

Jockey Club End-of-Life Community Care Project

Patient Journeys in the End-of-Life Room in Residential Care Homes in Hong Kong – Reflection on 'Die in Place' practice

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Introduction



- What is the JCECC project?
 - Multi-disciplinary collaboration established in 2016
 - Sponsored by Hong Kong Jockey Club
 - Aim is to improve the quality of end-of-life care, and raise public awareness for different end-of-life care options





- Determine the impact of the project on residents and the medical team
- Reflect on the current "Die in Place" practices in Endof-Life (EOL) rooms using four case studies as examples



- 91-year-old father of 3
- Past medical history of dementia and stroke
- His daughter is a social worker



- Suffered from repeated episodes of high fever and stayed in the hospital for two months
- Undertook multiple courses of antibiotics with no progress
- Daughter decided that he would not visit the hospital again and be taken care of in the care home in the future
- Care home staff had to learn how to take care of Mr. Ng if he had a high fever



- Transferred to the EOL room after his condition deteriorated
- Thin congee was specially made for Mr. Ng and served through his feeding tube
- Passed away peacefully surrounded by his family







Lessons learned

- Do not be afraid to voice your opinion and to learn new things
- Teamwork and communication between care home, JCECC and EOL room staff are key to providing the best care for patients



- 94-year-old lady with dementia
- Visited by her children everyday
- However, the coronavirus pandemic meant all visits had to be stopped
- A month later, her condition suddenly worsened, and she was transferred to the EOL room



- The care home allowed family members to take turns visiting her in the EOL room
- Ms. Xiu's condition deteriorated, and she developed a fever
- Doctors recommended antibiotic treatment in the hospital
- Family refused, and she passed away peacefully with the company of her family the next day



Lessons learned

- How to determine the place of care for the patient
- How to ensure that residents and visiting families remain safe during the pandemic



- 96-year-old lady with dementia and cancer of the stomach
- A widow with 6 sons and 4 daughters
- Joined the JCECC program in 2018 after her cancer diagnosis
- Agreed to palliative care and to be taken care of in the EOL room until vital signs are not detected



- However, Ms. Ng's condition deteriorated, and her family quickly sent her to the hospital fearing the worst
- During her stay, she became agitated and expressed her desire to go home, but "home" actually meant the care home
- She was brought back to the care home for her final days, where a farewell party was held with family and friends (short video)



- Ms. Ng passed away shortly after the party
- The family expressed their gratitude to the care home for organising the EOL room and farewell party so that she could spend her final days surrounded by her family in a familiar environment



- Ah Mui was over 100 years old, and suffered from late-stage dementia
- The coronavirus pandemic meant that her family could not visit her anymore



- During that time, a wound on her leg failed to heal, and muscle wasting was seen, prompting antibiotic treatment from doctors
- The family refused to have Ah Mui taken to the hospital
- Special decision was made to administer the antibiotics in the EOL room





- Lesson learned
 - Close cooperation between different teams enables the best care for patients
 - Flexibility in the decision making of the team is needed to provide care most suited to each individual's needs





- This program greatly improved the quality of end-of-life care for care home residents
- The EOL room was especially useful for family members to spend time with the resident and for staff to take care of them



Thank you