Service Priorities and Programmes

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The Choice of End of Life Care (EOL) for the Elderly in Residential Care Home

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Introduction

Death is a crucial part of everyone's life. However, too many elderly people are less likely to have their EOL care choices and preferences being discussed and met in Residential Care Home for the Elderly (RCHE). In 2014, there were around 46,000 deaths in Hong Kong, of which about 90% presented to HA facilities. Among elderly people who died in HA facilities, about 40% lived in RCHEs. In Hong Kong, about 8.5% elderly live in RCHEs. As this group of elderly people has high prevalence of multiple comorbidities like advanced dementia or chronic irreversible medical illnesses, many of whom will need EOL care. In October 2015, a pilot programme called "Enhancement of Community Geriatric Assessment Service (CGAS) for EOL Care in RCHEs" was implemented by the HA in three clusters' hospitals. In October 2016, KH Community Geriatric Assessment Team (CGAT) also started the programme in RCHEs.

Objectives

(1)To improve client access to appropriate EOL care in RCHEs; (2)To provide appropriate care options to clients in RCHEs and their families; (3)To minimize medically futile treatment; (4)To reduce unnecessary acute hospital admission; (5)To enhance satisfaction of clients and carers during the care journey

Methodology

A case management approach was adopted to coordinate care according to the specific needs of RCHE residents e.g. formulating advance care plan (ACP), enhancing on-site support, providing psychosocial care to residents and caregivers, and coordinating clinical hospital admission. Potential cases were identified by CGAS nurses in RCHEs and further screened by geriatrician. Other key components of the program included: (1) CGAT EOL nurse coordinator collaborated with QEH PC APN and PC NC in provision of EOL care training to RCHEs' staff and CGAT nurses to enhance their EOL care knowledge and change their attitude to dying, death and bereavement; (2) Strengthening communication and service operation between CGAT,

KH wards, QEH AED & QEH PC team through regular meetings, development of admission workflows and working manual on EOL care; (3) Case recruitment was based on the Gold Standards Framework to identify suitable elderly to join the programme. ACP and DNACPR for non-hospitalized patient would be established and advance directive (AD) would be signed if the elder was mentally sound. Every recruited elder should have an EOL package with them on admission or during AED attendance. The status of recruited elders would be also entered into the 'ALERT' section of CMS record. (4) Provision of timely condolence to bereaved family by sending a card with condolence messages from KH CGAT within two weeks and bereavement service would be introduced whenever necessary.

Result

A total of 86 of residents in RCHEs were recruited during the period of 3 October 2016 to 31January 2018. All of them had discussed ACP and signed DNACPR for non-hospitalized patient, 5 cases were cognitively intact and able to sign AD. Total number of case closed was 46 (1 case withdrew; 3 cases were transferred to other clusters & 42 deaths). A total of 28 RCHEs of 250 staff received EOL care training in the period of October 2016 to August 2017. From the period of October 2016 to January 2018, there were 41 episodes of clinical admission of the recruited cases to KH RB ward. In order to identify levels of patient satisfaction, a patient satisfaction survey was conducted from 13 June to 8 July, 2017. A total of 28 questionnaires were distributed to the recruited clients / relatives and the returning surveys were 28.The findings from the survey were very positive. The overall patient's and relative's perception on EOL care service were good.

Conclusions: Better EOL care not only reduces the need for more expensive hospital care. ACP can facilitate the care choices for the elders or relatives, it also improve their quality of life. The mutual collaboration and good communication between CGAT, AED, wards and PC team can create synergies for the successful implementation of the programme.