

# **How to improve the coverage of hospice-palliative care in lung cancer**

Wu chiung chun

Hospice Shared Care Nurse

Cancer Center, Chang Gung Memorial Hospital, Keelung, Taiwan

20alice0@gmail.com

# Background & Problems

- Lung cancer is the first cause of death in Taiwan since 2007
- The coverage of hospice-palliative means the cancer patients accept the service of hospice palliative care in past one year before they death .
- There are hospice ward, hospice home care and hospice combined care in general unit.
- Data analysis the coverage of hospice-palliative care is 10.9% in January to June of 2015.
- The referral mechanism and standard of care for terminally ill patients referred to hospice team are not clear and team members lack the concept of hospice care

# Purpose

- increased the coverage of hospice-palliative care to 60%

# Resolution

- Case management standard of symptom control and nurse care skills.
- Implementation of the quality of hospice care coverage monitor.
- Team members receive Hospice care training include practice in hospice ward, the communication skills by SHARE model, medical ethics symposium.
- Symptoms related end of life care skills to the patients and family.

# Results

- Revised guidelines for the treatment of lung cancer and case management standards for caregivers to referral hospice-palliative team. Implemented consulted to hospice-palliative team
- proportion increased to 81.3% when December 2015. A chest physician and three cancer managers completed the hospice training course.
- Coverage of hospice-palliative care increased from 10.9% to 61.7% after implementation of this program, implicating that the program can effectively increase quality and coverage of hospice care.

# Conclusions

- The end-stage patients and family members concerns of hospice issues include anxiety and deny the loss from death.
- Different understanding and expect about the disease will influences they acceptance of hospice resources.
- This project was revised by the Care standards increase team members in palliative care training .
- Development related medicine education and extend the experience to non-cancer patients. Patient's right about self-determination in their end of life can be respected.