89 PILOT OF AN END-OF-LIFE CARE PATHWAY IN NON-CANCER PALLIATIVE UNIT IN CHINESE POPULATION

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Background The End-of-life Care Pathway (ECP) based on the concept used in Liverpool Care Pathway (LCP V.12), was developed, with modification to suit the local needs. It was first applied to non-cancer palliative unit (MPM) in Hong Kong.

Objective To identify the quality of care for dying patients as documented in ECP and benchmark our performance with the National Care of the Dying Audit—Hospital (NCDAH) 2009 in UK.

Methods A retrospective audit design was used to gather ECP data from Tuen Mun Hospital from 1st August to 31st December 2010.

Results 117 deaths occurred in the audit period and 42 ECP was applied. Median Age is 80 (IQR=75–85); 55% are female; 79% are non-cancer patients. The most common diagnosis is end-stage renal failure. The median duration in ECP is 62 h (IQR=18–103). A high percentage of patients and carers can participate in the communication (95.4%, 95.2%), aware the dying status (88.9%, 90.5%), have the current interventions reviewed (100%), and symptoms controlled (range from 85.1% to 90.5%).

Relatively low percentage of the patients and cares could discuss about their spiritual needs (77.3%, 78.6%), have the anticipated symptoms control medications prescribed and received (71.4%, 36.7%), pathway explained (83.3%, 54.8%) and physically adjusted

Table 1

	ECP	NCDAH 2009
Setting	Ward base	Hospital base
Audit period	1/8/2010–31/12/2010 (4 months)	1/10/08–31/12/08 (3 months)
Total number of hospitals	1	155
Total Number ECP/LCP applied	42	3893
Median number of wards (IQR)	23	23(15–32)
Median number of all deaths occurring in data gathering period (IQR)	117	227 (180–366)
Total percentage of deaths on an ECP/LCP in data gathering period (N)	34% (N=40)	21%
Median age (IQR)	80 (75–85)	81 (73–87)
Female %	55% (N=23)	55% (N=2141)
Median hours in LCP/ECP (IQR)	62 (18–103)	33 (12–74)
Non Cancer	79%	61%
Patient is able to communicate	95.4%	59%
Carer is able to communicate	95.2%	73%
Patient is aware of dying	88.9%	40%
Carer is aware of the patient is dying	90.5%	76%
Carer's contact information updated	90.5%	73%
Carer had a full explanation of the facilities available to them with leaflets	88.1%	53%
Patient's spiritual needs assessed	77.3%	30%
Carer's spiritual needs assessed	78.6%	50%
Anticipated symptom control PRN medications prescribed	71.4%	90%
Patient's current intervention reviewed and unnecessary medications discontinued	100%	/
Artificial nutrition assessed	97.6%	/
Artificial hydration assessed	95.2%	/
Skin integrity assessed	92.9%	/
Full explanation of the pathway to patient	83.3%	30%
Full explanation of the pathway to carer	54.8%	72%

environment received (76.2%). The comparison of the results with the NCDAH 2009 was shown in table 1.

Conclusion This audit point out different aspects for improvement of the ECP first applied in non-cancer medical unit in Hong Kong