Service Priorities and Programmes
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**Submitting author:** Ms NUM CHU SHUM  
**Post title:** Medical Officer, Ruttonjee & Tang Shiu Kin Hospitals, HKEC

**Improving End-of-life (EOL) care for Elderly in Residential Care Homes by Hong Kong East Cluster (HKEC) CGAT**

*Shum NC, SK Ho, K Chan, YC Yung, YH Law, WF Cheung, KW Pak, KY Tsang, HT Lee, CPL Kng, CK Wong, PK Mak, KY Ho, CP Wong*  
*Department of Geriatrics, Ruttonjee Hospital*

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**Introduction**

Hospital Authority statistics of 2012 showed that 33.5% of all deaths in public hospitals were residents of Residential Care Homes for the Elderly (RCHE). One third had increased hospital admissions within the last 6 months of their lives. However, communication and preparation about death at RCHE were general taboo among our seniors in Hong Kong. Quality elderly service should relieve the anxiety about death and help their families and them to make a choice on End-of-Life care including Advance Care Planning (ACP). The HKEC Community Geriatric Assessment Team (CGAT) implemented EOL care program at RCHE in 2014 and aimed to provide quality of care and support for our seniors at their end of life in community.

**Objectives**

1. Promote Die in Dignity for the elderly  
2. Enhance effective communication of EOL care and continuity of care according the ACP  
3. Reduce avoidable hospital admission at end of life

**Methodology**

The program was commended in January 2014. Training of CGAT and RCHE staff started in 2013. Residents were recruited according to the screening criteria. Residents recruited in this program were assessed and given under care by a designated EOL nurse once weekly. They were visited by a designated EOL doctor every 2 weeks to provide appropriate care aimed for symptom control. Clinical admission would be arranged for a RHTSK EOL bed if indicated and whenever possible. Recruited residents would be cared by a designated team in hospital and allowed more flexible visiting hours for family members to accompany patients during the last days of their lives. Residents who met the recruiting criteria but declined the service were assigned a control group and under conventional care by CGAT.
Result
30 residents (from 10 RCHE) were recruited into this program up to August 2014. Seven residents passed away (23%) within 4 months after recruiting into this service. All of them died at RHTSK EOL beds and received the care according to their ACP. An additional 150 doctor and 450 nurse attendances were paid. 13 residents were recruited under control group. The number of hospital admissions were statistical significantly less in the study group by independent T-test (mean of study group=0.73 v.s. mean of control group= 1.62, p=0.02). The total length of stay of the study group was less than the control group but not statistically significant (mean of study group= 7.07 days v.s. mean of control group= 13.08 days, p=0.13). Furthermore, 2 satisfactory surveys were conducted in the RCHE in August 2014 with encouraging results. A high satisfaction rates (87%) about the care was found among family receiving EOL care as well as that of the RCHE staff who gained support from CGAT in taking care of their residents during EOL.