN PALLIATIVE AND EOL CARE MODEL: PLANNING THE STRATEGIC SERVICES FRAMEWORK IN KOWLOON WEST CLUSTER

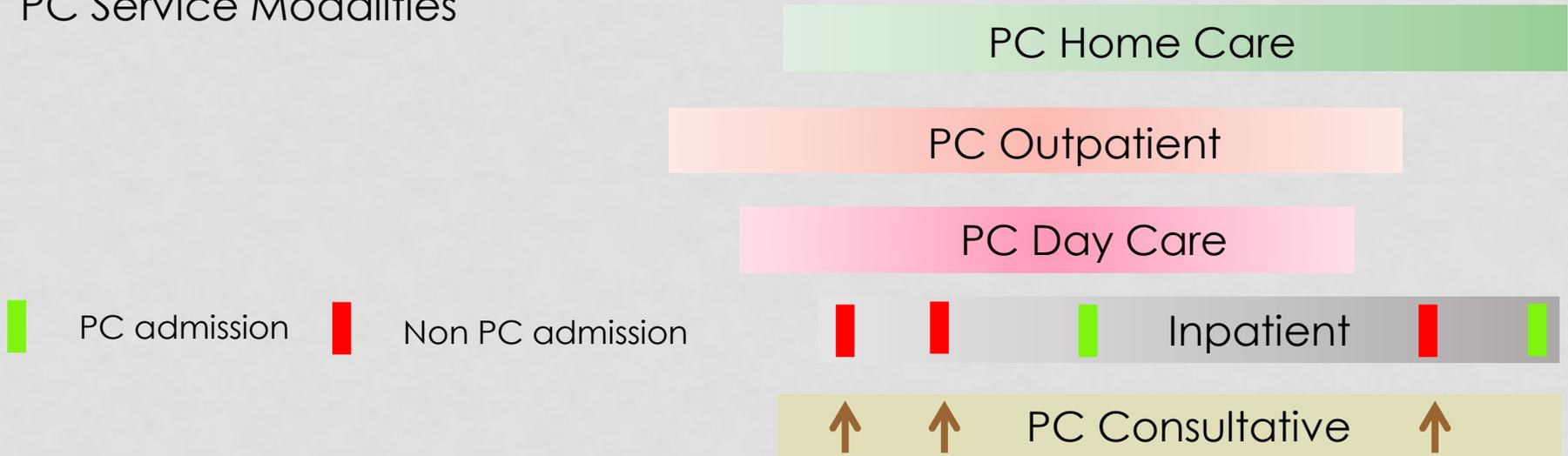
DR. DORIS TSE,
CLUSTER CHIEF EXECUTIVE (KOWLOON WEST)
HOSPITAL AUTHORITY



PC SERVICE ALONG PATIENT'S JOURNEY



PC Service Modalities



10 TO 15 YEARS FROM NOW



Vision

Strategic Directions

Cluster-based Service Plan

STEERED BY CORPORATE DIRECTIONS



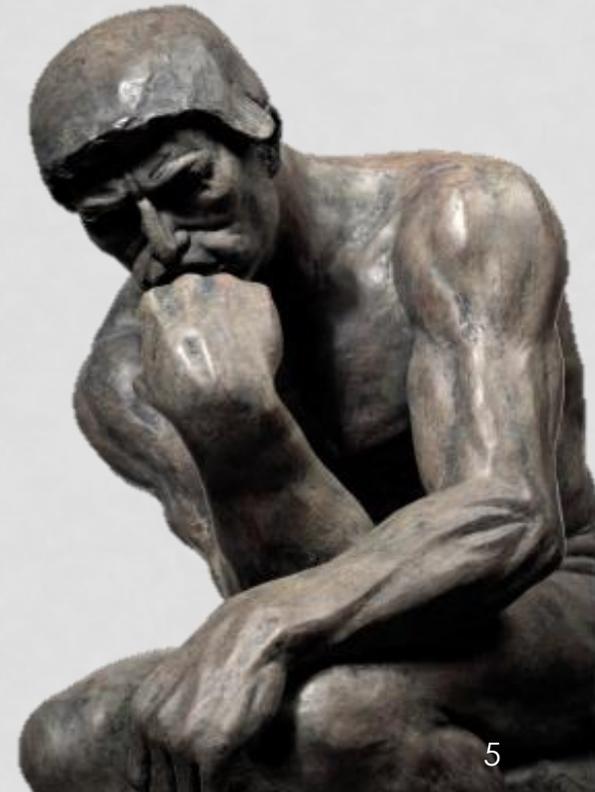
Cluster Plans

To address the challenges and improve the quality of adult palliative care services, each Cluster has formulated a service plan in accordance with the overall strategic directions of this Framework ... with a focus on enhancing service delivery through Cluster-based organisation.

CLUSTER PALLIATIVE CARE SERVICE MODEL

Considerations:

1. Patient and family centred
2. Preferred place of care
3. Need based service
4. Equitable access



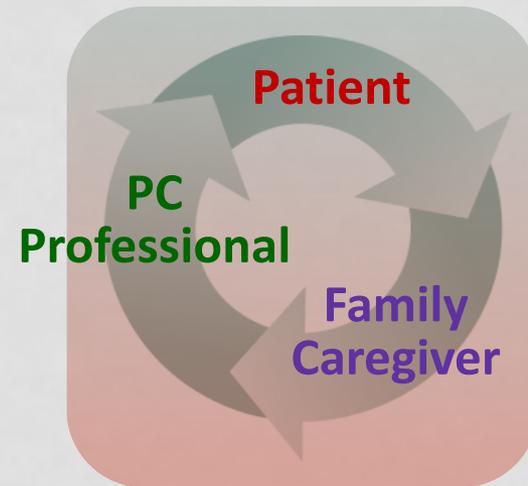
1. PATIENT & FAMILY CENTRED

PATIENT & FAMILY CENTRED CARE



Family member:

- A caregiver
- Also a care receiver in PC
- Could be a powerful resource or hindrance in achieving appropriate goals of care
- Family based decision making model common in Hong Kong
- Well being of patient related to well being of family members in a complex manner



2. PREFERRED PLACE OF CARE

PREFERRED PLACE OF CARE



Community based PC services:

- PC Home Care Service
- PC Outpatient Clinics
- PC Day Care
- NGOs

Presumed goods:

Community care as a direction

Patient can enjoy more time with family

There is no place like home...



PREFERRED PLACE OF CARE



**Patients &
Families in
Community**

121 PC patients in UCH (Hong et al 2010)

- 37% preferred home
- 27% preferred PCU
- 18% preferred hospital
- 2% preferred OAH

64 PC patients in CMC (Woo et al 2011)

- 27% preferred home
- 42% preferred PCU
- 23% preferred hospital
- 0% preferred OAH

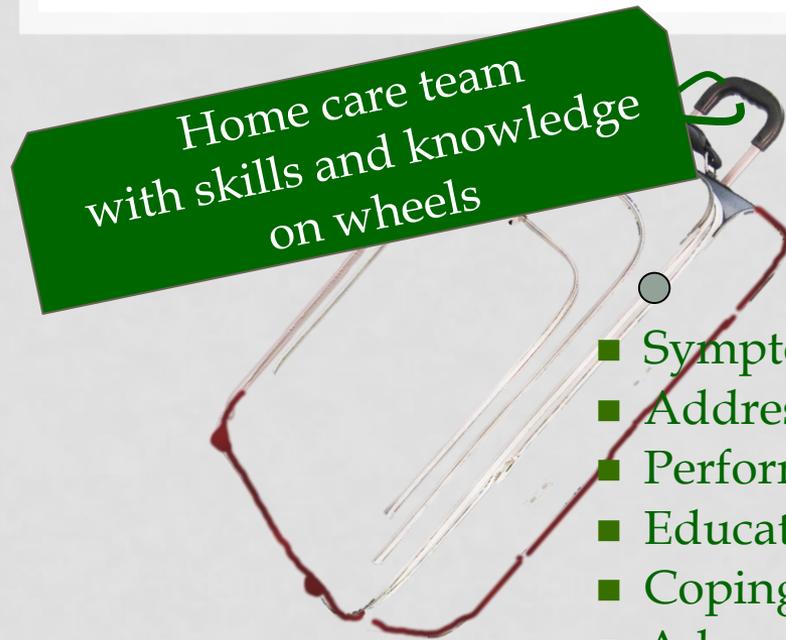
Access to medical care is an important factor for consideration

Some patients preferred to stay at home despite they rated

- their home environment least comfortable
- the access to medical care as lowest
- family members not so well equipped in caregiving

ACHIEVING PCC

IMPORTANT ROLE OF PC HOME CARE



- Symptom assessment & control
- Address psychosocial & spiritual issues
- Perform procedures & treatments
- Education and information giving
- Coping empowerment
- Advance care planning

Unique opportunity to:

- Assess patient in own natural habitat
- Assess family dynamics, functioning and coping
- Address burden of caregiving on site
- Empower and support caregiver to maintain patient's well being

3. NEED BASED CARE & SERVICE

STRATIFICATION & COLLABORATION

NEED BASED CARE & SERVICE

- Palliative care vs traditional western medicine:
 - Not based on pathology of a specific organ
 - But based on the needs of the patients suffering from life limiting illness
- All patients will die, but
 - Not all dying patients have same level of needs
- Stratification of needs is important for delivery of care appropriate to needs

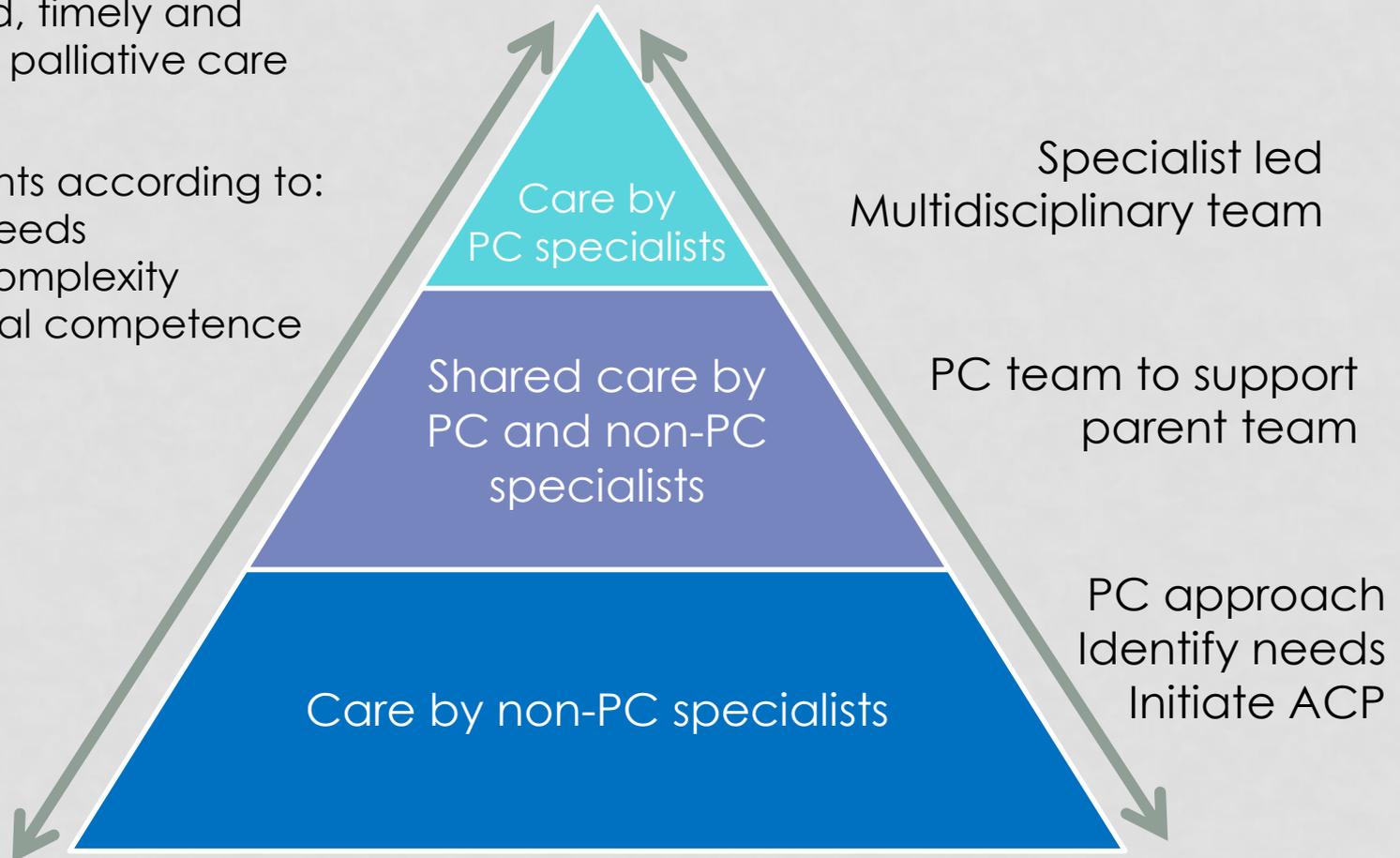
NEED BASED CARE & SERVICE

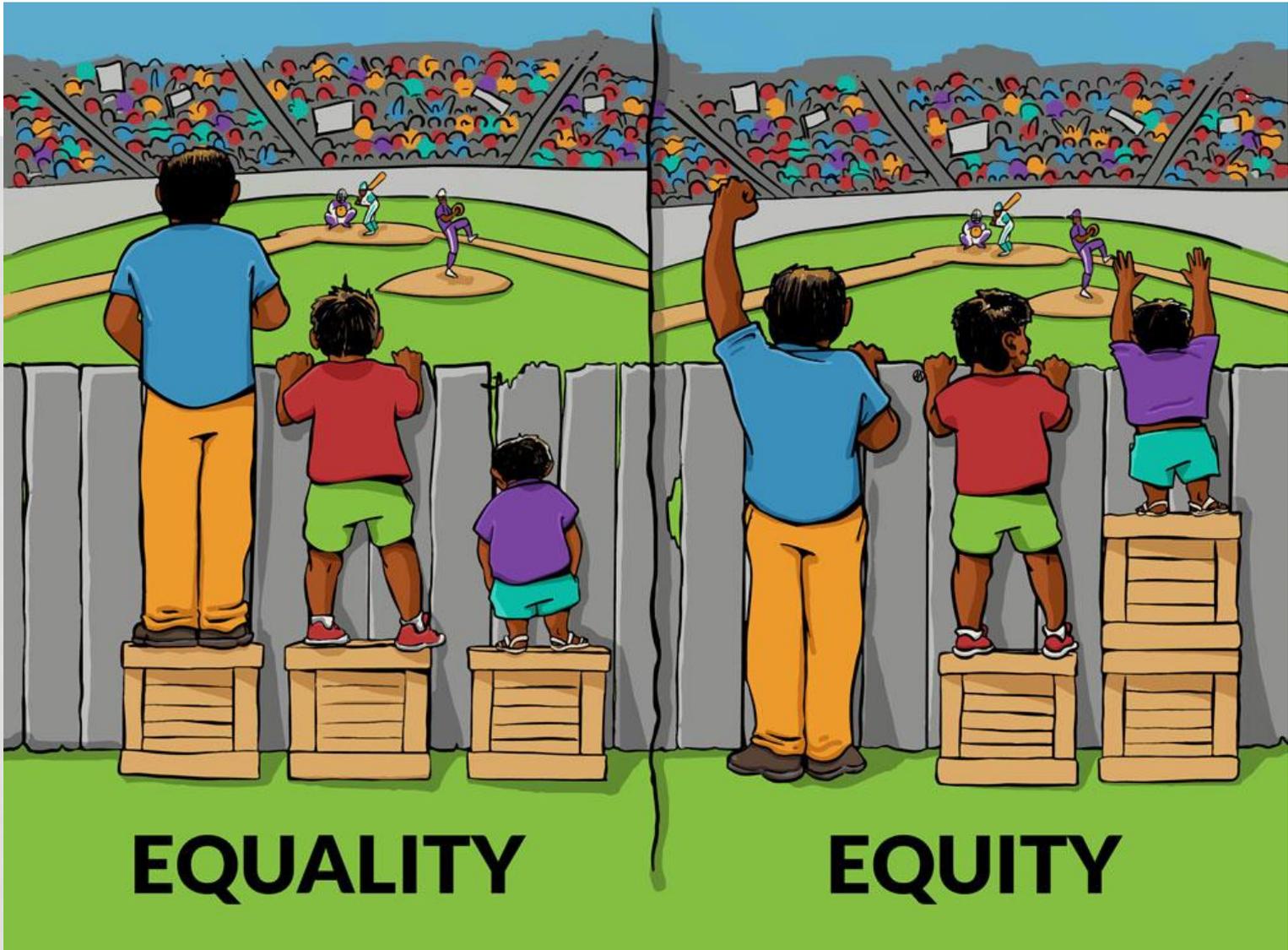
- Dying patients and their caregivers have diverse needs
 - Multidisciplinary team approach
- Palliative care needs vs disease specific needs
 - Needs of patients dying from non-cancer no less than those dying from cancer
 - Collaboration between palliative and other specialists

SHARED CARE MODEL WITH

Ref: HA SSF for PC 2017

- ✓ Coordinated, timely and appropriate palliative care
- ✓ Stratify patients according to:
 - Level of needs
 - Disease complexity
 - Professional competence





EQUALITY

EQUITY

4. EQUITABLE ACCESS

WIDENING SCOPE OF COVERAGE

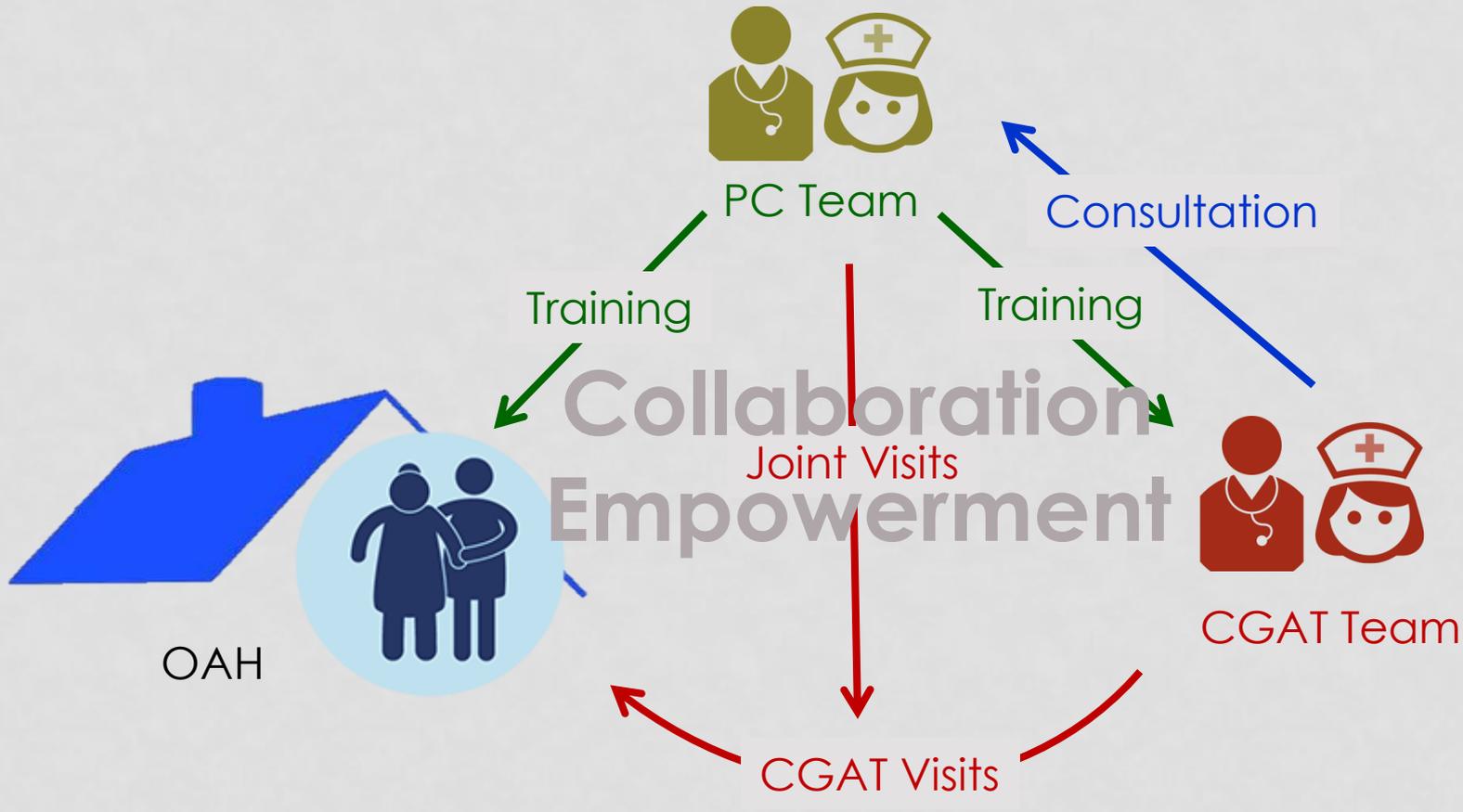
EQUITABLE ACCESS

- Among all HA cancer deaths in 2012-2013, 68% received PC service, the rest not being referred.
- Among the cancer deaths who ever received PC service, 35% died in other acute wards.
- Among all deaths in HA hospitals, around one-third are OAH residents.
- Appropriate care should be delivered to the place of care and where deaths occur

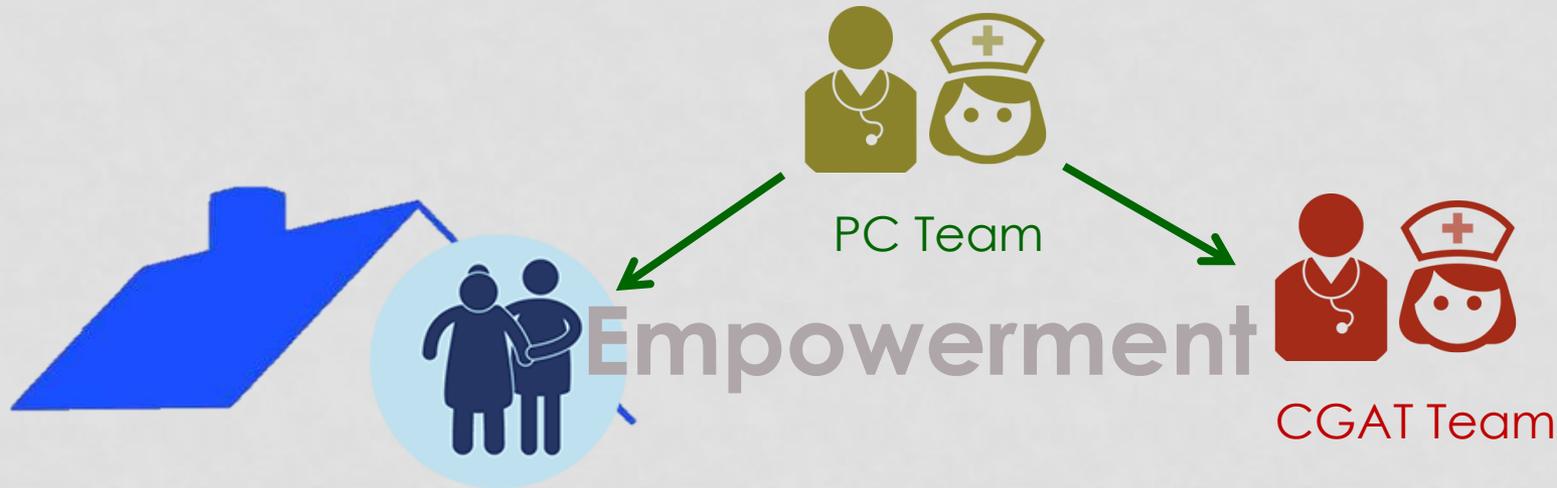
EQUITABLE ACCESS TO PC SERVICE

- Appropriate care should be delivered to the place of care and where deaths occur
- **Identification of patients in need of referral**
 - Promulgation and education ✓ 16/17...
- **Empowerment of caregivers at place of care/death**
 - Enhance PC home care team ✓ 18/19
 - Enhance EOL care in OAH ✓ 16/17...
- **Deliver of care to place of care / death**
 - PC Consultative team ✓ 18/19

EQUITABLE ACCESS IN OAH: Enhancing eol care in place



EQUITABLE ACCESS IN OAH: Enhancing eol care in place



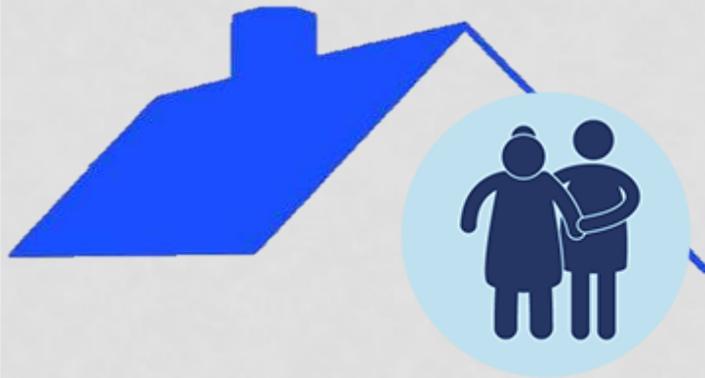
- 52 OAHs joined the program (80%)
- 588 OAH staff received training (82%)

CGAT team trained (100%):

- Lectures on symptom control
- Workshop on ACP communication
- Tutorials for advanced skills
- Clinical attachment for practicum
- Onsite coaching in OAH

EQUITABLE ACCESS IN OAH: Enhancing eol care in place

Collaboration



PC Team

- 160 consultations
 - 145 on ACP
 - 15 on complex cases

- 93 joint visits

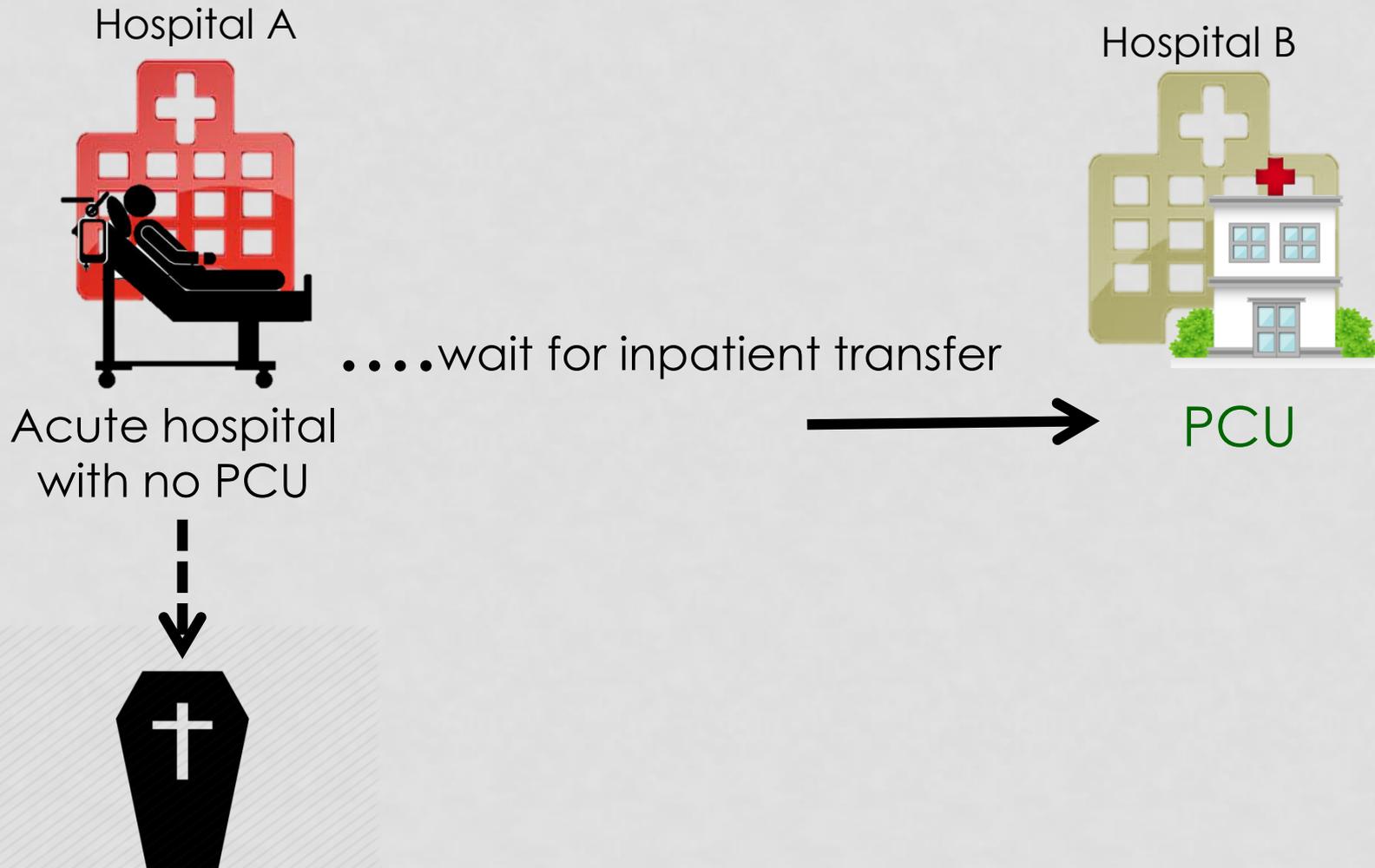


CGAT Team

CGAT visits

- 105 OAH residents recruited
- 1103 CGAT visits

EQUITABLE ACCESS IN ACUTE HOSPITALS: CLUSTER BASED CONSULTATIVE TEAM



EQUITABLE ACCESS IN ACUTE HOSPITALS



Joint Clinic, training, skill transfer



Acute hospital

PC Consultative Team



PCU

Transfer
30%

Die in place
40%



Discharge
30%



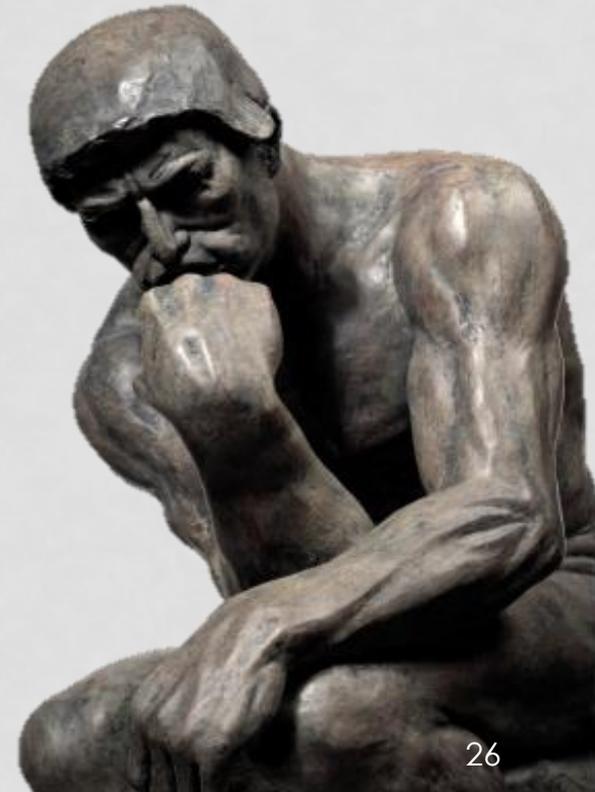
Plan for 18/19

IN SUMMARY

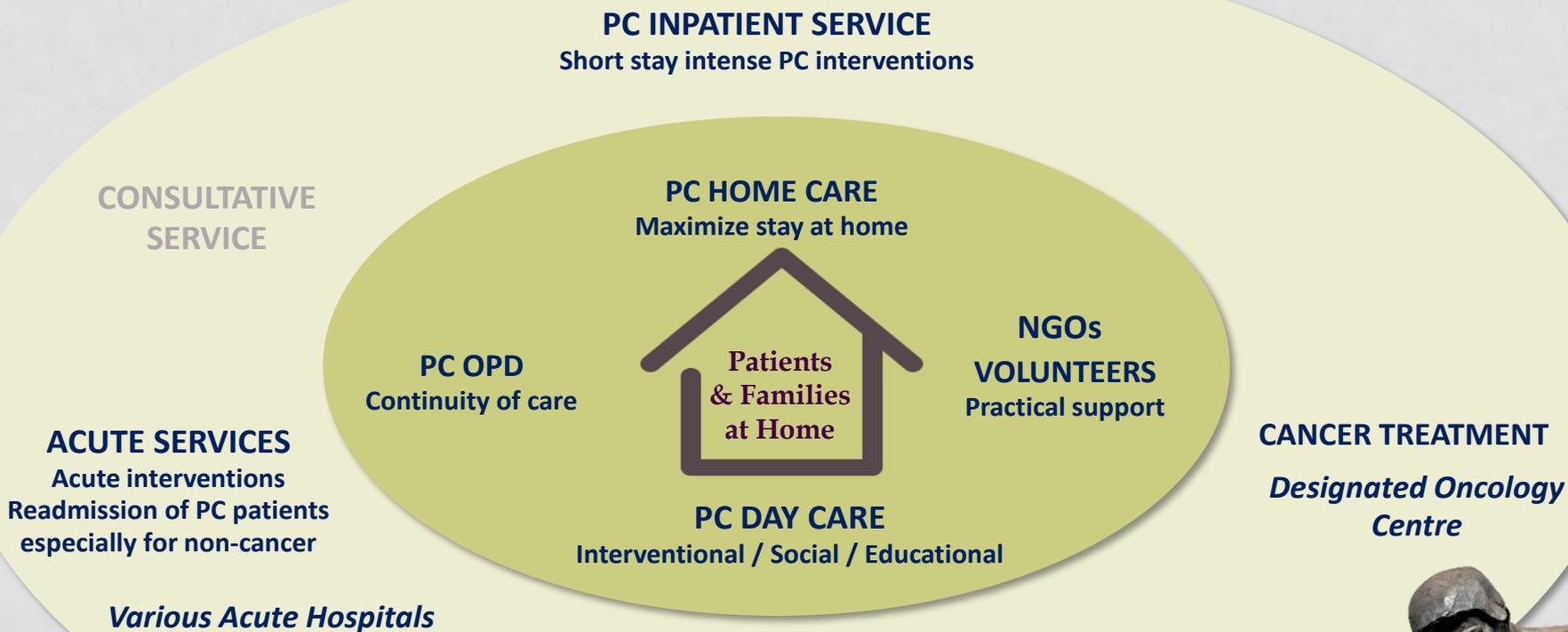
CLUSTER PALLIATIVE CARE SERVICE MODEL

Considerations:

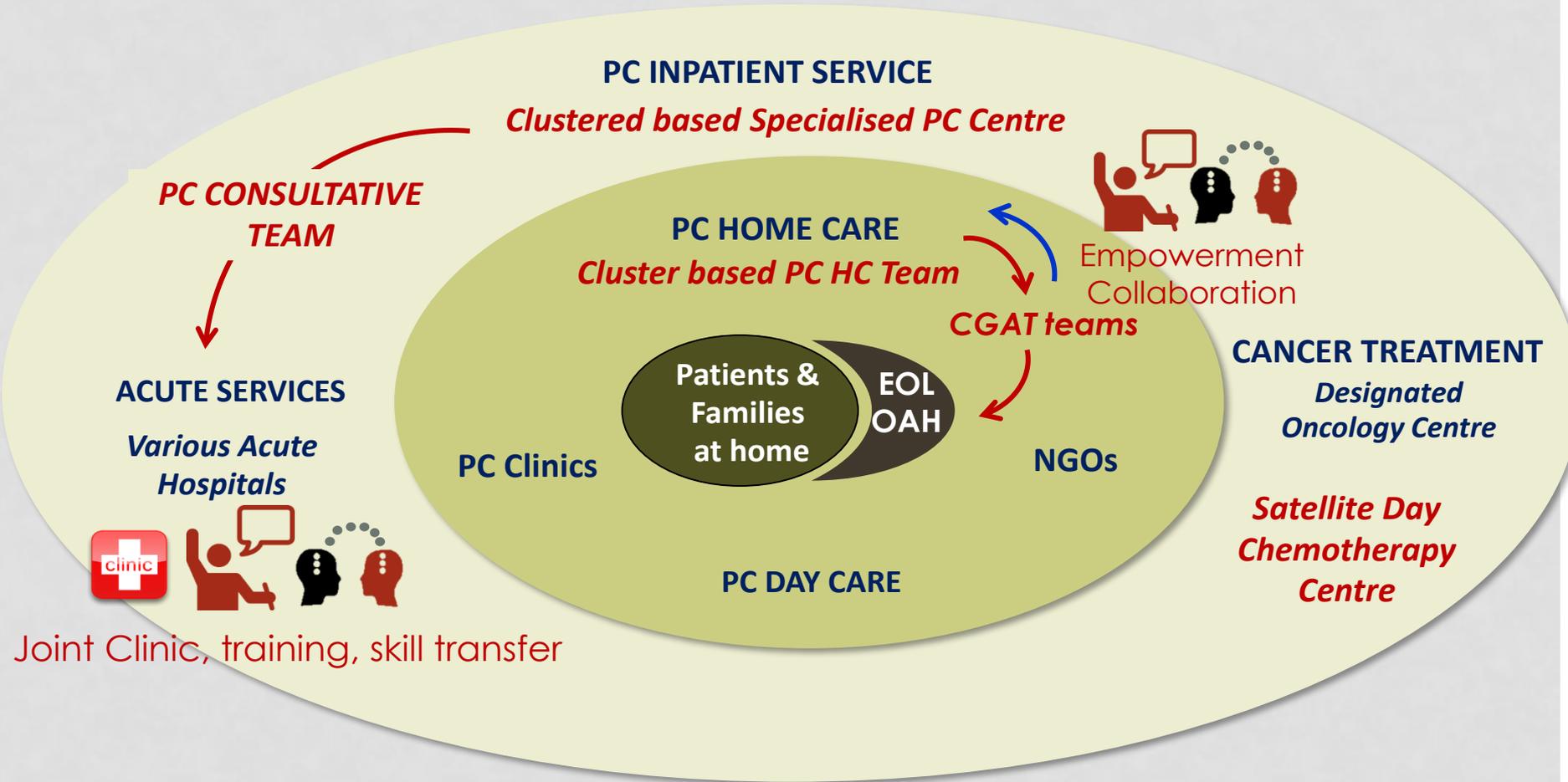
1. Patient and family centred
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3. Need based service
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DEVELOPING MODEL SINCE 10+YRS AGO



KWC PC SERVICE MODEL NOW



END

