



Public Awareness of End of Life Care 公眾對晚期護理的認識 Figure 7: Public awareness of end-of-life care Highest ranking (excellent) Lowest ranking (poor) Australia Canada Belgiu Ireland Austria Czech Republic Finland UK France Denmark Greece Hungary Germany India **Hong Kong is** Japan Hong Kong Italy South Korea Iceland Luxembourg only in the middle Netherlands Malaysia Mexico 香港只排在中間 New Zealand Poland Portugal Singapore Sweden Slovakia Switzerland Taiwan South Africa Turkey Uganda Spain US © Economist Intelligence Unit 2010 5

Chronic Diseases & Older People 長者與慢性病

- Suffering may be greater 痛苦可能更長
 - Longer, less predictable illness trajectory, high
 prevalence of symptoms 痛苦更長、更甚、更難以預測
- Less accessibility to palliative care 更難獲得紓緩 治療
 - 90% patients in palliative care are cancer patients 九成 経緩治療使用者皆爲癌症病人

Needs of End-stage Chronic Disease Patients 晚期慢性病患者及家屬的需要

- Care required for end-stage chronic disease patients 晚期慢性病患者及家屬的需要包括:
 - Relief of symptoms 症狀紓緩
 - Relief of fear and worries for self, family 減少恐懼及擔憂
 - How can I come back if I feel unwell? Would it be difficult? 萬一不適,入院途徑是否艱難?
 - What will happen? (Medical procedures / choices like resuscitations, tube feeding, process of dying) 將會發生什麼?(治療程序 / 選擇如搶救、餵食管及臨終情況)

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The End of Life Care Programme in Shatin Hospital

沙田醫院的晚期護理服務

End of Life Care Programme for <u>older non-cancer</u> patients in last <u>6 months</u> of life (Commenced from Aug 2008)

爲尚餘<u>半年</u>壽命之<u>非癌症病患</u> 長者推行的晚期護理計劃 (由2008年8月開始推行)



Objectives 目標

- Symptoms control 症狀控制
- Enhance satisfaction with service 提升病人及家屬對服務的滿意程度
- Allow patient to rest in own home environment 容許患者在自己家中療養

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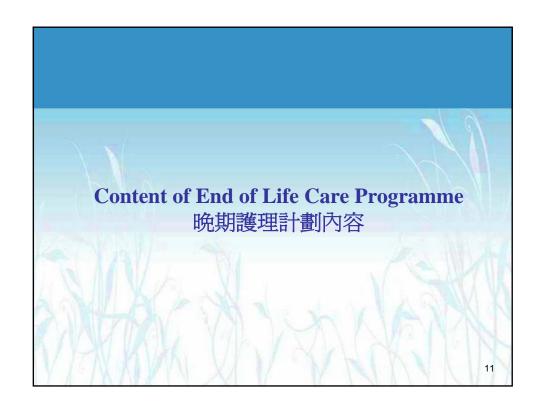
Assessments 評估

2 phases (2 個階段)

Pre-intervention assessment 計劃前評估

Staff training & service design 員工教育及服務重組

Post-intervention assessment 計劃後評估











In-Patient Pathway 住院期間護理安排

- Case identification 留意合適晚期病患者
- Discussion of options & care according to choice 與 病人及家屬探討治療方案及選擇
- On-going review 持續跟進及檢討
- Support for discharge or death 出院或臨終前後支援



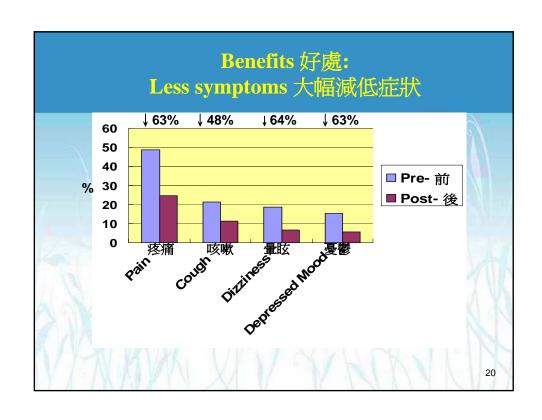
Results 結果

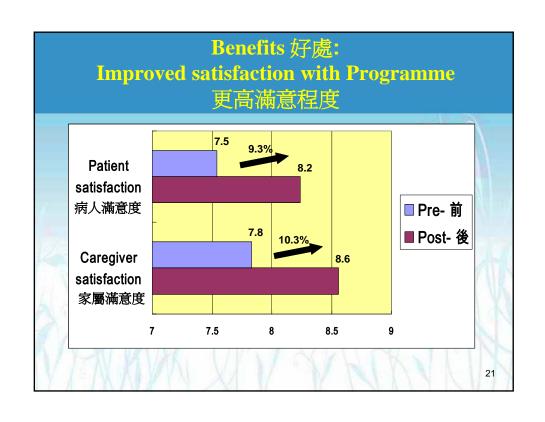
- Participants 參加人數
 - Pre-intervention phase (Jun 2007 Mar 2008)
 計劃前 (2007年6月 2008年3月)
 - 80 patients, 30 caregivers, 118 staff 80 病人, 30 家屬, 118 醫護人員
 - Post-intervention phase (Aug 2008 Jan 2009)
 計劃後 (2008年8月 2009年1月)
 - 89 patients, 74 caregivers, 121 staff 89 病人, 74 家屬, 121 醫護人員

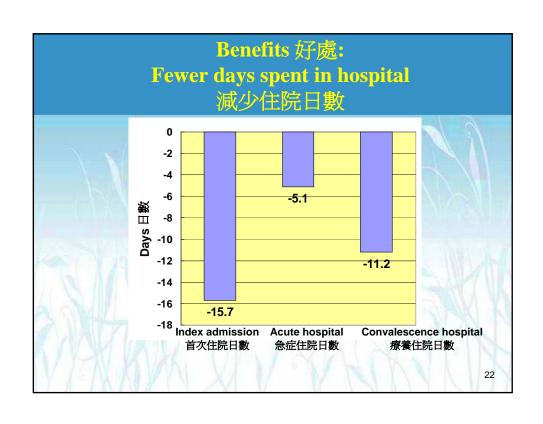
(2 different groups of patients and caregivers in 2 phases 兩個階段的病人及家屬爲兩組不同人士)

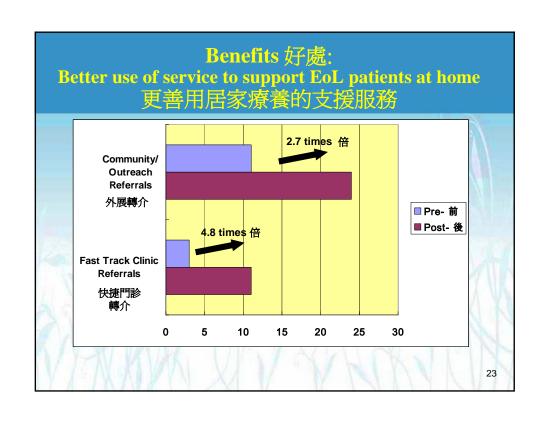
Characteristics of Patients 病人特徵

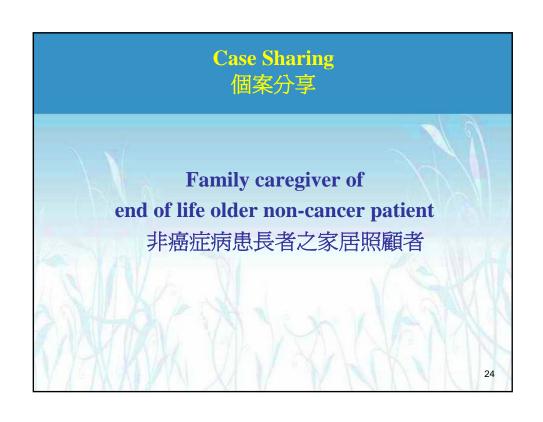
- Pre-intervention: female 69%, post-intervention: female 61% 計劃前: 女性69%, 計劃後: 女性61%
- Mean age 83-85 years old 平均年齡 83-85 歲
- Advanced dementia 晚期痴呆症~60%
- Others: stroke, kidney, heart, lung & liver failure 其他: 中風,腎、心臟、肺及肝衰竭











Conclusions and Recommendations 總結及建議

- Improved quality of dying 改善臨終質素
 - with cultural change, re-focusing needs and re-engineering health services for geriatrics team 在老人科團隊中,透過改變觀念、改變護理焦點及重組護理服務,而達至改善臨終質素
- Improved symptoms control 減輕症狀
 - as good as palliative care team in cancer (Pain: ~ 50% relative reduction) 效果媲美癌症的紓緩治療隊伍 (痛楚: 相對減少約50%)

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Conclusions and Recommendations (cont'd) 總結及建議 (續)

- More days at home for patients 容許居家休養,爭取共享 天倫
 - 80% of HK nursing home residents in a survey preferred EoL care in their residential home, rather than in a hospital 一項調查顯示:本港八成居於安老院的長者較傾向於在院舍,而非在醫院中接受晚期護理
- Patients and families are more satisfied with EoL care 護理更合病人及家屬心意
- Survival not shortened 不影響生存率

Conclusions and Recommendations (cont'd) 總結及建議 (續) Promotion in hospitals or residential care homes for the elderly should be included as part of Hong Kong elderly

• Promotion in hospitals or residential care homes for the elderly should be included as part of Hong Kong elderly care strategy 建議在醫院及安老院舍中推廣非癌症病患長者的晚期護理,並將之納入爲本港安老策略

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 參與病人及家屬

