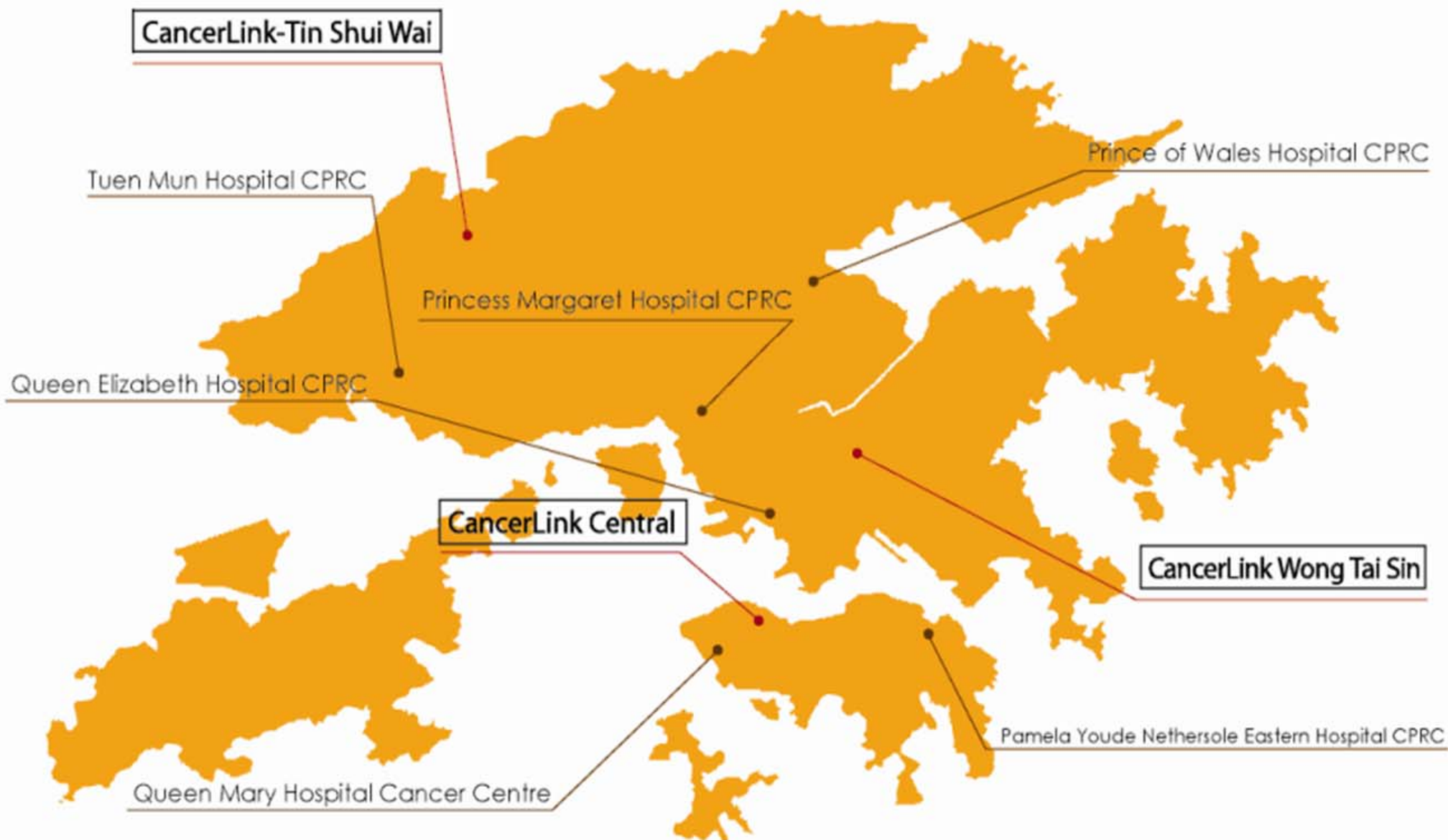


Distress Level of Cancer Patients and Carers Navigations of Support Services in the Community

Hong Kong Cancer Fund
CancerLink Support Center, Central

6 July 2013

Hong Kong Cancer Fund's Support Network



Our Network of Support



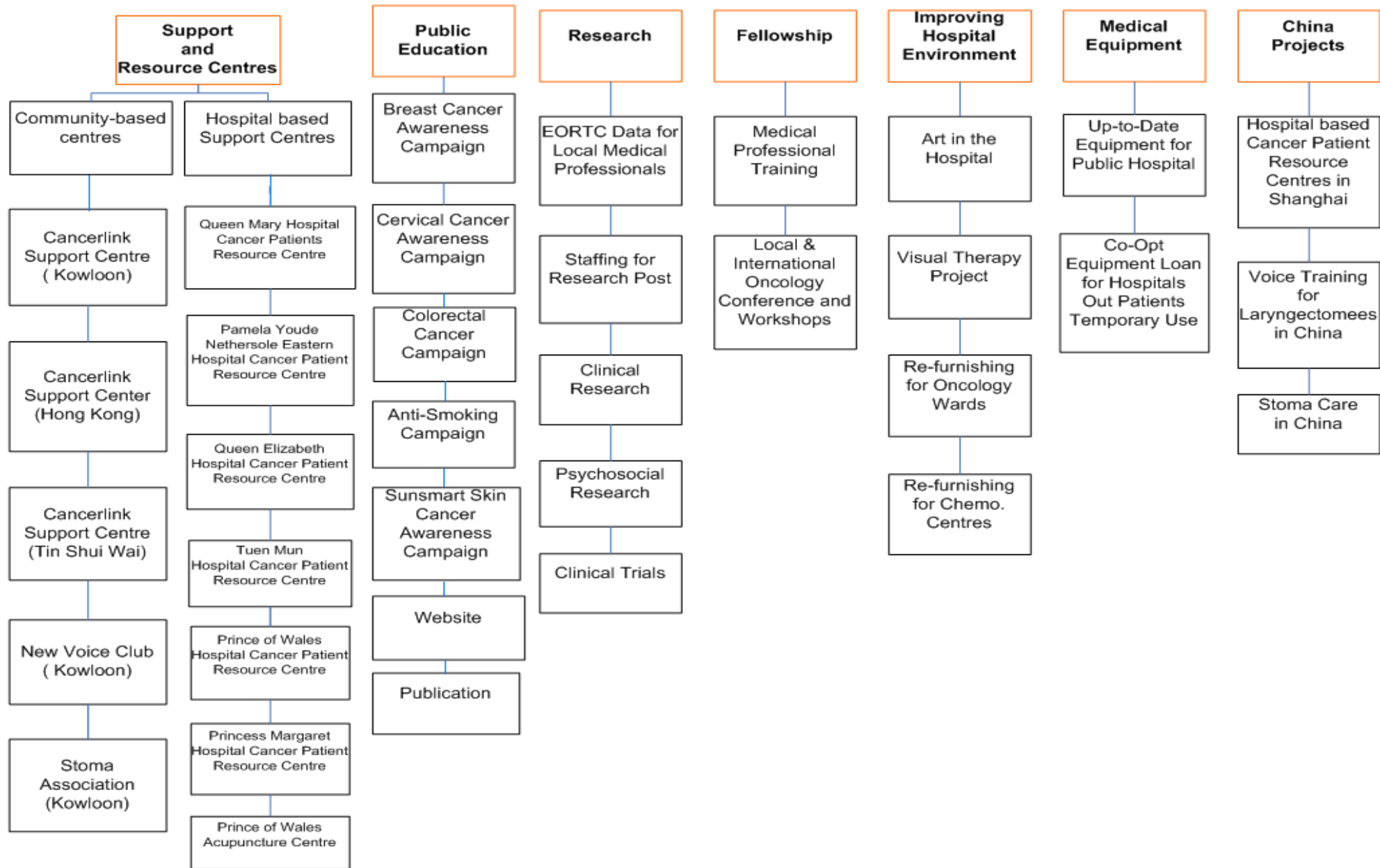
In the Public Hospitals:

- Queen Mary Cancer Centre
- Pamela Youde Nethersole Eastern CPRC
- Queen Elizabeth CPRC
- Princess Margaret CPRC
- Tuen Mun CPRC
- Prince of Wales CPRC
- Prince of Wales Hospital Acupuncture Centre



In the Community:

- CancerLink Central
- CancerLink Wong Tai Sin
- CancerLink Tin Shui Wai
- H.K. New Voice Club
- H.K. Stoma Association



Our Services at a Glance



- Public Education
- Support & resource centers
 1. Community-based centers: CancerLink Support Centre
 2. Hospital-based centers: Cancer Patient Resource Centre
- Research
- Improving Hospital Environment
- Medical Equipment
- Fellowships
- Outreach and China Exchange Projects

3 Strategies:
1. Public Education
2. Psychosocial Service
3. Funding

Public Education



Cancer Information Booklets



Public Awareness Campaigns



Public Health Talks



Patient Navigation

Hong Kong Cancer Patient's support and guidance

Patient Navigation



Distress Level of Cancer Patient in HK

Cancer patients experience several stressors and emotional upheavals. Fear of death, interruption of life plans, changes in body image and self-esteem, changes in social role and lifestyle are all important issues to be faced. Moreover, Depressive Disorders may impact the course of the disease and compliance.

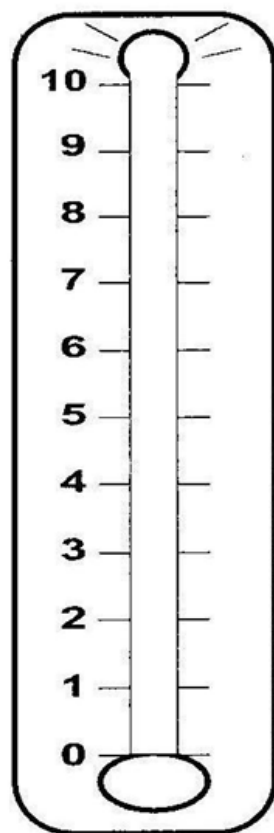
In Hong Kong Cancer Fund, we would focus on the detection of Mood Disorders, support and unmet needs of depressed patients through different professionals.

Patient Navigation



Screening of High Distressed Patients through Distress Thermometer

指示：首先，請在以下的量表上圈出合適的數字 (0-10)，來形容您在過去一星期內 (包括今天) 感到苦惱的程度。



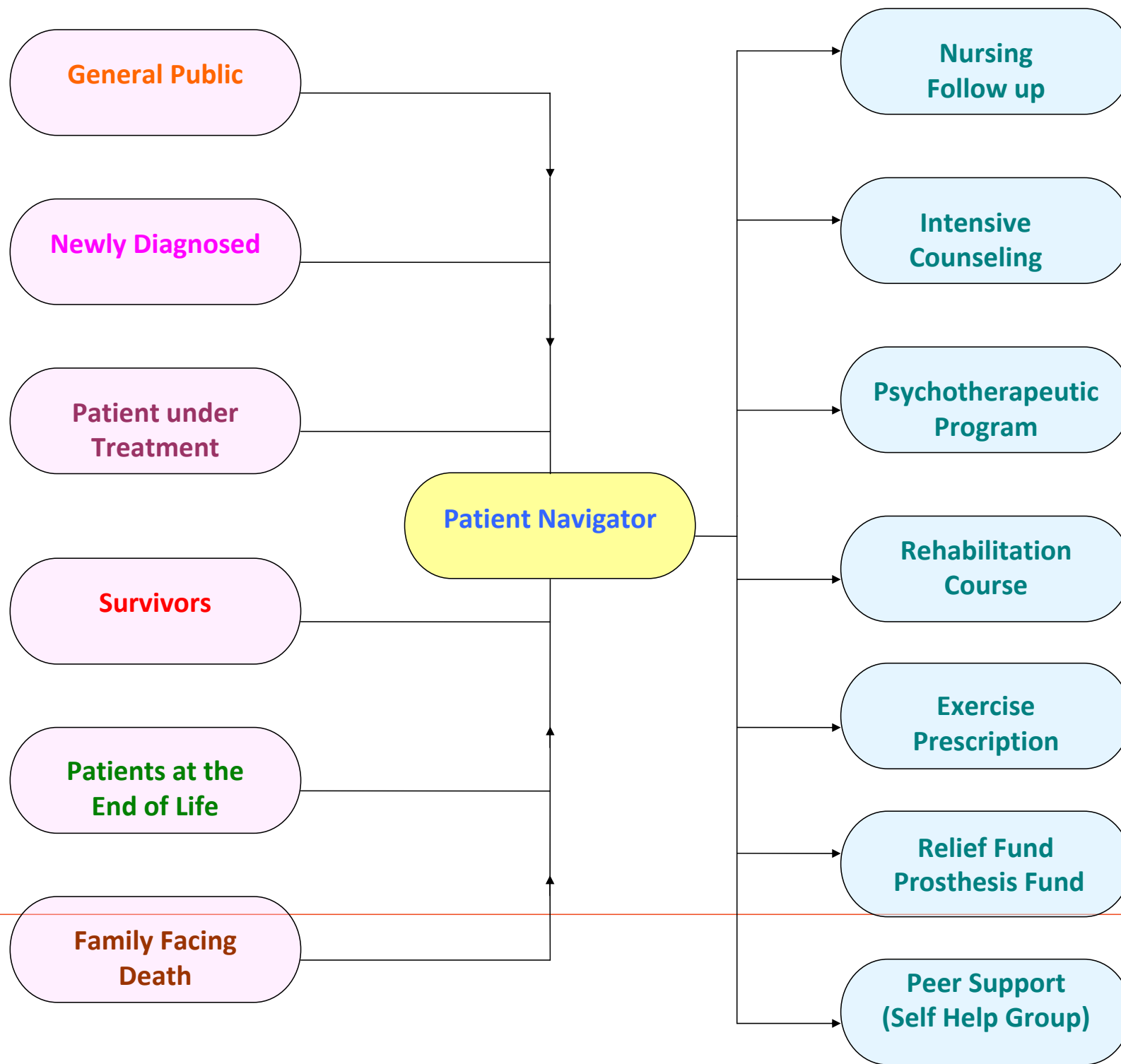
極度苦惱

沒有苦惱

然後，請指出在過去一星期內(包括今天)，您在下列各方面是否遇到問題。
請回答「是」或「否」。

實際問題		此欄只供本學系使用	
DM1.	照顧子女	1 是 / 0 否	<input type="checkbox"/> DM1
DM2.	房屋	1 是 / 0 否	<input type="checkbox"/> DM2
DM3.	保險/財政	1 是 / 0 否	<input type="checkbox"/> DM3
DM4.	交通	1 是 / 0 否	<input type="checkbox"/> DM4
DM5.	工作/學校	1 是 / 0 否	<input type="checkbox"/> DM5
家庭問題			
DM6.	與子女相處	1 是 / 0 否	<input type="checkbox"/> DM6
DM7.	與伴侶相處	1 是 / 0 否	<input type="checkbox"/> DM7
情緒問題			
DM8.	抑鬱	1 是 / 0 否	<input type="checkbox"/> DM8
DM9.	害怕	1 是 / 0 否	<input type="checkbox"/> DM9
DM10.	緊張不安	1 是 / 0 否	<input type="checkbox"/> DM10
DM11.	悲傷	1 是 / 0 否	<input type="checkbox"/> DM11
DM12.	擔心	1 是 / 0 否	<input type="checkbox"/> DM12
DM13.	對日常活動失去興趣	1 是 / 0 否	<input type="checkbox"/> DM13
DM14.	心靈/宗教上的問題		<input type="checkbox"/> DM14
身體問題			
DM15.	外表	1 是 / 0 否	<input type="checkbox"/> DM15
DM16.	洗澡/穿衣	1 是 / 0 否	<input type="checkbox"/> DM16
DM17.	呼吸	1 是 / 0 否	<input type="checkbox"/> DM17
DM18.	排尿情況改變	1 是 / 0 否	<input type="checkbox"/> DM18
DM19.	便秘	1 是 / 0 否	<input type="checkbox"/> DM19
DM20.	腹瀉	1 是 / 0 否	<input type="checkbox"/> DM20
DM21.	進食 (例如：吞嚥困難)	1 是 / 0 否	<input type="checkbox"/> DM21
DM22.	疲倦	1 是 / 0 否	<input type="checkbox"/> DM22
DM23.	感到腫脹	1 是 / 0 否	<input type="checkbox"/> DM23
DM24.	發燒	1 是 / 0 否	<input type="checkbox"/> DM24
DM25.	行動自如	1 是 / 0 否	<input type="checkbox"/> DM25
DM26.	消化不良	1 是 / 0 否	<input type="checkbox"/> DM26
DM27.	記憶力/集中精神	1 是 / 0 否	<input type="checkbox"/> DM27
DM28.	生口瘡	1 是 / 0 否	<input type="checkbox"/> DM28
DM29.	作嘔	1 是 / 0 否	<input type="checkbox"/> DM29
DM30.	鼻乾/鼻塞	1 是 / 0 否	<input type="checkbox"/> DM30
DM31.	疼痛	1 是 / 0 否	<input type="checkbox"/> DM31
DM32.	性生活	1 是 / 0 否	<input type="checkbox"/> DM32
DM33.	皮膚乾燥/痕癢	1 是 / 0 否	<input type="checkbox"/> DM33
DM34.	睡眠	1 是 / 0 否	<input type="checkbox"/> DM34
DM35.	手腳刺痛	1 是 / 0 否	<input type="checkbox"/> DM35
其他問題			
DM36.	_____	1 是 / 0 否	<input type="checkbox"/> DM36
DM37.	_____	1 是 / 0 否	<input type="checkbox"/> DM37





Patient with DT score higher than 4



- Follow up by social worker
- Needed case would refer to psychiatrist for consultation
- Assessed case would follow by Clinical Psychiatrist or Art Therapist
- Community Networking for the benefit of cancer patients
- Cooperation with PYNEH PRC
Support from hospital to community

Direct referral from hospitals and clinics



Patient Referral Form

Agreement – Patient Referral

I hereby give my consent to refer to my personal information to Hong Kong Cancer Fund CancerLink Support Centres via Queen Mary Hospital on a voluntary basis. I also understand that completion of this Patient Referral Form is entirely my own decision and is of no relation to medical professionals at that hospital (who only provide assistance to referral) whatsoever. I also understand the purpose of providing my personal information is for receiving better service and all information will be strictly confidential.

Name of Patient: _____ Patient's Signature: _____
Date: _____

Referral Center : > Referrer send the referral form to CancerLink (by fax) >	<input type="checkbox"/> Tin Shiu Wai Fax 3919-7099 Hotline 3919-7000 <input type="checkbox"/> Wong Tai Sin Fax 3656-0900 Hotline 3656-0800 <input type="checkbox"/> Central Fax 3667-3100 Hotline 3667-3000
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Patient Information

Name : _____ (_____) Tel Contact : _____
 Age : _____ Gender : M F
 Cancer Type : Lung Breast Colorectal Liver NPC Cervical
 Lymphoedema Oesophagus Larynx Stomach Liver Leukaemia
 Thyroid Bladder Prostate
 Others : _____
 Treatment Status: Planning Under Treatment Finished treatment Others: _____
 Reasons for referral: _____

Interested services

Nursing Consultation Psycho-therapeutic groups Peer Support/Sharing Home care service
 Rehabilitation Class Professional Counseling Rainbow Club
 (Service for Children of Cancer Patient)
 Escorting to Hospital for follow up appointment Others : _____



Service in Community



- Training to hospital volunteer in regard of cancer support (e.g. HKCCCA)
- Different cancer type support group in hospital and community (e.g. PYNEH, YWAC women ctr & elderly ctr)
- Cancer smart workshop in community (NGOs & corporates)

