



**Service Priorities and Programmes**  
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**End of Life (EOL) Care in the Residential Care Homes for the Elderly (RCHE)**

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**Introduction**

Most of the frail older patients are supported in RCHE. At the end of their journey they will have multiple admissions for pneumonia, aspiration and eating problem. They suffered a lot from futile treatment. It is important to identify them for EOL Care. A pilot EOL Care program was launched by the New Territories West Cluster Community Geriatric Assessment Team (CGAT) and Palliative Care Nurse in five RCHE since October 2012. Suitable subjects were identified for intervention, included timely medical support and specialized palliative nursing care. Their families were interviewed to explain the poor prognosis.

**Objectives**

1. To study the characteristics and the outcome of the patients recruited for the EOL Care
2. To identify the risk factors associated with higher one year mortality

**Methodology**

A "Pre-test" vs. "Post-test" design was employed. Subjects were recruited if 1. They had severe frailty or dementia, end stage organ failure, or incurable malignancy; and 2. The attending Geriatric Specialist was not surprised if they were to die within six months. Outcome measures included: 1. 6-month and 12-month mortality rates 2. All admission over 6-months before and after intervention 3. Acceptance of the service

**Result**

33 patients were recruited and 73% were females. The mean age was 87.6 +/- 7 (71-106). The principal diagnosis was dementia or frailty (79%), renal failure (15%), heart failure (3%) and malignancy (3%). All of them were bed-chair bound, 58% were on tube feeding and 24% had stage 2 or above pressure ulcers. 79% had 2 or more hospitalization within last 6-months before the intervention. The distressing symptoms included sputum retention (30%), shortness of breath (18%), wound related problems (18%) and poor appetite (15%). 15% had anxiety-depression. 6-month and 12-month mortality rates were 30% and 52% respectively. For those survived more than 6-months period, the mean 6-month hospitalization frequency was reduced by 41% from 3.30 to 1.96 ( $p < 0.001$ , paired t-test). Patients with pressure ulcers, lower hemoglobin level and lower albumin level were associated with statistically higher 12-month mortality rate. Tube feeding was not associated with lower 12-month

mortality rate. Most of the patients' families (97%) accepted our program and preferred for "Do Not Resuscitate". The EOL Care program is effective to identify high risk patients and to reduce further hospitalization. It is well accepted by patients and their family.