

**Press Release**

Note to Editors  
For Immediate Release

26 October 2010

**CADENZA Project Suggests End of Life Care Programme to Improve Quality of Dying of Older Non-cancer Patients**

While cancer patients are often the primary focus for palliative care, most of the elderly people died of end-stage chronic diseases like dementia and organ failure. The burden of suffering for patients with chronic disease may be greater than those of cancer patients, as a result of longer duration of illness trajectory and high prevalence of symptoms. With a rapidly ageing population and increased life expectancy, care of older patients with end-stage chronic diseases places increasingly large demands on health and social services. To help prepare the society for meeting this challenge, CADENZA: A Jockey Club Initiative for Seniors, a project initiated by The Hong Kong Jockey Club Charities Trust in collaboration with the Faculty of Medicine of The Chinese University of Hong Kong and the Faculty of Social Sciences of The University of Hong Kong, conducted an End of Life Care Programme for older non-cancer patients with Shatin Hospital.

The findings of the End of Life Care Programme are announced today (26 October). It showed improvement in quality of dying for geriatric patients with end-stage chronic diseases, and in satisfaction of patients and family members. Patients were also able to spend more time at home during their final days, rather than in the hospital, and with less symptoms.

Chronic diseases are common to older people. Besides facilitating self management to alleviate worsening of their health conditions, it is also important to provide them with appropriate end of life care to maintain a comfortable and dignified end-stage. In view of this, CADENZA specially launched this End of Life Care Programme. By studying its effectiveness, it is hoped that the Programme can improve the quality of dying of older non-cancer patients and relieve the caring pressure of family caregivers, so that the burdens to healthcare system and the whole society can be reduced ultimately.

The Programme commenced from August 2008 emphasizes a cultural change to promote discussion of end of life issues with patients and relatives by providing staff training and re-engineering of service. Talks, role-play workshops, focus groups, nurses manual and ward-based discussion sessions were arranged for all hospital staff. Patient and caregiver pamphlets are available in the hospital. It also refocused care in in-patient pathways including case identification, discussion of care options according to choice and on-going review with patients and caregivers. Post-discharge support was provided to facilitate access to medical care. These included monitoring of symptoms by community outreach teams, caregiver hotline, fast track medical clinic and direct readmission to the same ward.

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Two phases of assessments were carried out before and after the intervention. The pre-intervention phase between June 2007 and March 2008 was joined by 80 patients, 30 caregivers and 118 staff. The post-intervention phase between August 2008 and January 2009 was joined by 89 patients, 74 caregivers and 121 staff. The patients and caregivers recruited in the two phases were different.

Dr Jenny Lee, CADENZA Fellow and Specialist in Geriatric Medicine of Shatin Hospital pointed out that the Programme had shown improvements of the patients in various aspects. Patients' symptoms like pain, cough, dizziness and depressed mood were significantly reduced by half or above. Satisfaction rate of patients and carers with the Programme were increased by 9.3 % and 10.3 % respectively. Patients spent fewer days in hospital with index admission immediately following their joining of the Programme decreased by 15.7 days, acute hospital and convalescence hospital after joining the Programme decreased by 5.1 days and by 11.2 days respectively. Besides, support services were better used by patients to support them at home. Community outreach referrals increased by 2.7 times and fast track clinic referrals by 4.8 times. This implies that better symptoms control and support had facilitated a better care at home which led to fewer readmissions.

Family carer Ms Rolina Ip who joined the Programme commented that end of life care had facilitated a better communication between patient, carer and doctor for an appropriate care option. Post-discharge support like direct readmission to the same ward, fast track medical clinic and caregiver hotline can lessen suffering of the patient and pressure of the carer, which leads to better caring at home.

It is evident that with cultural change, re-focusing needs and re-engineering health services, quality of dying for older non-cancer patients in a geriatrics team can be improved, Professor Jean Woo, CADENZA Project Director explained. "With better symptom control, more days spend at home with the family and better satisfaction with care for patients and their families without shortening survival. The promotion of End of Life Care Programme in hospitals or residential care homes for the elderly should be included as part of the Hong Kong elderly care strategy."

### **About CADENZA: A Jockey Club Initiative for Seniors**

CADENZA: A Jockey Club Initiative for Seniors is a project launched by The Hong Kong Jockey Club Charities Trust with a donation of HK\$380 million in 2006. The project aims at nurturing academic leadership in gerontology and changing the mindset and attitude of the general public through a range of training and public education programmes. Cross-sectional collaboration between organizations and the implementation of innovative elderly services and programmes are also encouraged in order to bring about a new mode of elderly care services to prepare for a rapidly ageing society. Details of CADENZA are available at [www.cadenza.hk](http://www.cadenza.hk).

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