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Poster Abstract

A 10 year (2000-2010) home hospice study at HCA Hospice Care in Singapore

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Abstract

Introduction: Hospice care is most appropriate when a patient no longer benefits from curative treatment and has limited life expectancy. These patients may suffer from any type of life-limiting illness, including end-stage cancer, end-stage heart disease, end-stage renal failure, AIDS and Alzheimers Disease, among other illnesses. Patients are managed on their pain and symptoms and home hospice care manages these patients in the comfort of their own home, enabling patients to spend their last days with dignity and have a good quality of life.

Aim of study: To describe the home hospice patients at HCA Hospice Care (HHC) Singapore from 2000 to 2010. Description of home care patients in terms of their socio-demographic profile and diagnosis at admission.

Methods: We reviewed the Electronic Medical Records of patients admitted into HCA Hospice Care from 2000 to 2010.

Results: Patients had multiple admissions into HHC home hospice as identified in the EMR between 1 January 2000 and 31 December 2010 but we will only select patients first admission into HHC for this analysis. Of the 25,065 patients in the entire samples, 47.3% were males, 65.2% were married and 84.3% were Chinese. 50.9% of the patients died at home, 75.5% were referred from public hospitals, 53.9% of primary caregivers were children and the mean age of the patients were 68.0 years.

Amongst all cancer patients admitted into HHC, lung cancer (23.6%) was the most common principal diagnosis for admission, followed by colorectal (10.5%) and liver cancers (7.7%). Among non-cancer patients, renal failure (7.0%) was the most common diagnosis. Among male patients admitted into HHC, lung cancer (29.6%) was the most common diagnosis, followed by liver cancer (10.8%), colorectal cancer (10.0%) and end-stage renal failure (5.5%). For female patients, lung cancer (16.9%) was the most common diagnosis, followed by breast cancer (15.9%), colorectal cancer (11.0%) and end-stage renal failure (8.7%).

Ten-year trends on the social-demographic profile and diagnosis at admission would be further analyzed to determine home hospice services utilization and the needs of the homecare patients.
Conclusion With an increasing emphasis to encourage ageing and dying in the community and more attention diverted to building up the home hospice industrys capacity and capability, it is important to understand the profile of the patients who have been utilising home hospice services.
