

Rejuvenating Personhood in End-of-Life Care during COVID-19:

The Application of **CORE-UPHOLD Model** for Piecing Together Older Adults' Life in Residential Care Homes

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- The Salvation Army Palliative Care in Residential Care Homes for the Elderly
- 15 Residential Care Homes in Hong Kong



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Sau Po Centre on Ageing
The University of Hong Kong

Theoretical Underpinnings

1. **Patienthood versus Personhood** in understanding elders' dignity - inspired by Chochinov's dignity therapy
 - The interconnectedness of the physical, psychological, social and spiritual aspects of life that constitute a person
2. Linking best practices to '**Relational Personhood**' - inspired by Krishna's ring model of personhood
 - The Chinese concept of 'doing being oneself' (為人)
3. **CORE-UPHOLD** model
 - Seeing one's life beyond one's death
 - Integrating research evidence on sensory, emotional and existential intervention



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	Research Projects	Scientific Discovery	Data	Outputs
2015	<p>A study on the medical-social interface and best practice in EoL care in residential homes</p> <p>Led by Prof Christine Fang, Dr Vivian Lou & Ms ST Kong</p>	Relational Personhood	12 interviews with social workers and nursing practitioners from The SA Palliative Care Programme.	<p>2 peer reviewed papers</p> <p>New model for supporting 'Relational Personhood'</p>
2016/17	<p>Best Practice for Working with the Dying and the Families in End-of-Life Care</p> <p>Led by Prof Christine Fang, Dr Vivian Lou & Ms ST Kong</p>	CORE-UPHOLD model	<p>900+ pages of EoL case recordings</p> <p>Focus group interviews with family carers</p>	<p>Published the CORE-UPHOLD model and related protocols</p> <p>The 9-grids with best practice published in the same report</p>
2018 /19	<p>Operationalization of CORE-UPHOLD</p> <p>Translation of the CORE-UPHOLD model into practice protocols</p> <p>Led by Dr Vivian Lou</p>	CORE-UPHOLD Care Protocol	43 cases from 8 homes participated in implementation trial	<ul style="list-style-type: none"> Assessment Tool Trial Palliative Care Work Flow 3 intervention protocols



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CORE-UPHOLD model:

3 Care Steps:

- (1) Identifying Personhood **C**onfiguration
- (2) Rejuvenating **R**elational Personhood
- (3) **U**pholding Personhood and Legacy

9-grid Intervention (IRS-SEE):

Individual-Relational-Societal levels

Sensory-Emotional-Existential support



Individual

Relational

Social/Institutional

Sensory

Emotion

Existential



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9-grid Assessment – Visual Presentation of All Participants

	Individual (I)	Relational (R)	Societal/ Institutional (S)
Sensory			
Emotion			
Existential			

< 10%	
10%–20%	
20%–30%	
30%–60%	
>60%	



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Rejuvenating Personhood in End-of-life Care during COVID-19

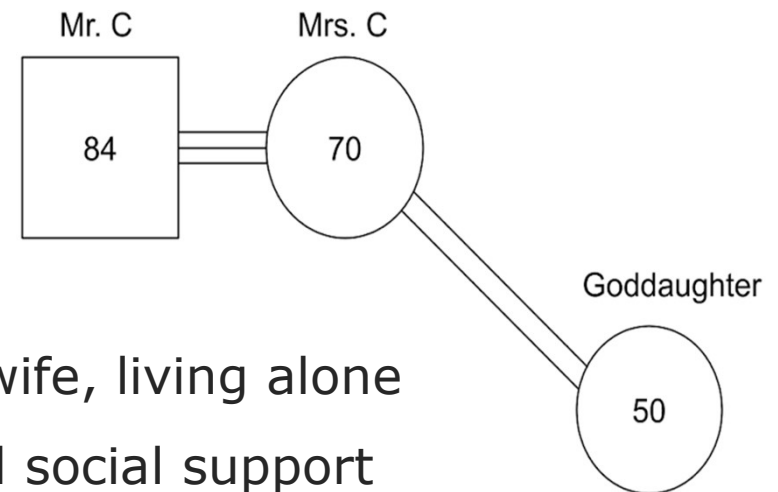
A Typical Old Couple

Mr. C

- Living in RCHEs
- Diagnosed as CVA, HT, Alzheimer's Disease
- Bed-bound
- Low communicability

Mrs. C

- Housewife, living alone
- Limited social support



- Inseparable
- Enmeshed couple relationship

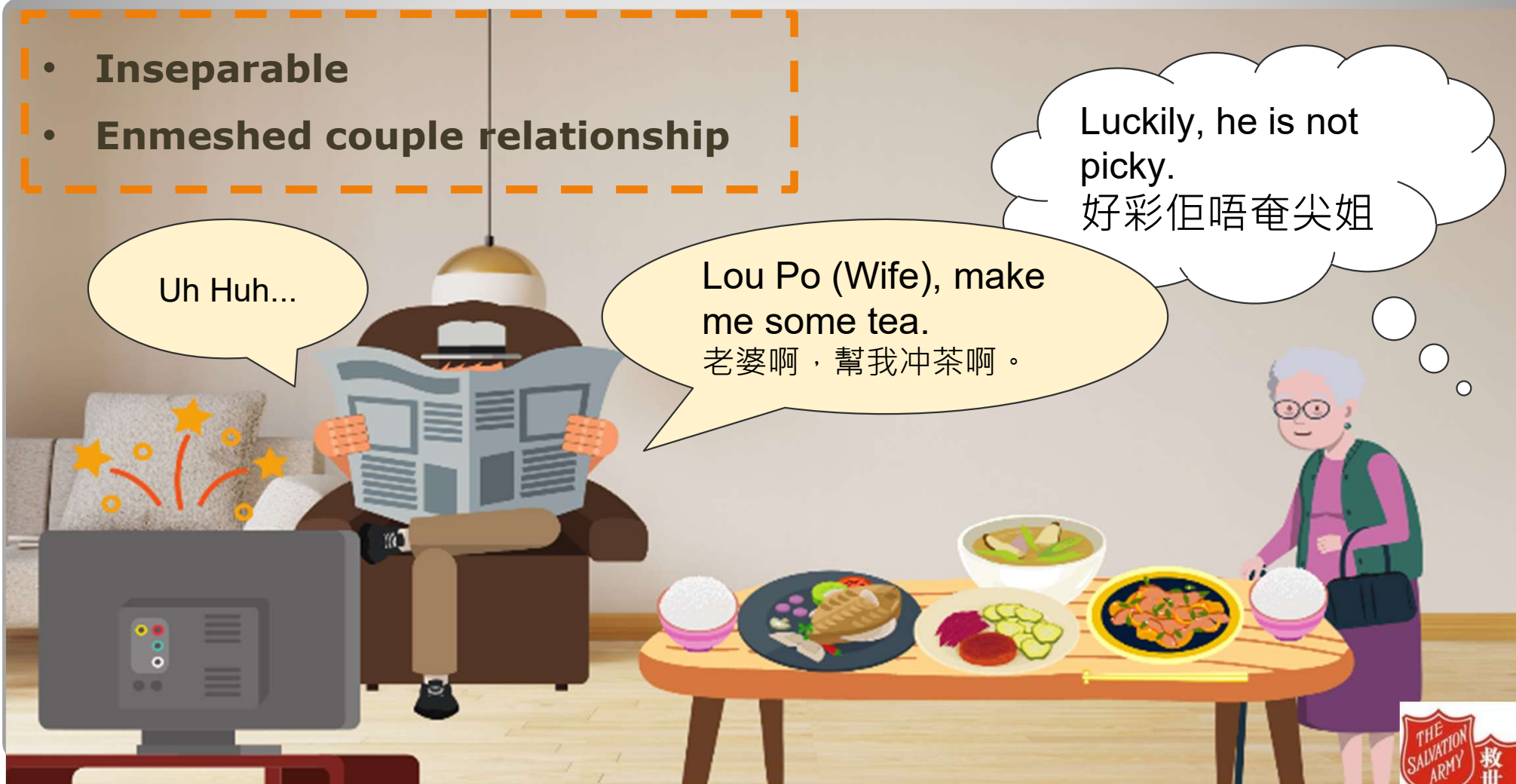
Uh Huh...

Lou Po (Wife), make
me some tea.

老婆啊，幫我沖茶啊。

Luckily, he is not
picky.

好彩佢唔奄尖姐





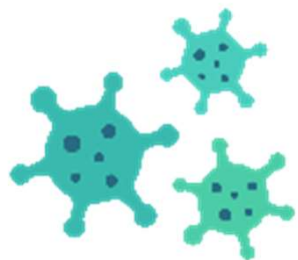
2019 Dec

Participated in PC Wish Programme



2020 Jan

COVID-19 Pandemic in Hong Kong



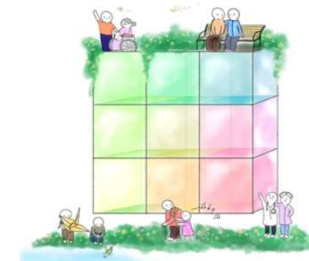
2020 Jan

Restricted visiting arrangement for RCHEs

2020 Jan-Sept

Mr. C's health deterioration

CORE-UPHOLD

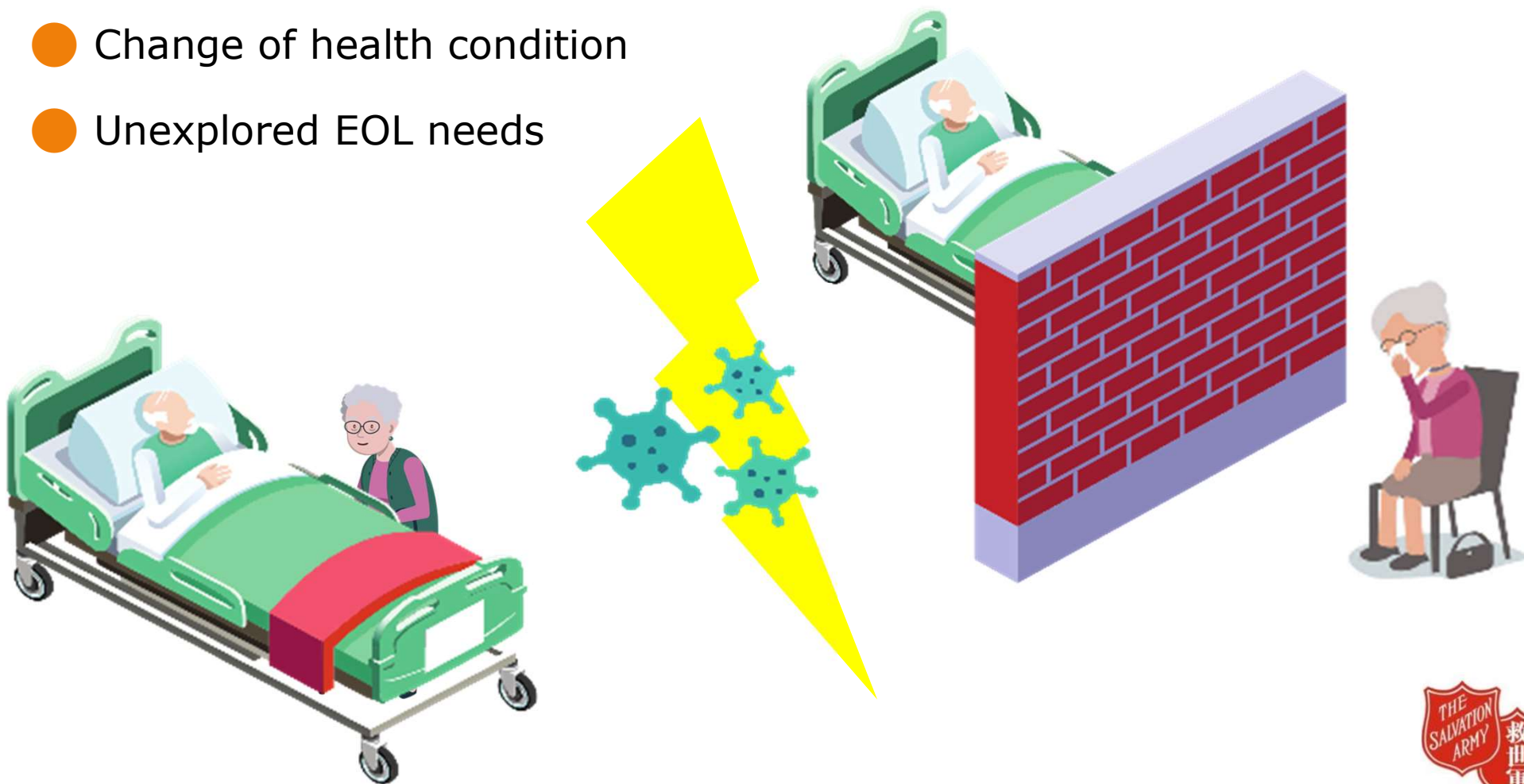


2020 Sept

Case Referral and intake



- Change of health condition
- Unexplored EOL needs



CORE-UPHOLD Model

Step 1: Identifying Personhood Configuration

Assessing i) IRS & SEE ii) Family Capacity for devising holistic and psychosocial care plan

Appendix III UPHOLD Questionnaire (Chinese)

香港安老院舍安老人生照顧計劃
「核心支援」評估量表 - 院友初次評估 (Proxy version: 由家庭照顧者代答)

篩查問題: ☐ 9A 四 Q2 = 不能溝通或者混亂 ☐ 9A 四 Q2 = 清晰或者口齒不清
☐ 9A 二 Q2.1 = 有認知障礙(極退化症)/失聰/精神分裂 ☐ 9A 二 Q2.1 = 沒有認知障礙(極退化症)/失聰/精神分裂

(Proxy version) 以上情況均符合, 請跳答 Q3 (Direct user version)

1. ☐ 由代答人參與 9B 評估 ☐ 無代答人, 由工作人員評估

2. 代答人與院友關係: _____
代答人是否是保證人? 是 ☐ 否 ☐ 如果 "否", 請留意需要回答代答人的相關問題。

3. 9B 評估日期: _____ 年 _____ 月 _____ 日 院友姓名: _____

Individual (個人) 「I Q1-I Q8」

家庭照顧者: 照顧院友的家屬
保證人: 即是監護人, 可以作出關於院友的醫療決定的指定家庭照顧者, 曾簽署預設醫療指示的
代答人: 可以執行院友選擇的護理喜好的家庭照顧者, 並作出能夠反映院友生活方式/性格/價值觀的護理決定和安排。

1. 參考 9A 二 2.3, 與 90 天前比較, 院友的日常生活活動 (ADL) 自我照顧表現轉變
☐ 沒有改變 ☐ 改善

Core-Uphold Model Questionnaire - Proxy Version

Sensory Disconnectedness from his wife

Emotional Death anxiety

Existential Loss of role in family

Appendix III UPHOLD Questionnaire (Chinese)

香港安老院舍安老人生照顧計劃
「核心支援」評估量表 - 首要照顧者初次評估

Relational (關係) 「CRQ1-CRQ8」【如果回答 "否" 請註明原因】

1	你是否知道院友的:「如 "否" 請填寫未知內容」	是	否	備註/原因
1.1	診斷	<input type="checkbox"/>	<input type="checkbox"/>	
1.2	預後 (醫生對院友病情的預測, 如預期壽命)	<input type="checkbox"/>	<input type="checkbox"/>	
1.3	照顧喜好	<input type="checkbox"/>	<input type="checkbox"/>	
	(1) 個人護理 (參考 9A 2.3 ADL 評估: 食物、衣服和活動選擇)	<input type="checkbox"/>	<input type="checkbox"/>	
	(2) 醫療護理 (關於抽吸、急救、人工輔助呼吸、疼痛和症狀管理、服藥和入院)	<input type="checkbox"/>	<input type="checkbox"/>	
	(3) 心理和社交需要 (感官、情緒的舒適和生命的意義)	<input type="checkbox"/>	<input type="checkbox"/>	
	(4) 去世後的安排, 例如葬禮、埋葬方式和地點	<input type="checkbox"/>	<input type="checkbox"/>	
1.4	日常生活喜好	<input type="checkbox"/>	<input type="checkbox"/>	

備註: 家庭會議可參考 1.3, 1.4 的回答

Carer Assessment



Addressing Mr. C's existential needs – Loss of role in family

He told me, "Don't
leave me here."
佢話唔好留我一個係度.....

I only wish to bring
him home... But now I
can't do this
anymore... 我淨係想
帶佢返下屋企，但我
做唔到.....

Health
Deterioration

Suspension of
home leave

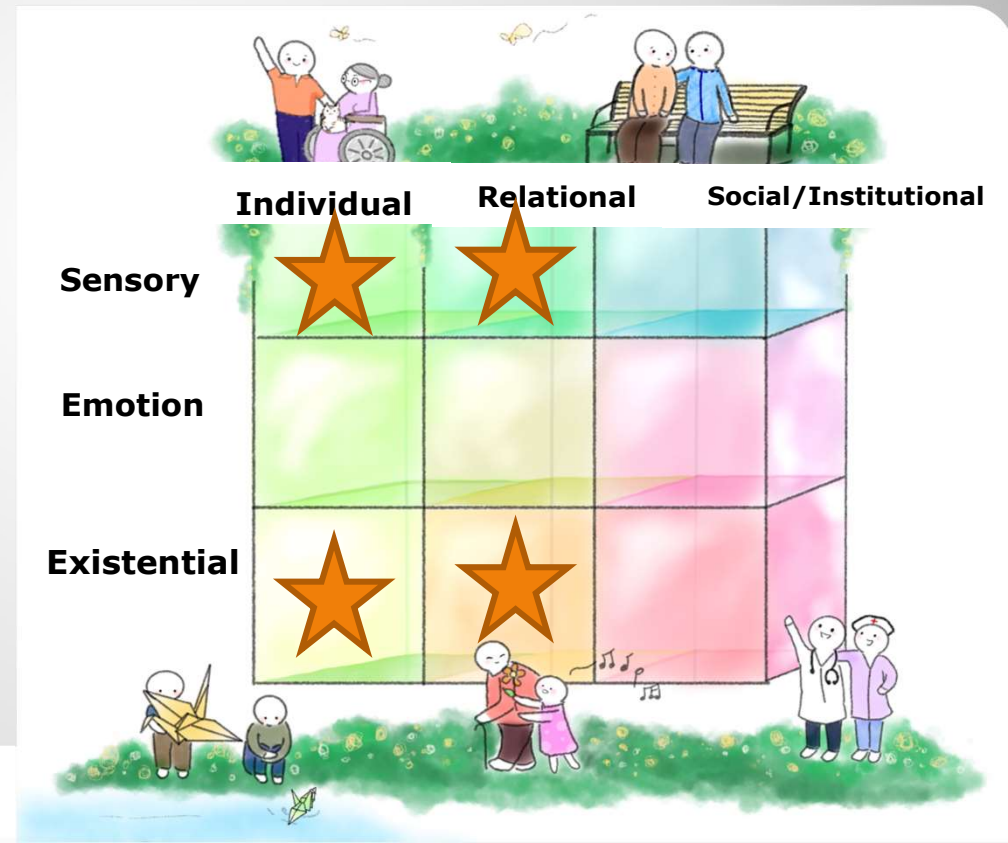


CORE-UPHOLD Model

Step 2: Rejuvenating Relational Personhood

Intervention Goals during COVID19

- Maintaining and enhancing personhood of the older adults despite increasing frailty
- Supporting the family to engage in care provision continuously
- Empowering the residential home to provide sustainable personalized care



Key Strategy: Reminiscence

We can try to bring his home to him!

Should we try making a vlog to his home?

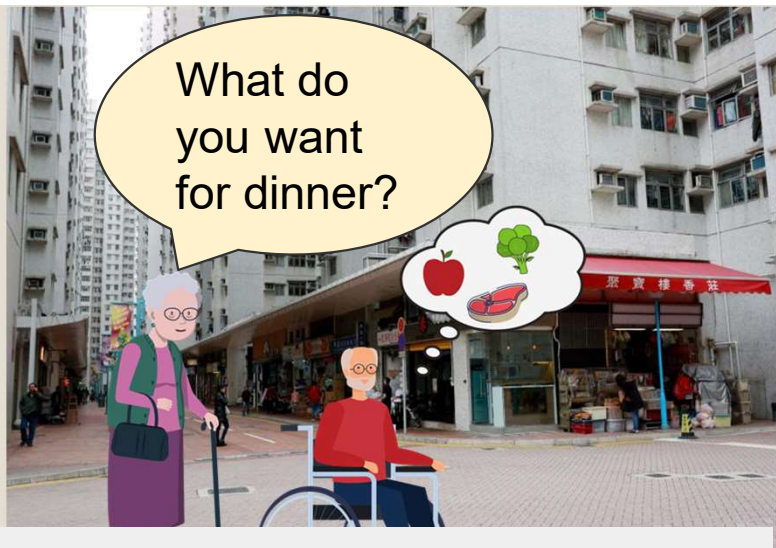
我地可以試下「俾個屋企」佢! 不如我地一齊拍段片啊?

Okay, we can give it a try.
好啊，可以試下。

- To reconstruct the Mr. C's personhood (person-in-time) by "documenting" his life at home
- To review their lives and their bond as a couple for several decades

	Individual	Relational	Societal
Sensory			
Emotion			
Existential	IEx	REx	





Walking in the community before living in the residential home



• REC

We used to travel with his siblings...
We haven't travelled since his stroke...

以前會去旅行，同兄弟姐妹去.....
自從佢中左風無再去旅行.....



He likes his house so much...

Wow, so many photos and memories...

•REC

Addressing Mr. C's sensory needs

Reconnecting the couple with sensory stimulation



	Individual	Relational	Societal
Sensory	IS	RS	SS
Emotion			
Existential			

1. **Showing the vlog** and recollecting memory about his wife and family
2. **Recording a video** to capture Mr. C's reaction towards the vlog

Key Strategy: Engage Mrs. C in daily care

- Encourage Mrs. C to work with home staff in daily care
- Discuss her needs in Case meeting

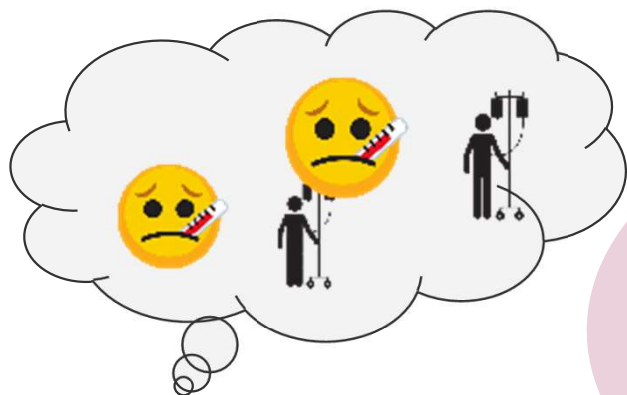
He likes it very much, he drank all!

How are you today?
Do you like the soup I made?

Uh (nodding)

	Individual	Relational	Societal
Sensory	IS	RS	SS
Emotion			
Existential			

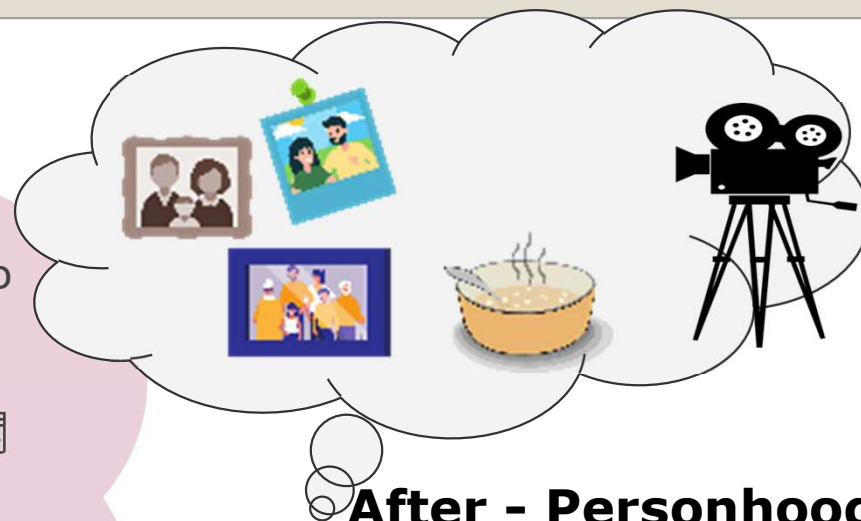




Before - Patienthood



All I can do now is to
make him happy,
nothing more.
我宜家淨係想佢開
心，咁就夠啦。



After - Personhood



Family Relationship & Personhood

- A Typical Chinese Father
 - Showed his love with actions rather than words
 - Mr. W took care of family on his own as his wife died early
- Family Activities
 - Went to Chinese Restaurant every morning
 - Watched football matches on holidays



2012



2015

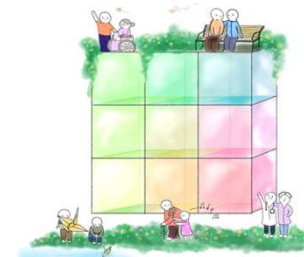


2020-2021

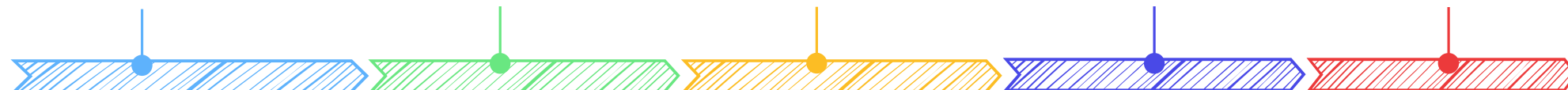


2020 Jan

CORE-UPHOLD



2021 Feb



Family visit 3-4 times a week

Walk without assistance

Swallowing difficulties

Bed bound

Restricted visiting arrangement for RCHes

Case Referral and Intake

Self-feeding

Cognitive Decline

Poor Intake

Frequent admission



CORE-UPHOLD Model

	Individual	Relational	Societal
Sensory			
Emotion		REm	
Existential			

Relational Emotion (REm)



- Recalling favorite activity when he was young
- Watching football match videos with tablet on bed
- Providing joyful entertainment in EoL care

CORE-UPHOLD Model

	Individual	Relational	Societal
Sensory		RS	
Emotion			
Existential			

Relational Sensory (RS)

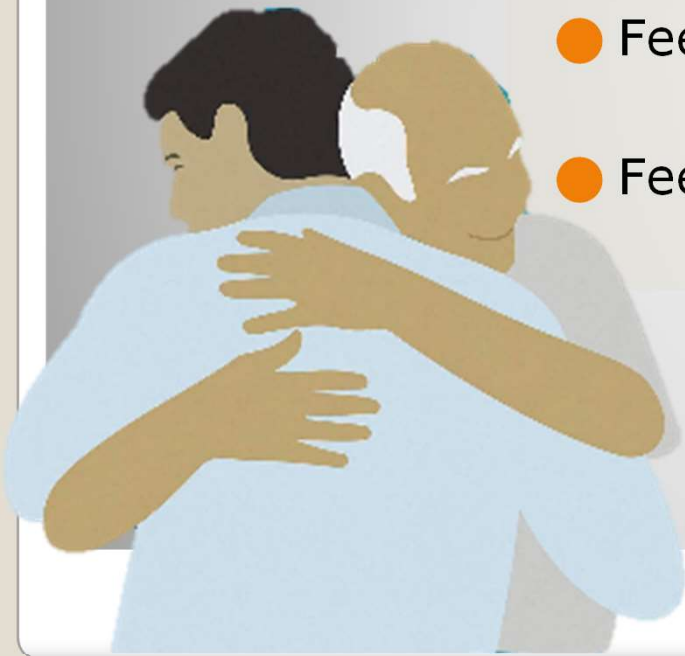


- Tasting Chinese tea and dim sum with his son and daughter
- Treasurable memory of a family gathering

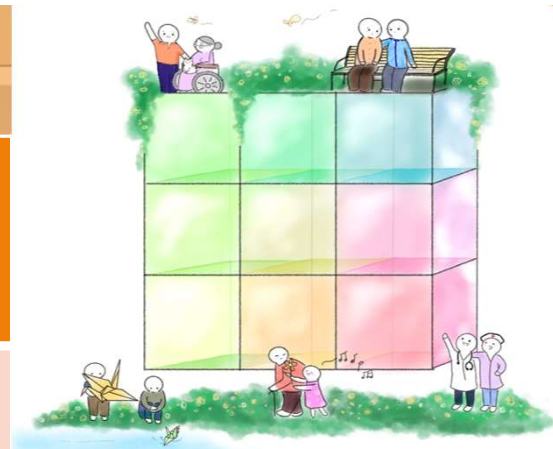


Feedback from Family

- Appreciate professional care of TSA RCHEs for 28 years
- Thankful for special visiting arrangement under COVID-19
- Feel closely connected with his father
- Feel fulfilled for experiencing valuable family memories



	Impacts and Recommendations
Organization	Quality Control and good practice sharing
Team	Unified language in case conference and supervision
Individual	Competence enhancement Effective Communication



Thank you

