A Geriatric Service for End-of-life Patients in Residential Care Homes during Winter Surge

SPP-P1.16

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Introduction

- Revolving Door Syndrome = Recurrent Hospitalization
  - Unavoidable in the last year of life
  - Residential Care Homes for Elderly (RCHEs) ~ 20% medical admissions
  - Winter-surge pattern
  - End-organ failure: dementia, heart, respiratory and renal failure
- An audit of SH's End of Life (EOL) program (2008 – 2011:)
  - Minority (10%) directly admitted to Medical & Geriatric Unit, Shatin Hospital (SH)
  - Majority (90%) via AED → acute medical wards at Prince of Wales Hospital (PWH)
- New EOL pathway
  - Allows clinical admission of RCHE-EOL patients directly to convalescent wards at SH

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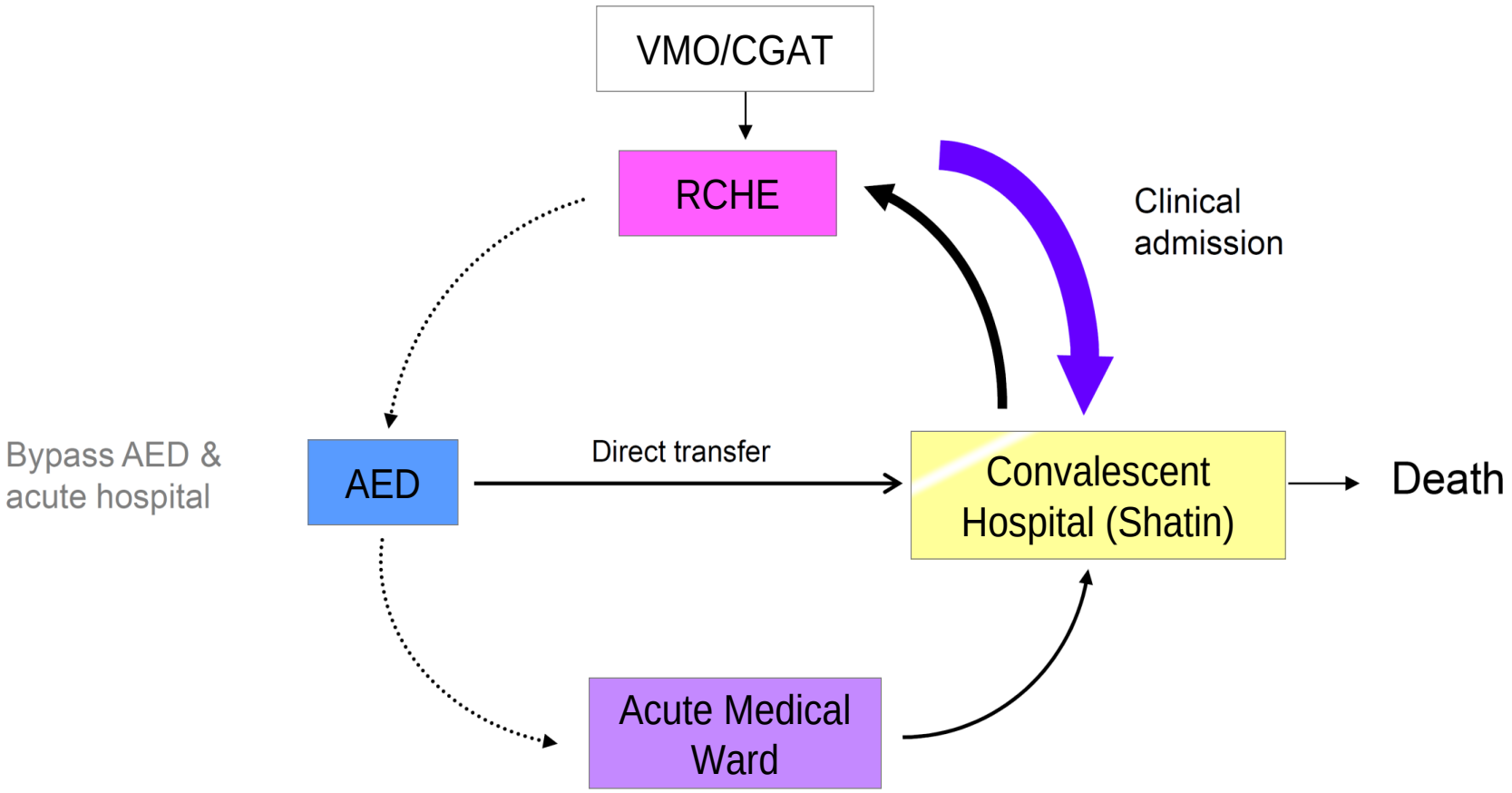
New journey for EOL cases



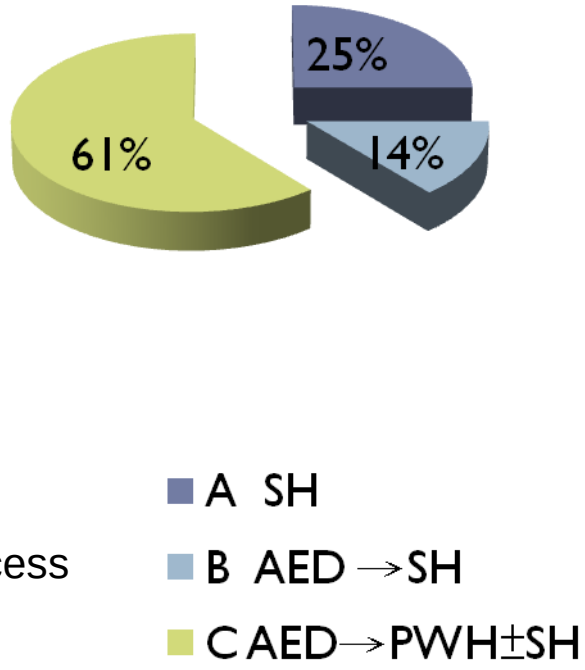
■ EOL case identification & recruitment by Geriatric Team using Gold Standards criteria, high HARRPE score

Study overview

- Objectives
  - To provide appropriate care for EOL-RCHE residents through
    - Bypass of AED & acute wards
    - Advance Care Planning (ACP)
- Methods
  - Winter surge months Jan – Mar 2013
  - RCHE cases recruited to EOL programme by Geriatrician and ACP established
  - RCHE staff contact CGAT nurse if EOL case requires hospitalization →SH
- Outcomes
  - Ratio of clinical : emergency admissions
  - ACP compliance
  - Healthcare utilization
    - Acute and convalescent length of stay (LOS)
    - Healthcare costs
    - Impact on acute services
  - Mortality

RCHE-EOL Patient Journey

Distribution of types of admissions for EOL patients



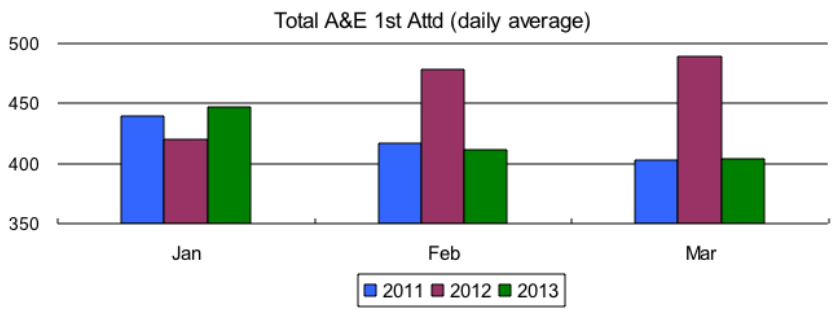
A & B = Success
C = Failure

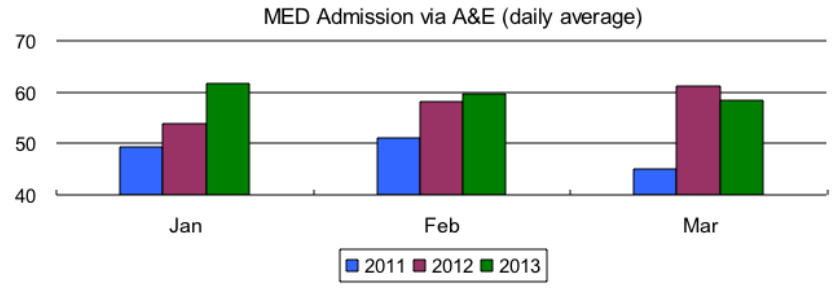
- Reasons for attending AED (Groups B & C)
  - Outside office hours 57.8%
  - Too ill 33.3%
    - ↓GC / unstable vitals
    - Respiratory symptoms
    - Fever
    - Dehyration
  - Others 8.8%
    - Communication breakdown
    - RCHE guidelines
    - No bed available in SH

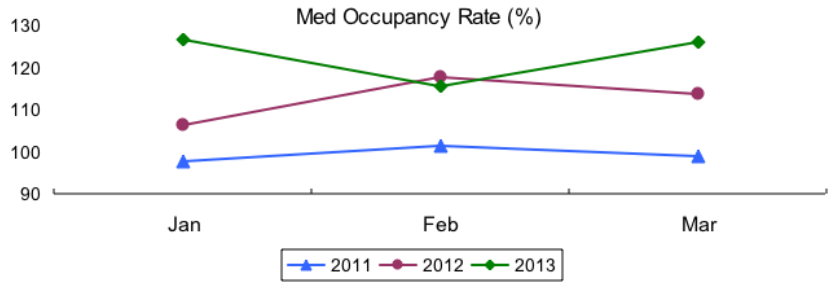
Healthcare utilization, costs and mortality

	A	B	C
ACP Adherence (%)	100	100	98#
Average LOS (days)			
Acute	0	0	3.46
Convalescent	11.79	7.64	11.1
*Cost of hospitalization($)			
Cost per patient	19512	14267	30844
Cost of Success group (A and B)	17589 30% cheaper		
Cost of Failure group (C)			30844
Total savings over 3 months	$891,154		
Per admission episode	5/19 (26)	2/11 (18)	13/46 (28)
Within 3 months of enrollment	50		
Within 6 months of enrollment	85		

Impact on AED & acute ward congestion







- Average < 1 EOL case requiring admission per day
- Average medical admissions 40 – 60 per day
- EOL cases only 1.7 – 2.5% of all acute patients
- Likely underestimation of cases – 5 to 10% reported but different criteria
- No winter surge in 2013?!!
- 50 extra beds added for winter surge 2013 → occupancy rate 120 – 130%

Summary

- In this program aimed at **diverting RCHE - EOL** patients who required hospitalization **from AED & acute wards** to a convalescent medical unit during the winter surge period of 2013:
  - Overall **success rate was 40%,** limited by service hours and patients' unstable condition.
  - Adherence to **Advance Care Plans** was high
  - Programme **reduced utilization of acute medical services,** amounting to potential savings of $0.89M over the 3-month study period

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- Bring home message:

- The majority of EOL patients from RCHEs can be managed entirely in a convalescent setting following an ACP, if direct clinical admission can be facilitated.