End of Life (EoL) Program in Residential Care Homes (RCHEs): Perception of staff of RCHEs
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Introduction
A pilot end-of-life (EoL) program was carried out by Hong Kong West Community Geriatric Assessment Team (HKW CGAT) in 2009, in collaboration with 2 residential care homes (RCHEs).

Objectives
To examine the views of staff on EoL care in RCHEs.

Methodology
Face-to-face questionnaire interview conducted in the 2 RCHEs by CGAT nurses and 3rd Year HKU medical students. A 20-items questionnaire in 5-point Likert scale (score 1-strongly disagreed, 5-strongly agree and 3-no comments) was used. Items were summed up to 4 categories: ‘Patient Wishes’, ‘Philosophy of EoL care’, ‘EoL service support to patient’, and ‘Job Satisfaction’.

Result
112 staff of RCHEs were interviewed, with 45.5%(51) health care workers, 9.8%(11) personal care workers, 34%(38) nurses, 4.5%(5) social workers and 6.2%(7). In all, 85%(n=112) participants were satisfied with EoL program with mean score 4.01. 84% agreed that EoL program was helpful to patient and family (mean 4.03). 88% participants supported to continue EoL care in RCHEs (mean 4.04) and 83% suggested expanding EoL care and service to other RCHEs (mean 4).

Patient wishes: 89% participants agreed that patient wishes were respected (mean 4.17). 97.3% thought that ‘patient wishes and choices were respected’ (mean 4.17). 96.4% revealed ‘patient was care in a familiar environment’ (mean 4.19) and 92% was able to ‘prepare for dying’ (mean 4.15).

Philosophy of EoL care: 80% participants satisfy to the questions under this category (mean 4.06). 91% participants were more favorable regarding ‘Dignified EoL care was
respected' (mean 4.15) and 'Actualized dignified dying' (mean 4.09), and 89% were 'Patient center care' was provided (mean 4.08).

EoL service support: 84% agreed that EoL program was helpful to patient and family (mean 4.03). 86% chose to agree EoL service helped to reduce unnecessary A&E attendances and avoidable hospital (mean 4.01). 88% participants appreciated physician and nurse were caring and supportive (mean 4.05). 76% agreed symptoms were managed and controlled in RCHEs and 82% participants satisfied the EoL clinic arrangement.

Job satisfaction: 43% participants rated EoL care 'Increase workload and job pressure' (mean 3.1), and 68.7% were able to achieve 'Job satisfaction' (mean 3.63). 85.7% participants highlighted more related training required (mean 4.07).

Conclusion: EoL program gained positive feedbacks and support from participants. Feedbacks showed that 'Philosophy of end-of-care' is achieved and EoL program is recommended to continue in other RCHEs.