Free Paper 1
Nurse-led early psychosocial program for metastatic colo-rectal and lung cancer patients
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Background
Being diagnosed having metastatic cancer will have heavy and enormously impact on patients and their families. They are not only affected physically, psychologically and spiritually, their existential distress and illness coping will also be elicited. The program is adopted in outpatient setting of clinical oncology department to address and intervene metastatic colo-rectal and lung cancer patients’ psychosocial needs and concerns.

Objective
The program is intended to:
- conduct psychosocial assessment to all metastatic colo-rectal and lung cancer patients.
- screen and identify these patients’ psychosocial needs
- provide psychosocial formulation and appropriate interventions by means of individual and group sessions.
- refer patients for other disciplines as appropriate.

Method
All targeted patients during the period Dec-2017 to July-2018 attending outpatient follow up were recruited into the program. These patients and their families were encountered by designated palliative care nurse. Individual psychological assessment was conducted during initial visit. Group sessions enhancing holistic care of patients were conducted monthly. Subsequent sessions of individual counseling were arranged during outpatient follow up according to their needs.

Result
Total 253 patients were recruited. 126 patients had metastatic colo-rectal cancer and 127 had lung cancer. Interim review showed that 139 cases are actively followed up at present under this program. 114 cases were closed. By the end of Jul-2018, out of 253 patients, 147 (58.1%) patients who had scores below cut off GAD-7 and PHQ-9. 106 (41.9%) patients who had scores above cut off GAD-7 and PHQ-9.

For those 106 patients who had scores above cut off GAD-7 and PHQ-9, only 39 (36.8%) patients who were agreed to refer clinical psychologist. 67 (63.2%) patients who declined. Designated palliative care nurse continued to provide more frequent follow up sessions to monitor patients who declined further professional counseling.

Conclusion
Early psychosocial interventions provided by palliative nurse is able to facilitate transition period of care, from active anti-cancer interventions to palliative management. This will help preparing patients’ adaptation process and reduce their psychosocial distress.

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Free Paper 2
Challenges of engaging people with dementia in advance care planning: perspectives of family carers of persons with advance dementia
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Background
As the global population ages, dementia is gaining prevalence. As there is a growing consensus that dementia is a progressive life-limiting disease, the introduction of advance care planning (ACP) to dementia care becomes important and relevant. Persons with dementia will gradually lose mental capacity and thus decision-making capacity as the disease advance, which may add burdens to their family carers and the healthcare team. ACP encourages persons with early dementia (PWEDs) to discuss and express personal wishes for the future and promotes future care earlier, when they are still mentally capable. Their views are essential to guide person-centered palliative care. However, very few of PWEDs have been involved in ACP in Hong Kong.

Objective
To examine the challenges of engaging the dyads of PWEDs and their carers in ACP from the family carers’ perspectives.

Method
This study adopted a qualitative inquiry approach. Ten family carers of persons with advanced dementia were recruited from community through purposive and snowball sampling. Their views on engaging the dyads of PWEDs and their carers in ACP were explored. Data were collected through semi-structured individual interviews, and content analysis was conducted concurrently. Themes were identified and emerged until data saturation.

Result
Key themes emerged included: i) inadequate understanding about the disease and its management; ii) difficulty in thinking ahead; iii) PWEDs have poor insight; iv) PWEDs have difficulty in accepting the diagnosis and new things; v) PWEDs have misunderstanding about the initiatives of ACP discussion; vi) lack of communication.
and consensus among family members.

Conclusion
ACP is theoretically beneficial to the triad of PWEDs, carers and healthcare professionals. Yet, when and how to engage PWEDs in ACP, and what should be included in the discussion remains a challenge. A consideration of the above challenges is essential to design an ACP intervention that is feasible and acceptable.

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Free Paper 3
A Motivational-Interviewing-Tailored Programme for Promoting Advance Care Planning Behaviours in Patients with Palliative Care Needs: Pilot Results

Background
Advance care planning (ACP) is an ongoing communication process to let patients clarify their end-of-life (EOL) care preferences and relay these to their significant others and healthcare providers. Despite its importance, literature showed that patients with grave prognosis had ambivalent feelings towards openly discuss future care.

Objective
This study aimed to test the feasibility of adopting Motivational Interviewing in ACP programme and its preliminary effects on the readiness for ACP, perceived stress and quality of life.

Method
This was a randomized controlled trial conducted in collaboration with palliative care teams from two hospitals. The experimental group received the intervention by a trained personnel in addition to usual care and the control group received usual care only. The ACP Engagement Scale was used to assess readiness for specific ACP behaviours. The modified Quality of Life Concern in the End of life Questionnaire (mQOLC-E) and the Perceived Stress Scale were used to measure quality of life and stress level respectively. Ethical approval was obtained from KEC research ethics committee. SPSS 25.0 was used for data analysis. Mann-Whitney U tests were used to detect group differences.

Result
Thirteen participants were randomly assigned to experimental or control group. Their mean age was 71.3 ± 10.1 years. The majority were male, married, living with family, had primary education and were diagnosed with cancer, with Palliative Performance Scale level 60 or above. At the 1-month follow up assessment, the experimental group reported a significantly higher level of readiness for two ACP behaviours: “communicating EOL care preferences with healthcare team” (p=0.014) and “signing an advance directive” (p=0.035). Yet, no group differences were noted in other outcomes.

Conclusion
The pilot findings showed that motivational interviewing is useful in increasing patients’ willingness to engage in ACP, without adding stress or emotional burdens. Larger study will be conducted to provide more evidence to support its effectiveness.

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Free Paper 4
Effect of a Palliative Care initiative on end-of-life care in acute medical wards: A six-year experience
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Background
The large proportion of death occurred in acute medical wards (AMW) signifies the importance of quality end-of-life care (EOLC) in such setting. A Palliative Care (PC) initiative to promote quality EOLC in AMW has been launched in United Christian Hospital.

Objective
To evaluate the effect of the PC initiative on EOLC in acute medical wards in 2017.

Method
A multifaceted intervention of a care reminder for the imminently dying patient, talks/workshops to frontline doctors and nurses, EOLC link nurse sharing session, and palliative consult service was enhanced. In 2017, the project was further extended to include eight AMW. Case records of all deaths during the period of November 1-30, 2017 in the eight AMW were retrospectively reviewed by standard audit record sheet. Descriptive statistics were applied in data analysis.

Result
When comparing the results with previous reviews in 2011 and 2014, the percentage of DNACPR order was increased and sustained at nearly 90% in 2017. Usage of the care reminder was dropped from 40% in 2014 to 26% in 2017 but was still higher than that in 2011(20.5%). The care reminder serves as a tool to supplement the provision and documentation of care in busy AMW. After years of implementation, staff might have internalized the care reminder and provided appropriate EOLC even without its supplementary use. The significant rise from 26% in 2014 to 53.2% in 2017 in patients received palliative measures when death was anticipated though care reminder was not used may justify this. However, the increase in those receiving aggressive life-sustaining therapy despite death was anticipated (from 7% in 2014 to 18.2% in 2017) may imply the need for more extensive advance care planning (ACP) in AMW.

Conclusion
The results suggested the effect of the PC initiative in the empowerment of frontline staff of AMW in initiating comfort measures for imminently dying patients. Further training and skills transfer to staff of AMW especially on
ACP is recommended.

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Free Paper 5
Nurses’ perceptions towards advance care planning to be provided by nurses in acute care setting: a qualitative study
NG H.Y.N.*, CHAN C.W.H.

Background
Significant proportion of deaths occurred in acute and sub-acute care wards. There is a need for nurses working in acute care setting to provide quality End-of-Life (EOL) care, including advance care planning (ACP), for patients with life limiting disease and their families.

Objective
To understand the perceptions of nurses on ACP implementation by nurses working in acute care setting. Findings will be used to guide the development of the novel training program to meet the needs of nurses of acute care setting in Hong Kong to facilitate ACP conversations.

Method
A descriptive qualitative semi-structured interview design was adopted. Eligible participants of New Territory East Cluster (NTEC) were approached. The chief investigator of the study conducted all the interviews with an interview guide. The interviews were audio-taped and transcribed verbatim. Content analysis was used to identify the common themes to categorize the nurses’ perception.

Result
Thirteen nurses (eleven were female and two were male) from acute and sub-acute units of NTEC were interviewed. Majority had over 10 years post registration experience. Findings showed that most of the respondents reported not much experience in conducting ACP. All agreed that nurses in hospital setting have a role to conduct ACP but they observed that nurses of acute in-patient setting seldom do so, and they were not satisfied with the current situation they observed. They provided insights on barriers and facilitators for successful promulgation of advance care planning by nurses in hospital setting. They also made suggestions on the elements such as knowledge, skills and decision aids to be included in the ACP training program.

Conclusion
The study suggested the use of multi-media experiential learning model rather than merely didactic teaching for training nurses on how to conduct ACP. The findings provided guidance for the development of a novel training program to meet the training needs of nurses of acute care setting in Hong Kong to facilitate ACP conversations.

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Free Paper 6
The experience of caring for patients at the end-of-life stage in non-palliative care settings: A qualitative study
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Background
More patients are dying in non-palliative care settings than in palliative care settings. How health care providers care for adult patients at the end-of-life stage in non-palliative care settings has not been adequately explored.

Objective
The aim of this study was to explore the experiences of health care providers in caring for patients at the end-of-life stage in non-palliative care settings.

Method
This is a qualitative study. Twenty-six health care providers from eight health care institutions at three levels were interviewed individually between August 2016 and February 2017. The interviews were analyzed using qualitative content analysis.

Result
Three themes emerged from the interviews: (i) Definition of the end-of-life stage: This is mainly defined based on a change in treatment. (ii) Health care at the end-of-life stage: Most patients spent their last weeks in tertiary/secondary hospitals, transferring from one location to another and receiving disease- and symptom-focused treatment. Family-dominated decision making was common when discussing treatment options. Nurses instinctively provided extra care attention to patients, but nursing care is still task-oriented. (iii) Challenges, difficulties, and the future. From the interviews, it was found that pressure from families was the main challenge faced by health care providers. It is imperative to educate the public about death, for the government to extend support, and for a better health care environment to be created before end-of-life care can become widely available to be population that is in need of it.

Conclusion
The end-of-life care system of the future should involve health care institutions at all levels, with established mechanisms of collaboration between institutions. Care should be delivered to patients with various life-threatening diseases in both palliative and non-palliative care settings. But first, it is necessary to address the obstacles to the development of end-of-life care, which involve health care providers, patients and their families, and the health care system as a whole.

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Best paper award: LAI Xiao bin
Free Paper 7  
Preferred place of care and death among patients and caregivers receiving Hong Kong cancer palliative care service (C3P4)  

Background  
Caregivers’ preference is a well-known factor influencing patient’s place of care and death. However, there is a paucity of local study on such aspect.

Objective  
To study the prevalence and congruence of preferred place of care (PPC) and preferred place of death (PPD) of the advanced cancer patients and their caregivers, and to identify associated factors influencing the choices.

Method  
This was a cross-sectional study involving 34 dyads of advanced cancer patients and their family caregivers. Thru interview, the PPC and PPD of patients and their family caregivers, demographics, patient’s physical conditions and functional status were retrieved. Caregivers and patients were then invited to rate the choices of PPC and PPD they chose in a pre-set questionnaire using Likert scale.

Result  
The mean age of patients and caregivers were 68.5 (standard deviation 13.4) and 56.6 (SD 13.1) years old respectively. The median Palliative Performance Scale was 60. Twenty-four out of 34 caregivers (70.6%) lived with patients, more than half (52.9%) lived in public housing estate and none was living alone.

Home and PCU were endorsed by more than 40% of patients respectively as the PPC and PPD, only 2 patients who chose home care preferred to die in PCU. However, more than 60% of respondents preferred PCU care and death and less than 10 chose home for PPC and PPD.

The dyads achieved 70.6% and 73.5% agreement in PPC and PPD (K = 0.52 and 0.55) respectively. Patients’ choices were associated with their ages and number of children, while patient’s PPS was associated caregivers’ preference (p<0.05). Patients and caregivers rated their preferred choices differently, although home was consistently rated better as the choice to allow respondents to follow their daily routines.

Conclusion  
Further studies are needed to identify factors influencing and facilitating patients and caregivers to fulfill patients’ own choices.

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Free Paper 8  
Differences in end-of-life care for cancer patients between palliative care unit and general settings.  

Background  
Department of Medicine and Geriatrics (M&G) has enhanced nurses’ skills and knowledge in EOLC in acute & rehabilitation wards since 2013. There is no prior study to explore any differences in EOLC among cancer deaths in palliative care unit (PCU) and general settings; a cross-sectional study was conducted in 2016.

Objective  
To review patients’ profiles and nursing interventions during EOL for cancer patients in PCU and general settings.

Method  
Cohort study in case notes review on decreased cancer patients in PCU and general settings from 1 January 2016 to 30 June 2016. Descriptive statistics and Chi-square test were used for statistical analysis.

Result  
217 cancer deaths were recruited, 66.4% (n=144) were cared in PCU, the remaining (33.6%, n=73) were in acute & rehabilitation wards. Time of deterioration before death were 4.19 ± 6.21 and 2.0 ± 2.22 respectively. 100% (n=141) of cancer patients in PCU had palliative care specialists and palliative nurse inputs, compared with those in general settings (61.6% & 56.2%).

No cancer patients in PCU received non-invasive and or invasive mechanical ventilator (NIV+/- IMV) supports. 21.9% (n=16) of them with NIV+/- IMV supports in general wards. Deceased patients in both settings presented with dyspnoea were (47.9% vs. 43.8%), more pain were observed (54.2% vs. 17.8%), more nausea / vomiting (22.9% vs. 9.6%), and had fever (22.9% vs. 9.6%), all p<0.001.

Both settings had facilitated families with flexible visiting (94.4% vs. 72.6%), accompanied by bedside (88.2% vs. 75.3%) and put on own stroud for last office (92.4% vs. 80.8%), all p<0.001.

Conclusion  
This Cohort study reveals differences remain in EOLC on cancer patients between PCU and general settings even after continuous efforts in promoting EOLC. PC specialists / nurses joint care provided significant inputs on symptoms management and quality EOLC.

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Free Paper 9
A pilot study to examine the feasibility and effects of a caregiver-delivered massage intervention for Chinese patients with advanced cancer

Background
Western studies showed that caregiver-delivered massage interventions were effective in lowering symptom severity among cancer patients and reducing caregiver burden among their family caregivers, leading to improvements in patients’ quality of life (QOL) and caregivers’ preparedness and competence in care provision. Nevertheless, the feasibility and effects of such interventions are yet to be examined among Chinese advanced cancer patients and their caregivers.

Objective
To assess the feasibility and acceptability of a caregiver-delivered massage intervention for Chinese patients with advanced cancer, and its effectiveness in lowering patients’ symptom severity and enhancing their caregivers’ preparedness and competence in caregiving. Its effects on patients’ and caregivers’ perceived distress were also examined.

Method
Forty-nine dyads of advanced cancer patients and their family caregivers, recruited from a local public hospital, were randomized into either the intervention group or wait-list control group. Patients were subjected to a three-week massage program delivered by their caregivers. Data were collected at baseline and one week post-intervention. Symptom severity, perceived distress, QOL, preparedness and competence in caregiving, and satisfaction level were assessed by self-report. Salivary cortisol level was additionally used as an objective measurement for perceived distress.

Result
The recruitment and retention rates of the intervention were 27% and 55% respectively. Patient death and unwillingness of patients to be massaged were the most common reasons for dyads failing to complete the intervention. The intervention was moderately acceptable to the dyads. No significant difference (p>0.05) was observed among all the outcome measures between dyads in the intervention and control groups.

Conclusion
With the low recruitment and retention rates, our caregiver-delivered massage intervention appeared not feasible among Chinese patients with advanced cancer, despite its acceptability among the participants. Its effectiveness cannot be demonstrated owing to the small sample size utilized. A similar study on a larger scale is warranted.

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