

PEACE Program

Promoting, **E**ducation, **A**dvocacy, **C**ollaboration, **E**mpowerment

To promote Quality of Dying for Frail Elders



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Background

- Almost all older patients with terminal diseases or deteriorating chronic illnesses die in hospital rather than in a familiar environment accompanied by family members



Objectives

- To develop an infrastructure for advance care planning (ACP) and end-of-life care (EOL) for frail elderly patients



Methodology

Subjects:

- Frail elders in 2 Subvented Care & Attention Homes (OAH)
- HARRPE ≥ 0.4
- Gold Standards Framework for the 3 Illness Trajectories (cancer, organ failure and patients with frailty/dementia)

Interventions:

- Life & death education
- ACP through family conference
- Weekly Medical Clinics for disease management
- Nursing Rounds for care management
- Clinical protocols for symptoms control
- Administrative guidelines for patients attending PMH AED
- Designated areas in OAH & PMH AED for dying patients
- Bereavement Care
- Monthly performance review and case sharing





Preliminary Results

- **PEACE** Program started since December 2012.
- 7 frail elders were recruited with continuum of care for their life limiting illness carrying out at their “homes”.
- Sex: 5 Female elders (71%).
- Age ranged from 85 to 98 (mean = 91).
- 3 patients have organ failure & 4 patients have advanced dementia. HARRPE ranged from 0.4 to 0.6 (mean = 0.52).
- 4 of them had passed away peacefully – shared their ends with families; no CPR was given.
- Family members and residential carers highly appreciated the PEACE Program and the logistic arrangement.



Conclusion

- Death is inescapable; measures must be put in place to strengthen capacity to deliver good end-of-life care.
- “Dying in place’ is surely the preferred model of care – in a person’s final home, with a possibility of being surrounded by familiar places, people and things.

To be continued...

THANK YOU

