



Service Priorities and Programmes Electronic Presentations

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Family Experience on Advance Care Planning in Residential Care Homes

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Introduction

Residential care homes (RCHes) commonly care for residents until death, making palliative care and advance care planning (ACP) essential elements of care. In Oct 2016, HAHO rolled out End-of-life (EOL) care enhancement program in RCHes under QEH CGAT. The program aims to facilitate ACP discussion and provide a more coordinated care in order to promote quality EOL care to residents live in RCHes. Ongoing monitoring by survey plays an important role to provide important information to improve quality of care to our patients towards EOL.

Objectives

The collection of feedback aims to have an overview or “snapshot” of how patients and carers viewed the current service providing and has an opportunity to find necessary change where required which would help us identify ways of improving our practice which ultimately translates into better EOL care.

Methodology

A satisfaction survey consisted of ten questions based on three categories 1) Staff Attitudes 2) Experience with Service 3) Overall Comments were designed and distributed to 40 patients/families under our care and collection in 6 months-time.

Result

We invited patients and carers to join the survey. A total of 35 surveys returned (87% respondents rate). Over 62% of them with age over 60. 97% of the respondents strongly agreed or agreed that the professional team listened to and understood their needs to help in making care options. All participants perceived ACP discussion are valuable to provide “patient centered care”. Their choice of care and personal values were being respected. The content of discussion can help them understand their disease progress and avoid unwanted interventions. Moreover, the program

enhanced their understanding on comfort care and psychosocial support during the EOL. The overall comments were positive. Many of them appreciated the care and supports by the team and 97% satisfied the program as a whole. These findings are encouraging and provide important insights towards improving the provision of quality EOL care. To better incorporate the ACP discussion in existing workflow, staff training on proactive conversations, enhance RCHE staff understanding and educate families on EOLC options were strategies to guide quality ACP discussion. The survey results successfully shed a light to direct the ACP discussion and development of tailored interventions that will improve patient's and carer's experience.