



Service Priorities and Programmes Electronic Presentations

Convention ID: 309

Submitting author: Miss Donna TSE

Post title: Ward Manager, Ruttonjee & Tang Shiu Kin Hospitals

End of Life (EOL) Care Program in Residential Home for Elderly:

Empowerment to RCHEs and Facilitation of choice to patient / relatives.

Tse D (1), Chan K (1), Kwan CY (1), Yung YC (1), Ho SK (1), Mak F (1), Wong CK (1), Shum NC (1), Yiu S (2), Yueng E (2), Kng C (1)

(1) Community Geriatric Assessment Team, Ruttonjee & Tang Shiu Kin Hospitals, (2) Palliative Care Unit, Ruttonjee & Tan Shiu Kin Hospitals

Keywords:

End of Life Care

Residential Care Home for Elderly

Advanced Care Plan

DNACPR

Introduction

HKEC EOL Care Program in Residential Care Home for Elderly (RCHE) in CGAT was implemented in Oct 2015. CGAT collaborated with Palliative Care (PC) Team for provide training to both RCHEs staff and CGAT nurses. Designated nurses would follow up and offered supports to both the recruited patients and their relatives.

Objectives

- 1 Empower RCHEs staff and CGAT nurses in delivery of quality care to terminally ill elders.
- 2 Facilitate the elders and their relatives in the decision of Advanced Care Plan (ACP).

Methodology

Structure training to both RCHEs staff and CGAT nurses was provided by PC Team. Eligible patient / relatives were invited to join the program by CGAT nurses. CGAT doctor / VMO would discussed and signed the ACP and Non-hospitalized DNACPR with patients / relatives.

Result

The study period was from 1 Oct 2015 to 30 June 2016. There were 50 RCHEs join the program and 55 training sessions was provided. 120 patients were recruited and 1327 home visits provided. There were 48 patients died during the study period and their demographic and medical condition was showed in table 1 & 2

For the 48 patients, there was 100 clinical admissions arranged by CGAT and 64 unplanned admissions via AED. The total bed days was 983 and the average length of stay per admission was 5.9 days.

Forty cases (83.3%) died under EOL care bed, 4 (8.3%) patients died in other units. Three patients (6.3%) were certified death at AED and one patient (2.1%) reported

death at RCHE. Concerning the compliance to ACP, 47 (98%) patients had not received resuscitation according to ACP while one case had CPR done in ambulance. No new nasogastric tube was inserted for patient. No patient was put on Non-invasive Positive Pressure Ventilation. A 100% ACP compliance rate was recorded.