

A Descriptive Retrospective Study of Afterhours Support Service by a Home Palliative Care Provider in Singapore

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BACKGROUND

Home palliative care is an invaluable service to meet the needs of patients diagnosed with life limiting conditions and their caregivers. The provision of 24 hours support is fundamental for this service. However, there is limited research in Singapore regarding the utilisation of such a costly service, especially in patients with non-cancer diagnoses.

AIM & OBJECTIVES

This study aims to understand the needs of community dwelling patients who were enrolled under the Methodist Welfare Services (MWS) Home Palliative Care Program.

Primary Objectives:

- To determine the usage pattern of afterhours support service including patient characteristics, reasons for use, symptoms reported, and interventions needed.

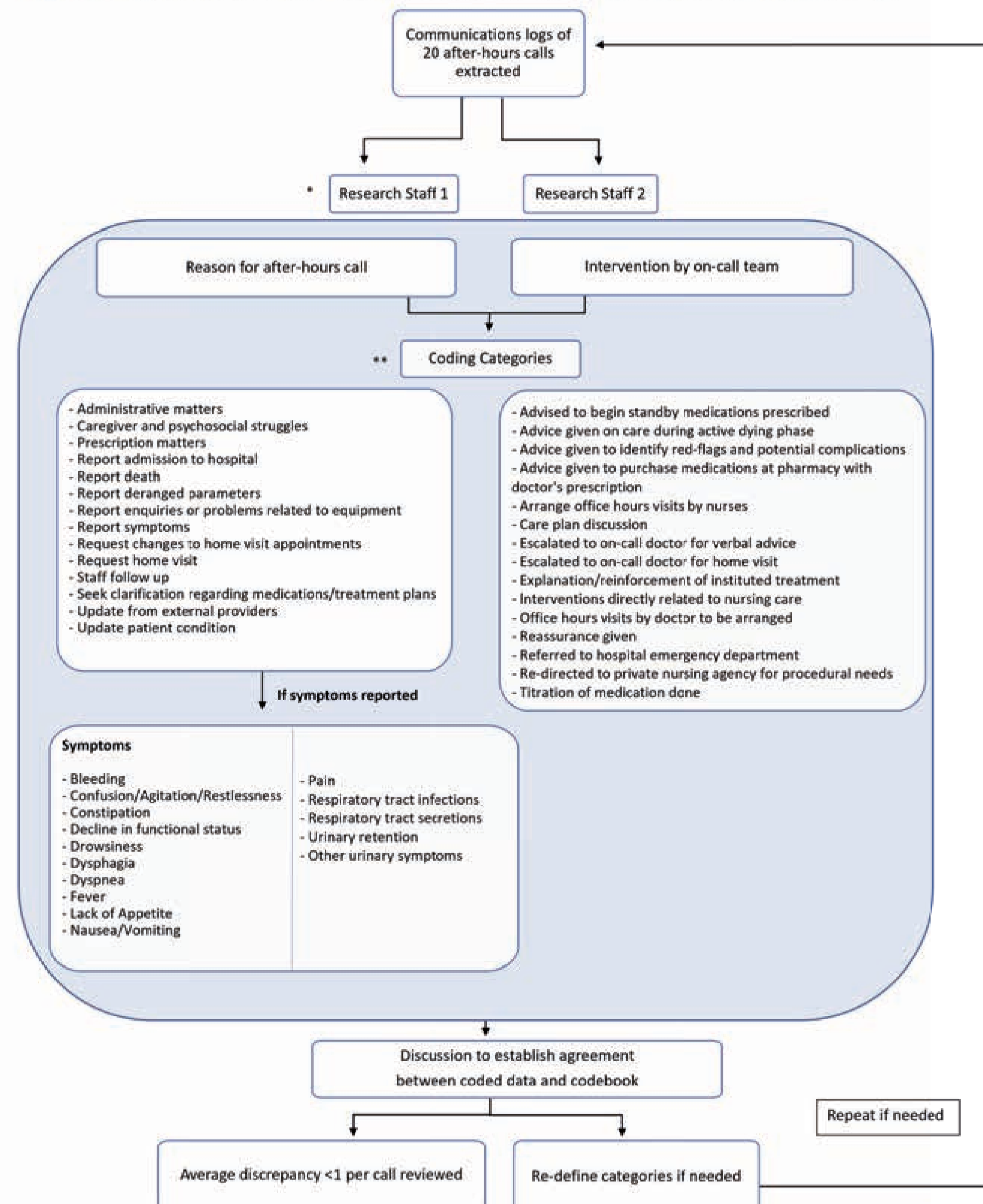
Secondary Objectives:

- To explore associations between:
 - baseline patient characteristics and repeat calls to the afterhours support service
 - reported pain/ dyspnea on the ESAS-r and reported pain/ dyspnea in afterhours calls
 - cancer/ non-cancer diagnosis and reported pain/ dyspnea in afterhours calls

METHODS

- Data over a 6-month period were extracted from electronic medical records of the home palliative care service provider.
- A categorisation system was utilised to score patients' acuity levels and guide the frequency of follow-up home visits.
- To determine the usage pattern of afterhours support service, qualitative data were evaluated via thematic analysis (see Figure 1).
- Chi-Square Test for Independence was used to explore associations between variables of the secondary objectives.
- Validated tools used in the routine clinical care of patients included the Palliative Performance Scale (PPS) and Edmonton Symptom Assessment Scale-revised (ESAS-r).

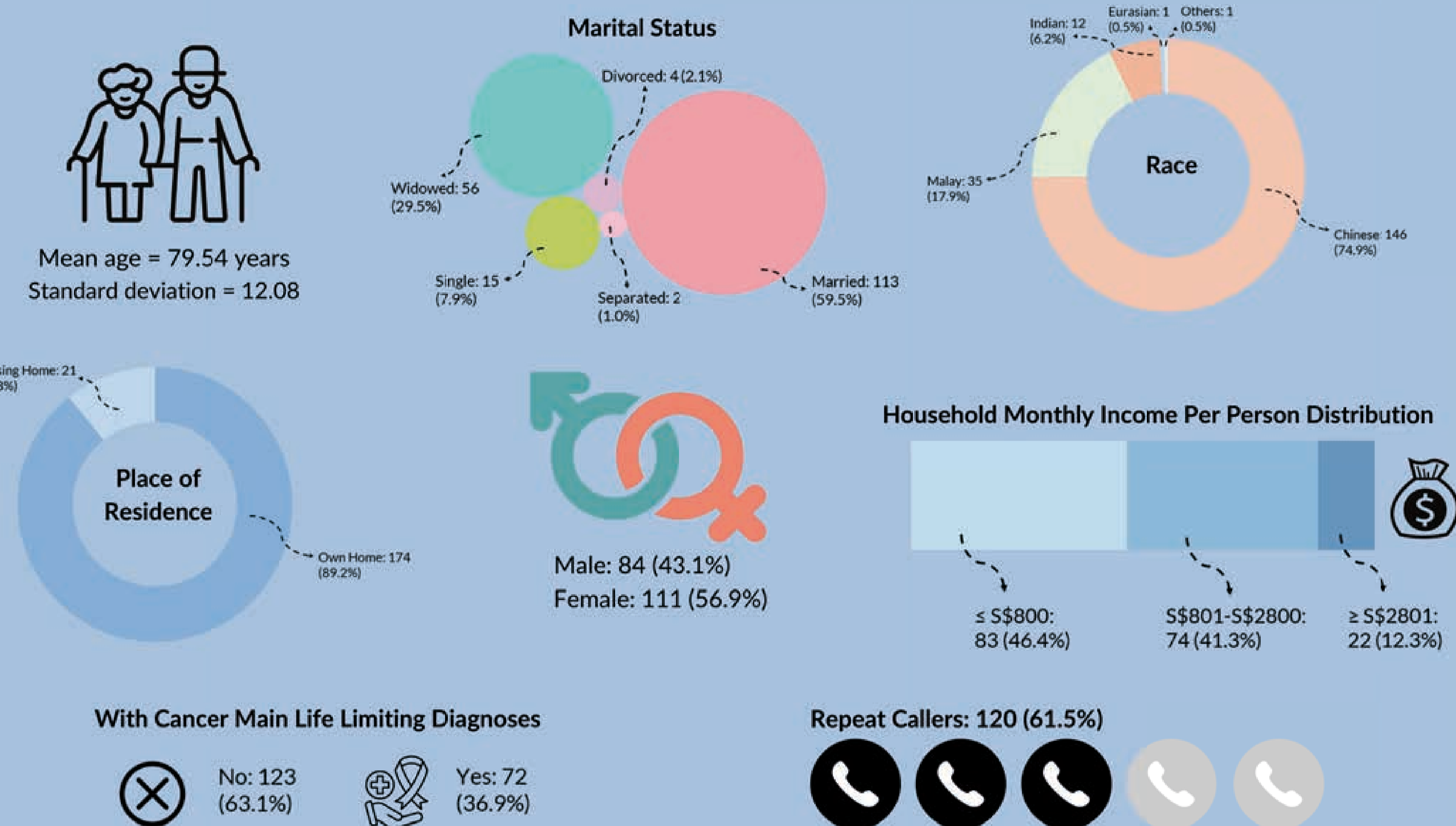
Figure 1. Workflow for the identification of categories for coding.



*Research staff involved in the coding and analysis of the data were blinded to patients' and on-call staff's identifiers.
**Categorisation of codes was based on clinical experience and literature reviews [1-4].

RESULTS

Baseline Characteristics of Patients (n=195)



Only cancer diagnosis had a significant association with repeat calls.

Patients with a cancer diagnosis were more likely to make more than one afterhours call (54 of 72, 75.0%) compared to those without a cancer diagnosis (67 of 123, 54.5%).

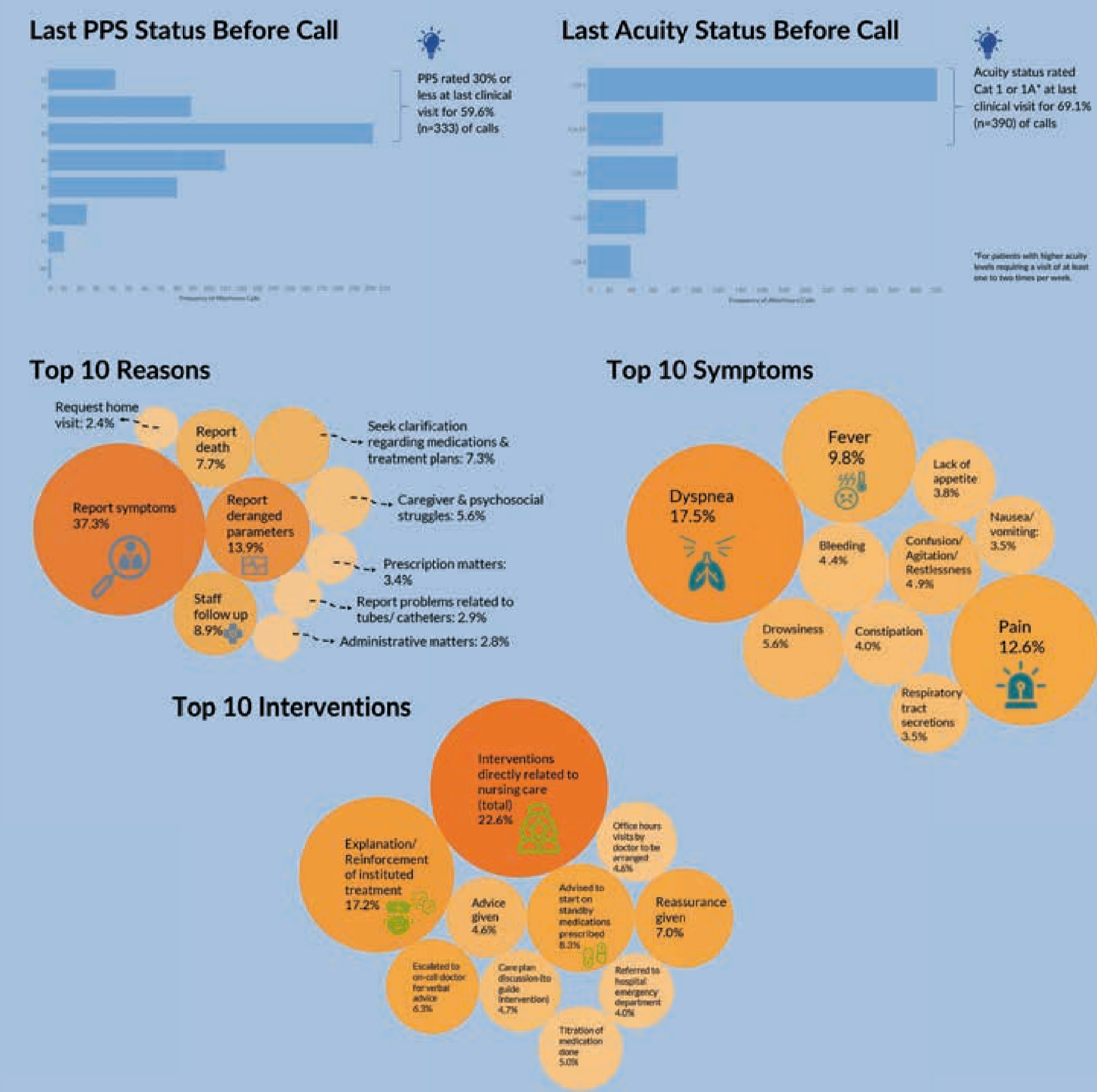
No significant associations between cancer diagnosis and reported pain and dyspnea in afterhours calls.

Significant association between reported pain on ESAS-r and reported pain in afterhours calls.

Patients who reported moderate to severe pain on ESAS-r pain scale were more likely to call in for pain (17 of 60, 28.3%) compared to those who reported no to mild pain on the ESAS-r pain scale (41 of 439, 9.3%).

No significant association between reported dyspnea on the ESAS-r and reported dyspnea in afterhours calls.

Usage Pattern of Afterhours Calls (n=598)



DISCUSSION & CONCLUSION

- Association between cancer diagnosis and repeat calls appear to be in line with the perception that cancer patients have higher symptom burden and other studies done comparing the differences between the two groups [5]. This can guide resource planning for service providers based on their expected case mix.
- Since top interventions are nursing-related, it is crucial to establish protocols and standardised processes for nursing issues and procedures that may crop up afterhours. E.g. Knowledge of resources and agencies available to tap on to offload the home palliative care providers when emergent needs arise afterhours.
- Knowing the specific needs of home palliative care patients can help to guide and prioritise training of essential skillsets and competencies.
- Findings point to a need for adequate training for afterhours call staff on common medications prescribed for palliative care patients and adequate afterhours support by doctors.
- Chi-square test results suggest the unpredictable or fluctuating course of dyspnea compared to pain.
- Further in-depth study is needed on the health seeking behaviour and needs of these patients being cared for at home. Specifically, we can examine specific subsets of patients such as those with cancer, end organ failures or advanced dementia.

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MWS empowers our beneficiaries to have life to the full. Today, our island-wide network of 22 centres and outreach programmes allow us to serve over 11,000 families in distress, youths at risk, children from disadvantaged backgrounds, seniors who are socially isolated, and the chronically ill and destitute. The clients that we serve experience poverty in different ways – weak social support, fractured relationships, poor health, a sense of hopelessness, or a lack of means. We journey alongside them to uncover their inherent strengths, affirm their presence and support them holistically toward a thriving wellbeing.

