社聯會議暨香港社會服務巡禮
HKCSS CONVENTION CUM HK SOCIAL SERVICE EXPO

Network-Based Approach to Palliative & End of Life Care

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Recap

- Why do we need Medical-Social Collaboration in Hong Kong? to relieve HA of workload and satisfy the demand of home-based care

  Demand:
  - Aging population: 65aged or above: 20% of 7.41m; aged 85 and above: 234,000
  - Dementia patients: estimated to be 100,000 (2017)
  - Cancer cases: the new cases increases by around 34,000 per year
  - Death cases per year: around 52,000 persons (2022)
  - Signed advanced directives till 2019: 5561 persons

  Supply: Palliative Care Specialist: around 49; nurse: around 300; Palliative Care MSW: 40; Palliative care bed: 397; infirmary bed: 1981; hospice beds: 100(hope of haven), 110 (JCCRC)，30(SPHC)

- Answer from the Community: Need to build and strengthen community to prepare and support the patients with life limiting illness and carer to have a good quality of life (including prevent and relieve of suffering)
- At community level,
  1. Propose to set up Community Based End of Life Team to support home based care and even dying at home, and improve infrastructure: e.g. family doctor, more community pharmacy, the scope of medical voucher, service quality/protocol; and engage Universities to provide training;
  2. use existing community resources such as carer, various community organizations, or creating new programme to provide support for patients and carer, and the promotion of ACP

Recap: Principles of Public Health Approach Applied to palliative, end of life care, bereavement

1. Integrate community provision of palliative and end of life care into public health practice policy
   - Formalize and share organizational commitment to community development (e.g. publish on website)
   - Develop policies and processes to promote and support people at the end of life, their families and carers;
2. Draw on community strengths to create supportive environments and generate advocacy
   - Identify and build on existing community strengths, activities and organisations; foster supportive communities that care for each other; engage community champions (individuals and organisations) to provide credibility, increase profile and awareness, Be flexible and embrace a variety of solutions
3. Strengthen community development and action
   - Support the community to define their own compassionate community; Support community-led and driven activities and initiatives to align as closely as possible to community needs; Emphasise the development of networks to increase social connectedness; Provide training and support to citizens to mobilise compassionate communities and ensure that actions are sustainable.

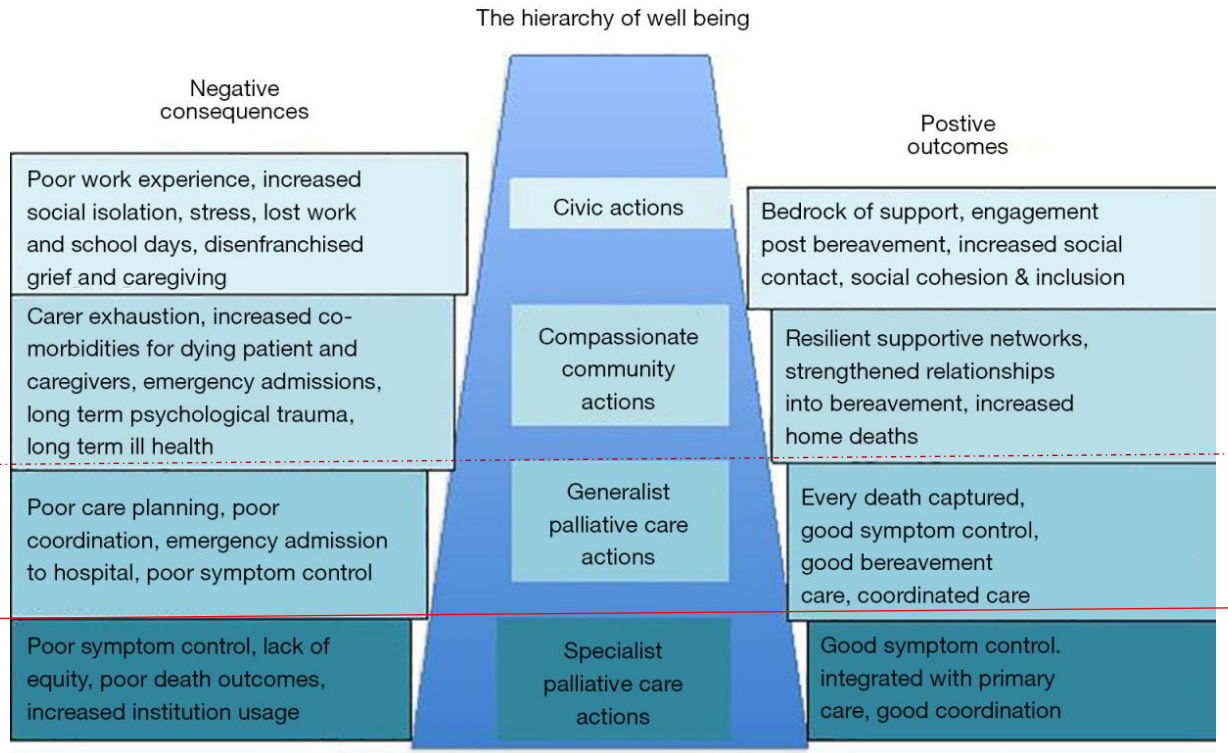
Principles applied to palliative care, end of life…

4. Develop individual knowledge and skills about end of life
   - Facilitate and normalise conversations about dying and end of life, including advance care planning; Increase knowledge of palliative care, available services
5. Re-orient health services to work in partnership with community
   - Develop a system where individuals, families, carers, communities, social, health and aged care services can collaborate to deliver integrated support; Focus on what matters to people at end of life and their families, including what is important to their quality of life and their preferred place of care; Build a culture where the roles of all those involved in delivering palliative and end of life care – including health professionals and communities – are recognised, respected and supported; Provide education and support for health services to broaden awareness of non-health services available to support end of life, and encourage power-sharing.

Insights from Australian Case: Promote CC through PHN

- Direction: Expanding the practice of palliative care specialists to support primary care and aged care setting; training for aged care workers, new sector funding for PC & end of life in aged care setting, reviewing quality of aged care to regulate palliative care in RC setting, etc
- One of interesting points: Ride on 11 Primary Health Networks across the country under funding support of the Department of Health in 2018 to implement Greater Choice for At Home Palliative Care Measure
- Objective: improve access to safe, quality palliative care at home and support end-of-life care systems in Primary Health and in the community
- Initiatives:
  1. Building Compassionate Communities
  2. "Tender Funerals: in community
  3. "Health Community Connector": identify community resources and signpost patients to various resources
  4. "Care Helpers": support carer
  5. Caresearch (government sponsored) for knowledge transfer
  6. Palasist: users contact professionals
- Funding the Advance Care Planning Australia for providing support, advice, training, etc
- Funding the Groundswell Project Australia

What kind of palliative and end of life care policy HK need? 醫社合作

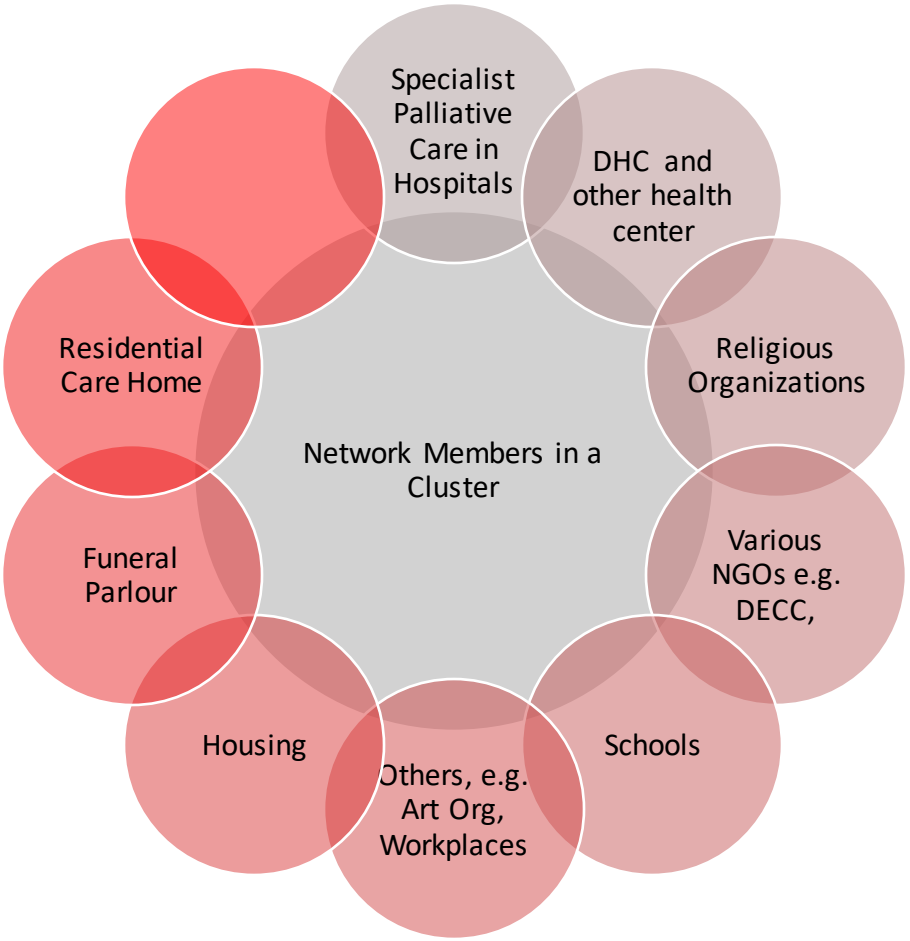


At Community Level

At Hospital

(Abel, Kellehear, Karapliagou, 2018)

Building Compassionate Community at a specific district as an experiment of network building platform: Life and Death Education &the Promotion of ACP and Carer Plan



Objectives of Compassionate Community Initiative in Palliative Care

Outcomes and benefits

Short Term

- **Individual level**: More information available about resources **to** support end of life care in the community; more people accessing information and support
- **Community level:** Increased volunteering (fundraising, care giving), increased number of community activities acknowledging death (memorial services, art projects, dying to know day, death café, etc
- **Broader health, aged care and social care systems**: More advance care are in place, transparent and formalized organizational commitment to community participation and engagement

Long Term

- **Individual level**: Increased likelihood of being cared for and dying in place of choosing, including at home, reduced social isolation and experience of loneliness, reduced fatigue and isolation for carers, improved bereavement outcomes
- **Community level:** increased community capacity to care for people in all phases of end of life (including bereavement, increased death literacy, increased awareness of community resources, increased community social capital, increased partnership between communities, service providers, civic institutions, self-sustaining community activity)
- **Broader health, aged care and social care systems**: reduced palliative-care related emergency visits, reduced unplanned hospital admissions reduced average length of stay in hospital, increased staff motivation and morale, increased organizational capacity, end of life issues are embedded in core business

Appendix

WHO: Ottawa Charter for Health Promotion

The World Health Organisation defines palliative care as '*an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual*.'

Examples of Greater Choicefor At Home Palliative Care Measure

- **Objectives**
- **AREA 2: Community Capacity and Death Literacy**
- Objectives (to be confirmed and refined in further project plans around specific activity):
- 1. Improved knowledge, skills, confidence and attitude concerning EOLC of families and community providers
- 2. Increased patient/carer awareness of palliative care options (including ACP) and choices
- 3. Reports of carer and family satisfaction with community and at home EOLC by end of June 2021
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- **AREA 1: Workforce Capacity and Coordination**
- Objectives:
- 1. Improved healthcare providers' knowledge, skills, confidence and attitude concerning EOLC by end of June 2021
- 2. Increased use of palliative care resources (PHN Pall webpage, PallConsult) and referral pathways (HPWs) by healthcare providers (GPs, pharmacists, nurse practitioners, registered nurses, allied health, residential aged care facility (RACF) staff) by end of June 2021
- 3. Increased numbers of Advance Care Plan (ACP) documents uploaded to The Viewer and My Health Record by end of June 2021
- 4. Increased linkages between primary health care, specialists and palliative care providers by end of June 2021
- 5. Reports of health provider, carer and family satisfaction with community and at home EOLC by end of June 2021