PEACE Program

Promoting, Education, Advocacy, Collaboration, Empowerment

To promote Quality of Dying for Frail Elders





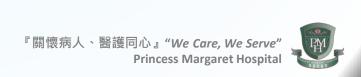
Background

 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













- 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.





- 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...



