End of Life Programme in residential care homes reduces unnecessary hospital admissions and fosters “good death” in last phase of life

Luk JKH, Chan TC, Chan WK, Ng WC, Mok WWY, Chan FHW
Hong Kong West Community Geriatric Assessment Team (HKW CGAT)

Keywords:
End of Life programme
Residential care homes
Reduction in admission
Good death

Introduction
Hospital admissions are common in older RCHE residents approaching end of life (EOL). In order to foster “good death” and reduce unnecessary hospital admission, a pilot EOL Programme in residential care homes (RCHEs) was started by HKW CGAT in September 2009 in 2 RCHEs. 2 pathways are offered: (1) Hospital pathway - usual CGAT service with EOL care in convalescence hospital; (2) Accident and Emergency (AED) pathway – patients stay in RCHE until the “last moment” before transferring to AED. Certification of death is by AED doctors while death certificate (Form 18) is completed by CGAT geriatricians.

Objectives
To study the characteristics and service utilization of older RCHE residents in EOL Programme.

Methodology
Patients in EOL Programme from September 2009 to August 2014 were examined retrospectively.

Result
64 patients (23 men, 41 women) with an average age of 87 were studied. 22 (34%) joined the AED pathway, with 9 of them finally died in AED. In the last 6 months before death, they had an average (per person) of 2.67 AED attendances (including death episodes in AED), 1.67 total medical admissions and 16 medical bed-days. These figures are lower than those reported by Hospital Authority in 2012 (AED attendances 2.98; total medical admissions 2.56; medical bed-days 26) for local RCHE residents during their last 6 months of life. In the last one month before death, oedema (100%)
and dyspnea (89%) were common symptoms. 4 (44%) patients required morphine and 8 (89%) required oxygen in RCHEs. Frequent ad-hoc CGAT doctor (2.67) and nurse (3.9) consultations per person were needed in the last one month of life. All patients had family members present at their “last moment”. On average, patients were certified death in 11.4 min after reaching AED. All death certificates (Form 18) were completed by CGAT doctors within 24 hours. Conclusion EOL Programme seems to be able to reduce unnecessary AED attendances, medical hospitalizations and bed-days in older RCHE residents during their last phase of life. Selected symptomatic EOL patients can be managed in RCHEs until the “last moment”, in a familiar environment with family members besides them. Further large scale study is warranted to examine the efficacy and cost-effectiveness of EOL Programme in RCHEs.