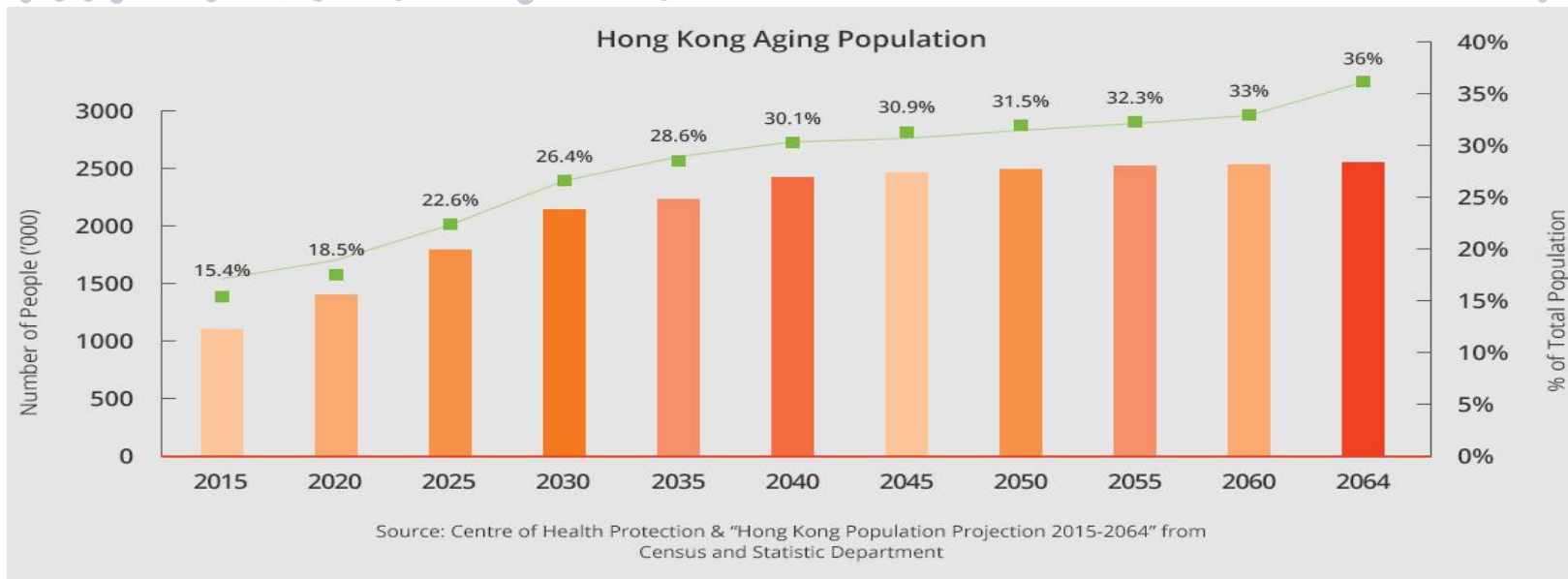


JCECC Conference
symposium on care at RCHE
(June 21, 2018)

*Living at the End of Life: A Holistic Dignity-
conserving Care for Elderly in Residential
Care Home for Elders*



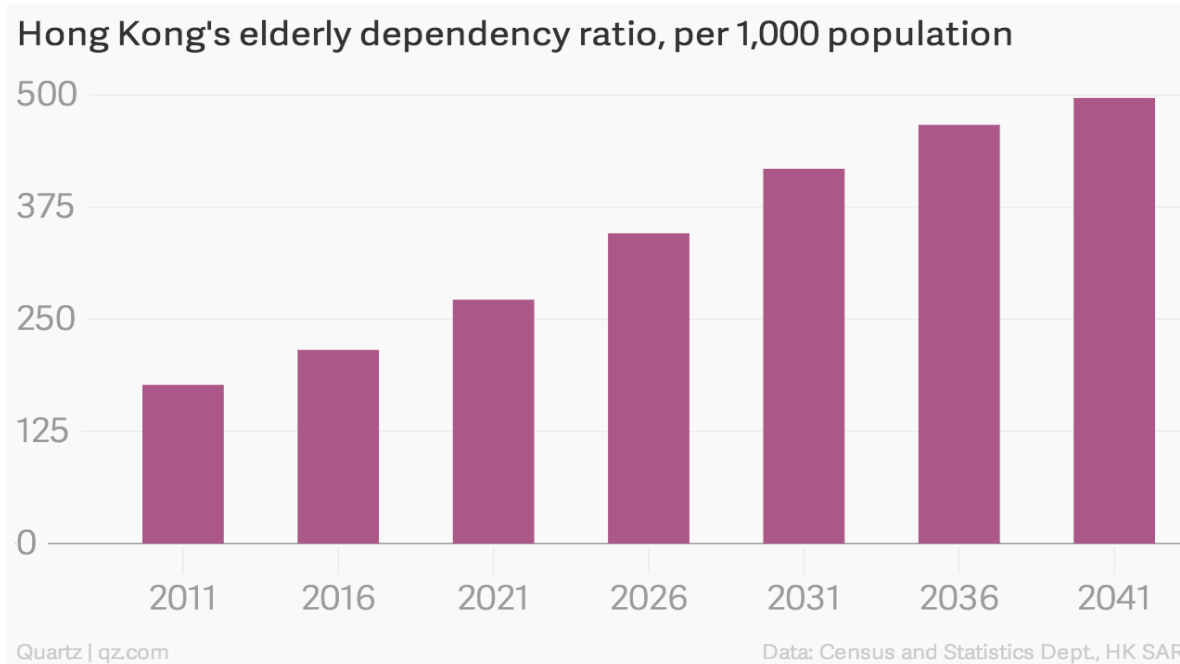
Ms Perina Li
Chief Manager of Senior Citizens Services
Social Services Department



Life expectancy	2015	2040
Women	87	91
Men	81	85

Year	Ratio of General Population to aged 65 or above
2015	1:7
2040	1:3





Year 2011: 1,000 individuals supporting every 180 elderly

Year 2041: 1,000 individuals supporting nearly every 500 (2 adults to 1 elderly)



**2016 : 1.17 million aged 65 or above
93,600 live in RCHEs (8%)**

Most elderly residents suffer from different levels of physical and cognitive impairment and may stay in RCHEs until the end of their life.

Around 10,000 elderly residents pass away in hospital each year. Providing care at end-of-life has become vital to Long Term Care practice.

Mortality rate in RCHEs

The Hong Kong University and HKCSS Survey (2015) collected data from 100 RCHEs from 2012-2015 revealed that:

Average annual percentage of deaths:	16.6% (mean)
The average no. of hospitalization of each person in the last 6 months of life:	3 times (means)
The average no. of days of hospitalization:	28 days (means)

Special Project - Palliative Care in Residential Care Homes for the Elderly



2010

2014

2017

Phase I

Phase II

Phase III (Apr2017–Mar2020)



Objective

Community

- Arouse Public and Professional Awareness

Clinical Care

- Consolidate experience and evidence into effective practice

Training

- Facilitate the knowledge and **Cultural transformation** within RCHE

Services Provided (since 2010)

Item	Accumulative data (as at 31 May 2018)
Number of participating homes	15
Number of elderly residents recruited in the Program	92 (64 passed away)
Number of staff members trained	3,500
Number of people attending community talks	10,000

Gaps and Barriers in EoL Care Provision

1) Delivering system barriers



Lack of training, care at end-of-care has not been incorporated into the culture and self-perceived role of LTC, high rate of staff turnover, lack of standardized procedures for assessing residents to their terminal status, communication gaps, physical environment, profile of resident with high level of cognitive impairment and limited family members involvement in care decision making

2) Current regulatory approach for LTC providers

Uniform assessment system (MDS-HC) including measuring of functional limitations to be reversed/ improved (lack end-of-life care measures)

Goal to restore and maintain functions for residents with emphasis on rehabilitation outcomes

LTC administrators and staff team may worry about potential sanctions – abuse/ neglect residents



3) Dedicated resources – enhance resources for delivering end-of-life care

Prevalence Study

Level 1

“Advanced chronic patients” list

Level 2

The Surprise Question: Would you (professional team) be surprised if this patient were to die in the next 12 months?

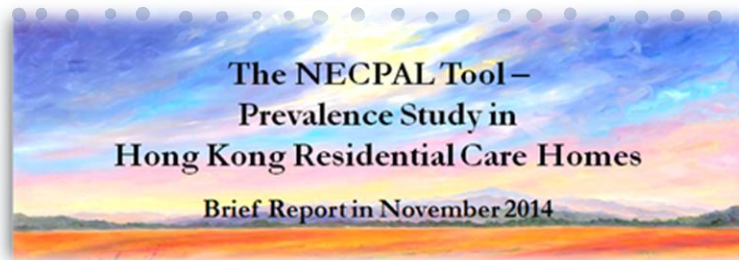
Level 3

Choice/ Request or Need - Check if either of the following two questions is affirmative:

- a) Option/ Request: Has either the resident with advanced disease, or the main caregiver requested, in explicit or implicit manner, palliative/ comfort treatments exclusively? Do they suggest limitation of therapeutic effort or rejected specific treatments, or those with curative purposes?
- b) Need: Do you (professional team) consider this resident requires palliative care or palliative treatment at this moment?

General Clinical Indicators of Severity and Progression -

Explore the presence of any of the following criteria of severity and extreme fragility



Palliative Care Guidelines & Protocol

Integrated Assessment Forms 綜合評估表

Advance Directives 預設醫療指示

Advance Care Plan 預設醫療及護理計劃

Integrated Care Pathway for the last days of life
臨終護理照顧執行指引

Guideline of Post-mortem & Bereavement Care
死後料理及哀傷關懷指引

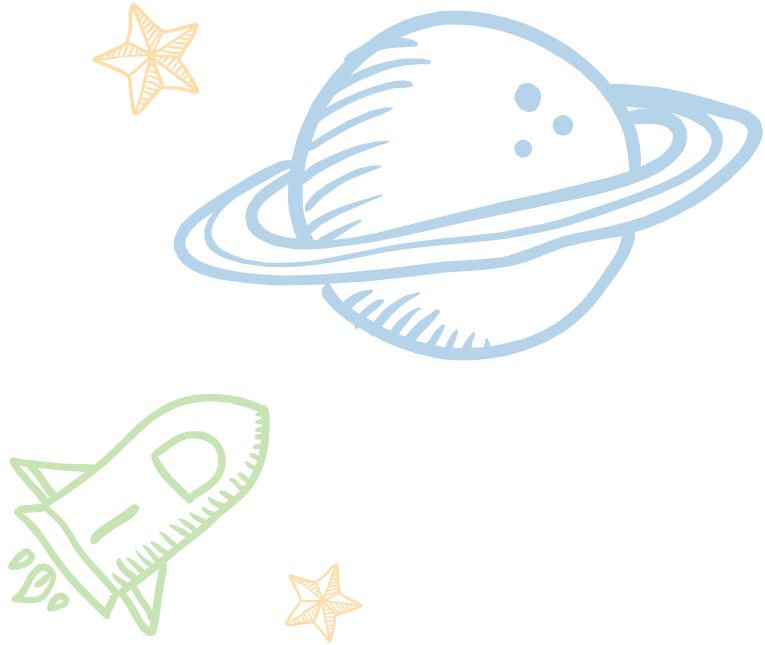


Training & Research

Various Staff Training
Public Seminar
Practice Based Research



VIDEO SHARING



From the video, quality end of life care in LTC home:

- Reduced unnecessary hospitalization
- Resident comfort/pain assessment and management
- Attention to emotional and spiritual needs
- Dying-in-place (Preference & Choice)
- Communication

BEST PRACTICES in EoL Care: 5 + 3

1. **Value** driven
2. A **shared optimal goal** of dying well
3. **Trust**
4. **Communication** as a catalytic agent
5. **Continuity of care** across systems

5
Foundations



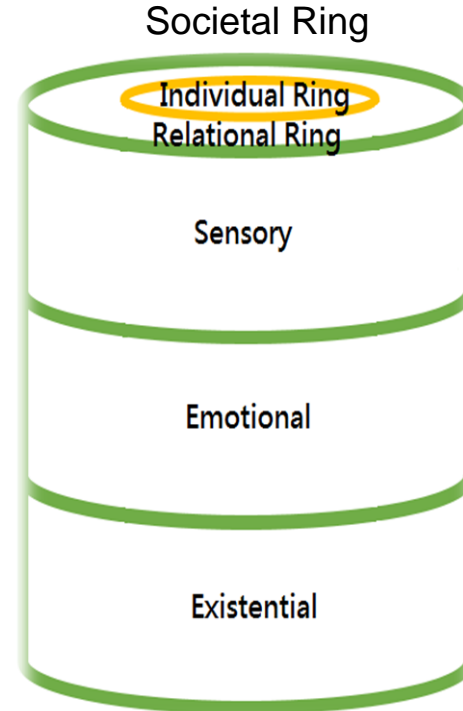
1. **Well-being**: holistic (bio-psycho-socio-spiritual)
2. **Empowering**: institutional, process, and individual
3. **Personhood and Family Focused Approach**

3 focus -
WEP

Dying
with
Dignity

Develop Effective Practices (Essential Needs) for Working with the Dying and the Family in End-of-Life Care

RPACI – Relational
Personhood
Advance Care
Intervention
Individual focus
&
Family Orientated
With
Multi-layered
Intervention





Medical & Nursing Care
身

Psychological & Bereavement care
心

Social & Family Support
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Spiritual Care & Death Preparation
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From Transitional Change to Sustainable Development

- **Commitment to evaluation and develop innovative models of care**
- **Showcase effective practices and disseminate knowledge**
- **Public awareness and education**
- **Generate strategies to address Gaps & barriers to providing end-of-life care in LTC**
- **Policy advocacy and identify effective ways for decision makers to be catalysts for change in LTC homes**

Policy Level

POLICY ISSUE BRIEF 1

The provision of End-of-Life in Long Term Care Facilities as a Feasible Option to Living and Dying Well for an Ageing Population

ISSUE BRIEF 2

Empowering Residential Homes for the Elderly as a Key Strategy for Delivering Quality End-of-Life Care in Hong Kong

ISSUE BRIEF 3

Aligning Medical and Social Care to deliver quality, effective and compassionate end of life care for the dying elders in Long Term Care Facilities

ISSUE BRIEF 4

Overview of the Legal and Administration Barriers to Caring and Dying in Place in RCHEs



Acknowledgments

- The Bank of East Asia
- "la Caixa" Foundation
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 - ◆ Dr CH Leong, Chairperson
 - ◆ Ms Christine Fang, Vice-chairperson
 - ◆ Mr Woody Cheung
 - ◆ Dr Daisy Dai
 - ◆ Professor Sylvia Fung
 - ◆ Dr Edward Leung
 - ◆ Ms Eliza Leung
 - ◆ Dr Christina Maw
 - ◆ Professor EK Yeoh

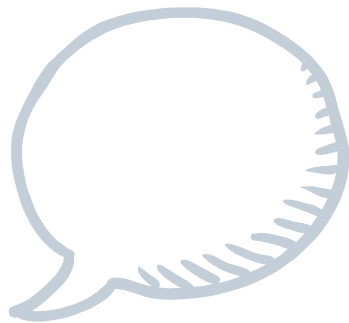
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- Sau Po Centre for Ageing, HKU
- Kowloon Hospital
- Kwong Wah Hospital
- Pok Oi Hospital
- Shatin Hospital
- Tuen Mun Hospital
- TWGHs Fung Yiu King Hospital
- United Christian Hospital

Acknowledgment - Con't

□ Project Participating Homes

- Grace (Tak Tin) Nursing Home (GNH)
- Helping Hand Father Sean Burke Care Home for the Elderly
- H.K. Chinese Christian Churches Union Kwun Tong Kwong Yum Home for the Aged
- Hong Kong Rehabilitation Society Tsang Siu Tim Home for the Elderly (HKRS)
- Kiangsu Chekiang and Shanghai Residents <Hong Kong> Association Tuen Mun Hostel for The Elderly
- Neighbourhood Advice-Action Council Shanghai Fraternity Association Care & Attention Home for the Elderly
- The Evangelical Lutheran Church Social Service Shan King Care & Attention Home for the Elderly
- YWCA Cheng Po Hing Care & Attention Home for the Elderly



THANKS!

