



Title	Medical social work in palliative care: what have we learnt from 324 cases in Hong Kong?
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Medical Social Work in Palliative Care: What have we learnt from 324 cases in Hong Kong?

從324個服務使用者剖析香港寧養社會工作

HKICC Satellite Symposium (3 Nov 2011)

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Medical Social Work (MSW) in Palliative Care



... Effective palliative care requires a broad multidisciplinary approach that includes the family and makes use of available community resources...

(WHO, 2009).

What is the Unique Role of MSW in Palliative Care?



What have we offered?

Methods of Data Collection

STUDY 1	STUDY 2	STUDY 3
<ul style="list-style-type: none"> 2 Focus groups 15 MSWs participated Exploration of work done, challenges faced, and core competence of MSW in PC 	<ul style="list-style-type: none"> 4 bereaved family members Exploration of services received, roles and responsibilities of MSW in PC, characteristics of good MSW and service gap 	<ul style="list-style-type: none"> 9 MSS departments, mining data of 324 cases Exploration of needs and services provision for patients in 2009
Focus Groups with MSWs	Interviews with users	Clinical Data Mining

Presentation in 2010

- STUDY 1
- 2 Focus groups
- 15 MSWs participated
- Exploration of work done, challenges faced, and core competence of MSW in PC


Focus Groups with MSWs



周身刀、張張利?

Study 1: Focus Group Study (Findings)

Major Work done by MSS in PC are



The items are used in study 3 clinical data mining

Clinical Data Mining¹

STUDY 3

- 9 MSS departments, mining data of 324 cases
- Exploration of needs and services provision for patients in 2009

Clinical Data Mining



Source of Data :

- All MSS units in Hong Kong that provide services to PC patients are invited
- 9 MSS units spread over 5 clusters (HK, KW, KC, KE, NTE) participated in this study
- For each unit, the 1st, 11th and 21st case received on each month in 2009 is drawn, summing up to 324 cases in the data analysis

¹ Epstein, I. (2001). Using Available clinical information in practice-based research: Mining for silver while dreaming of gold. *Social Work in Health Care*, 33(3-4), 15-32

Findings: Background of the patients (N=324)

	n	%
Gender		
Male	163	50.5%
Female	160	49.5%
Marital Status		
Married	181	56.0%
Never Married	27	8.4%
Separated/Divorced	21	6.5%
Widowed	93	28.8%
Cohabitated	1	0.3%

	Range	Mean	S.D	Median
Age	29 - 92	69.42	14.61	73
No. of Children in HK	0 - 9	2.47	1.47	2
No. of Children outside HK	0 - 6	0.40	0.87	0

Findings: Background of the patients (N=324)

	n	%
Living Arrangement		
Family members	222	68.9
Long term care facilities	49	15.2
Alone	45	14.0
Other relatives	2	0.6
Domestic Helper	4	1.2
Major Financial Source		
Support from family members	159	49.4
Social Security	98	30.4
Savings	50	15.5
Pension	9	2.8
Returns from personal investment	2	0.6
Others	4	1.2

-Majority are living with and depending on family members
 -- PC treats family as unit of care
 -Role of MSW in family work

Findings: Background of the patients (N=324)

	n	%
Sources of Referral		
Medical Team at the Same Hospital	292	90.4
Self-Approach	13	4.0
Medical Team of another hospital	12	3.7
Others	5	1.5
NGOs	1	0.3
Refusal of MSW services		
No	319	98.5
First refused, but eventually accepted	4	1.2

-Medical team recognizes the role of MSW in PC
 -MSW services is not rejected by patients and families

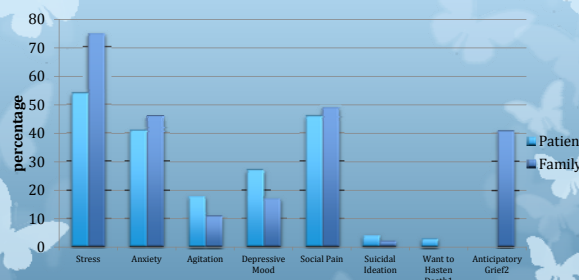
Findings: Background of the patients (N=324)

	n	%
Primary Dx		
Cancer	318	98.1
Renal Failure	4	1.3
Others	1	0.3

	Range (days)	Mean	S.D	Median
Total Days for Inpatient PC after MSW Intake	0 - 410	35.68	47.79	22.0
Duration between intake and death at MSS	-320 - 748	98.61	146.00	37
Duration between intake and close case at MSS	3 - 581	155.44	158.22	73.5
Duration between death and close case at MSS	-91 - 509	56.83	104.37	24.5

-There are only short duration for MSW to provide services (median of 37 days before death and 24.5 days after death)
 -With the help of MSSS, some cases are only referred after death (the case of -19). Some cases issues are settled before death, thus the case is closed before death (the case of -91)

Findings: Psychosocial Distress of Patients and Families (N=324)



¹ Want to Hasten Death applied to patient only
² Anticipatory grief applied to family only

