



THE UNIVERSITY OF
AUCKLAND
Te Whare Wānanga o Tāmaki Makaurau
NEW ZEALAND

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Dying Well in Old Age: Integration of Gerontology and Palliative Care in Residential Aged Care

Community End of Life Care: Sustainable Development & New Frontier

Hong Kong Jockey Club End-of-Life Community Care Project
17 June 2021

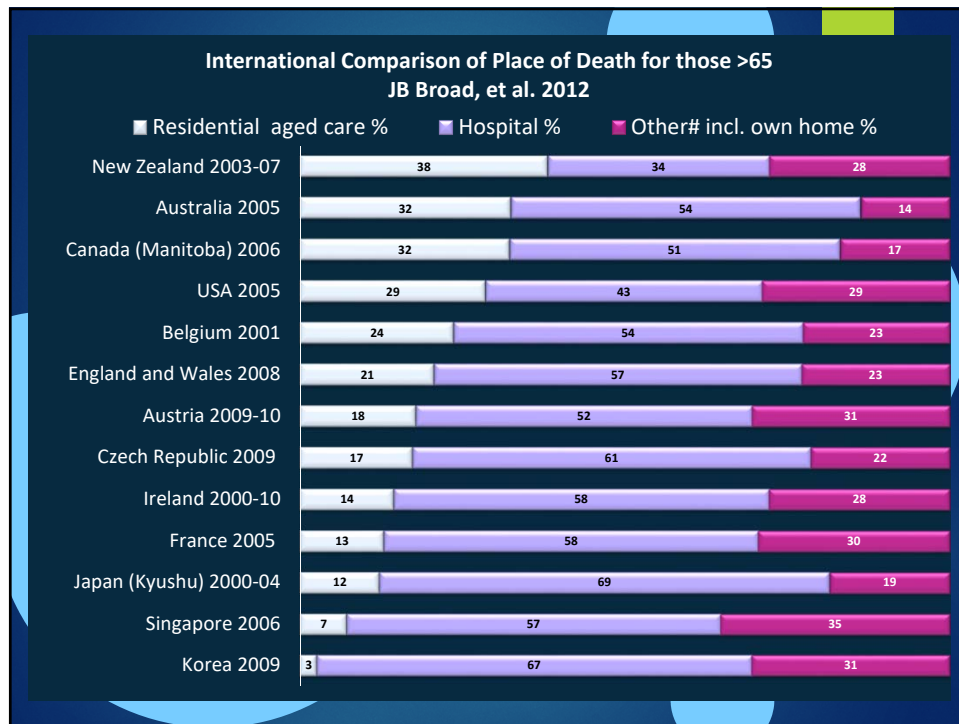
Dr Michal Boyd, NP, ND, FAANP, FCNA(NZ)
Associate Professor – University Of Auckland
Nurse Practitioner – Equinox Health Ltd.



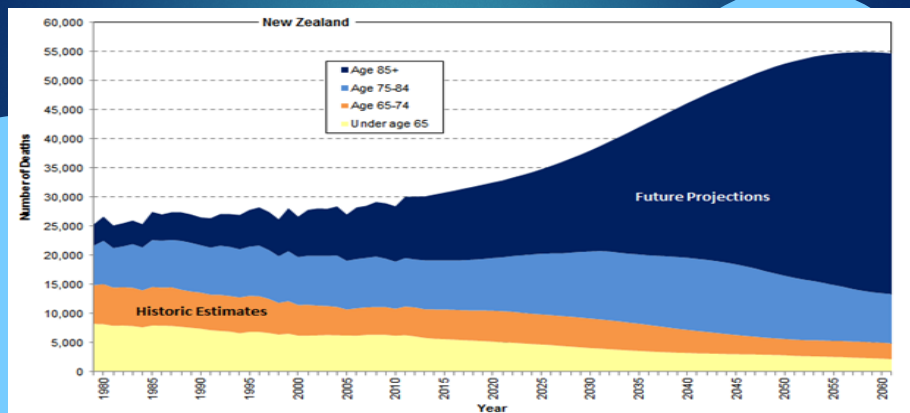
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Te Arai Palliative Care and End of Life
Research Group





Historic Deaths and Future Projections by Age Band



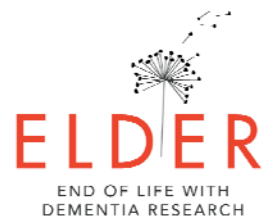
Heather McLeod, Palliative Care Council, July 2013. Statistics New Zealand

ELDER Objectives

Explored quality of death in residential aged care from staff and family perspectives

Based on methods from:
Vandervoort, et al. JAMDA,
2013;14:485-92.

ELDER included assessment of
all deaths over a three-month
period

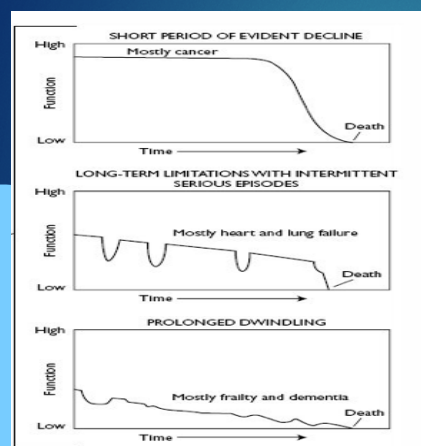


61 Facilities
3702 beds
286 Deaths

113 Staff &
family
Interviews

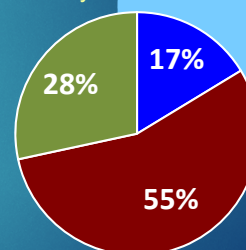
Boyd M, et al. (2019) End of life care for long-term care residents with dementia, chronic illness and cancer: prospective staff survey. *BMC Geriatrics*, 19(1),137.

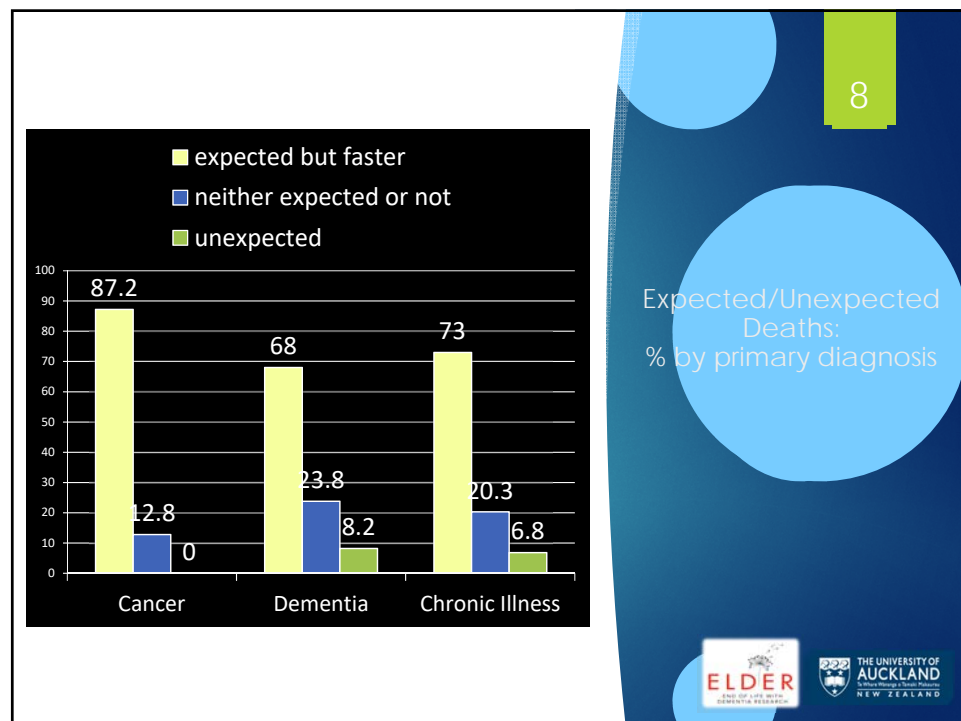
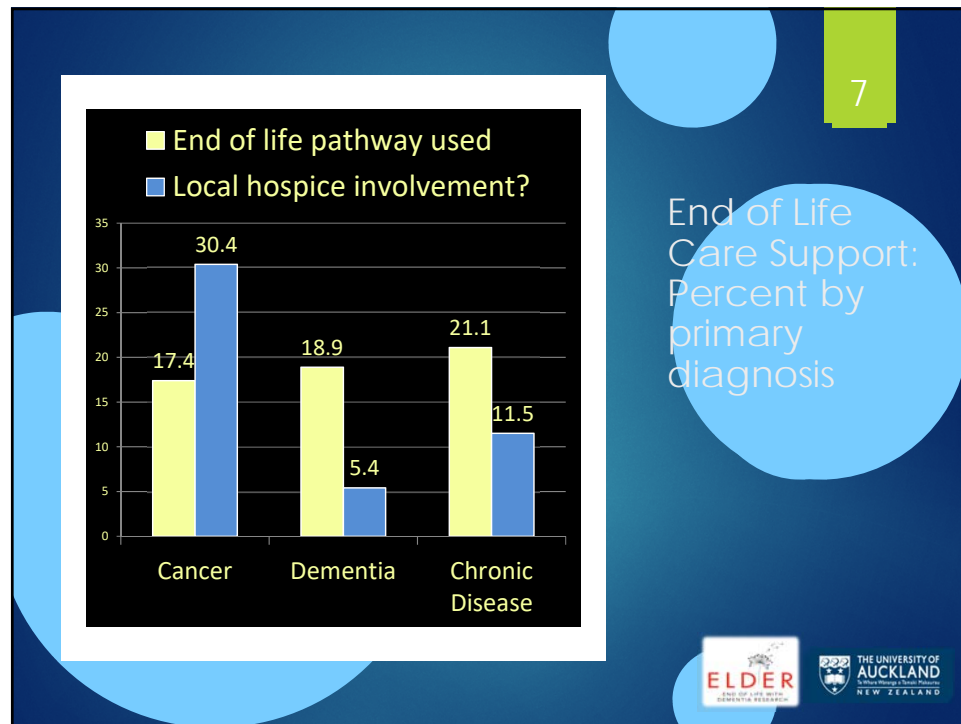
Primary Diagnosis at Death



Lynn and Adamson 2003

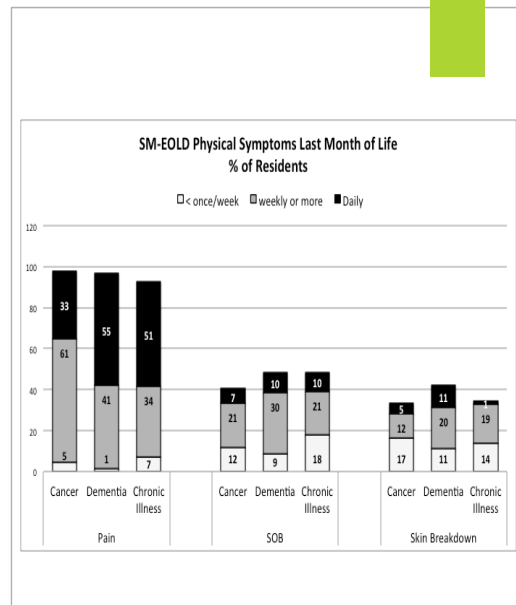
- Primary Dx Cancer
- Primary Dx Dementia
- Primary Dx chronic disease





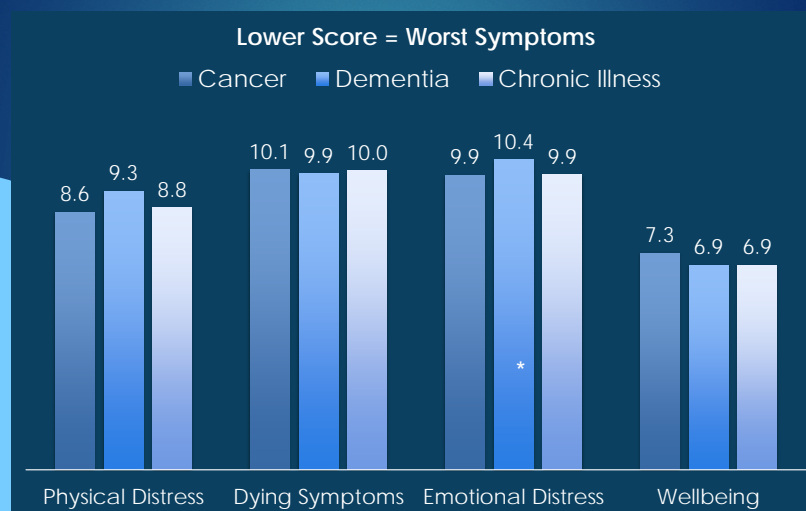
Physical symptoms the last MONTH of life

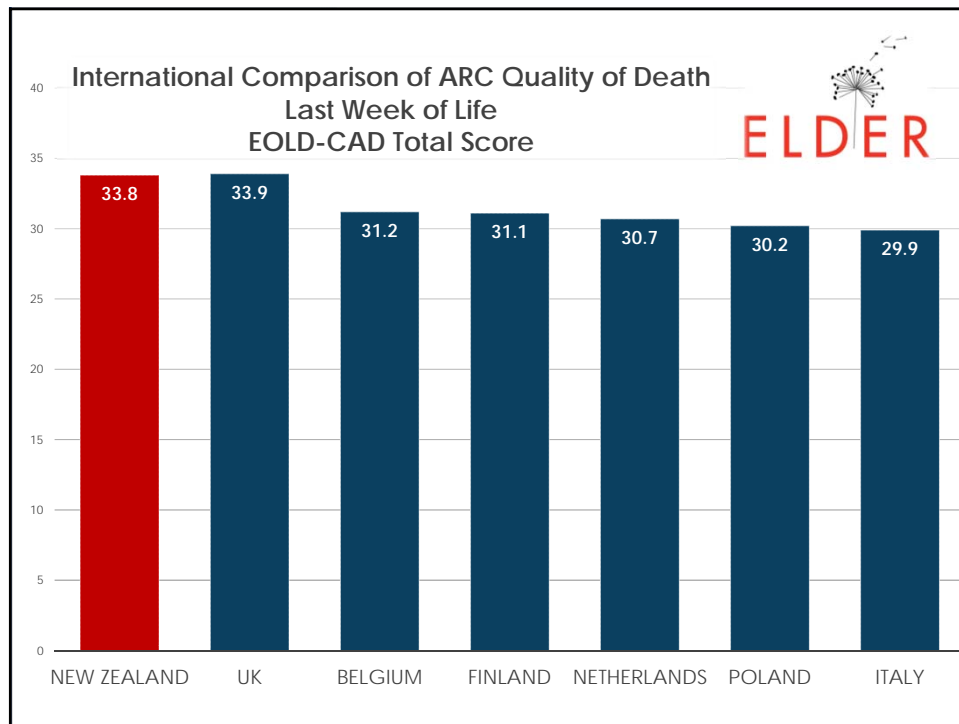
- Those with chronic illness and dementia had significantly more physical symptoms than those with cancer.
- $(t(247) = 3.14, p = .002)$



Mean CAD-EOLD Sub-Scores: Last WEEK of Life

10





ELDER Qualitative Results

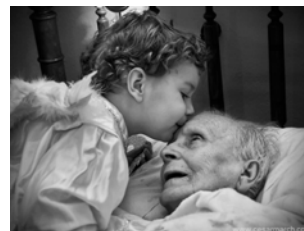
Deborah Balmer and Sue Foster

- ▶ 'A Good Death' Means Not Dying Alone
 - ▶ Staffing level tensions with trying to provide end of life care for one person and also caring for all the other residents.
- ▶ Healthcare Assistants – Want to provide Person-Centred Care
 - ▶ But, they are pushed to get the 'tasks' done
- ▶ GPs
 - ▶ "fall into" ARC practice
 - ▶ Very little formal training in dementia, frailty, or end of life care
 - ▶ They were "surprised" at the satisfaction they experienced

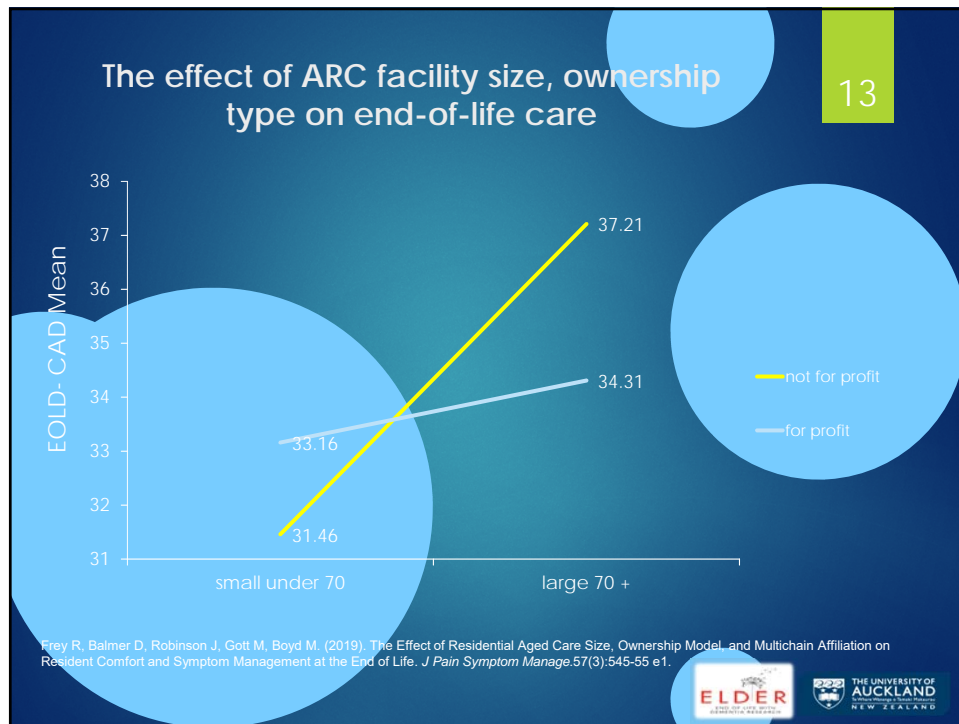
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ELDER

END OF LIFE WITH
DEMENTIA RESEARCH



Foster S, Balmer D, Gott M, Frey R, Robinson J, Boyd M. (2019). Patient-centred care training needs of health care assistants who provide care for people with dementia. *Health Soc Care Community*. <https://doi.org/10.1111/hsc.12709>



- ▶ Primary diagnosis makes no differences in the symptoms the last week of life
- ▶ People with dementia and chronic disease have more geriatric symptoms of concern for much longer than traditional cancer "palliative care patients"
 - People "live" in residential aged care with advanced frailty and most will eventually die there
 - Ambiguous clinical course, death is unpredictable
 - *Recognition of reversible deterioration is key*
 - Traditional "palliative care" models don't fit the needs of advanced frailty
- ▶ Education and guidelines are needed for common geriatric issues and interventions for those with dementia and chronic disease (Frailty) living in residential aged care

ELDER Take Home Messages



**Supportive
Hospice & Aged Residential Care Exchange:
SHARE**

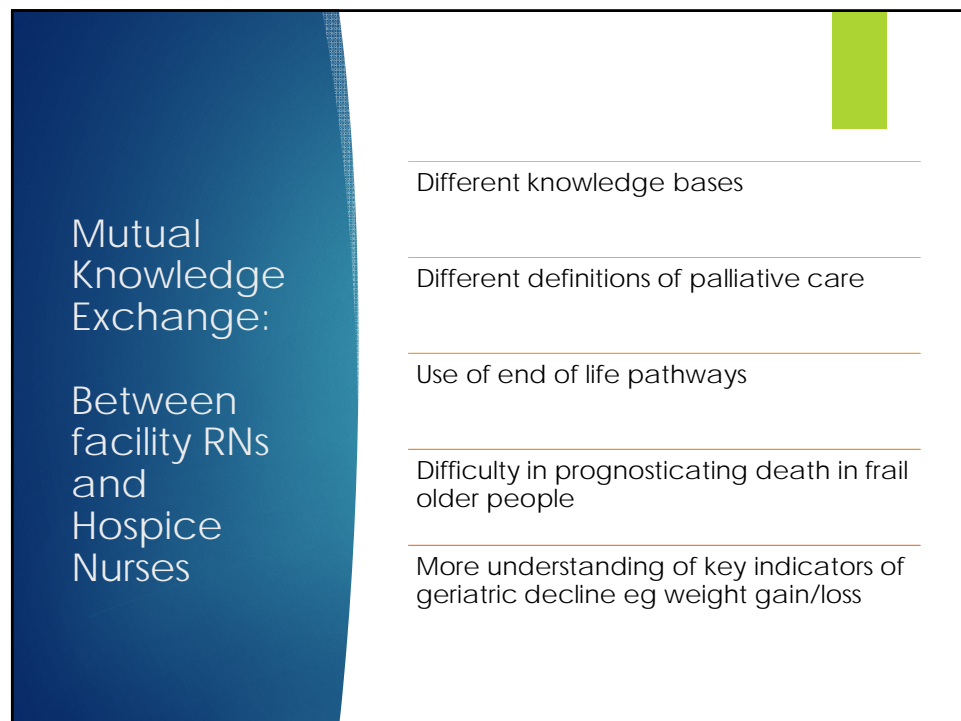
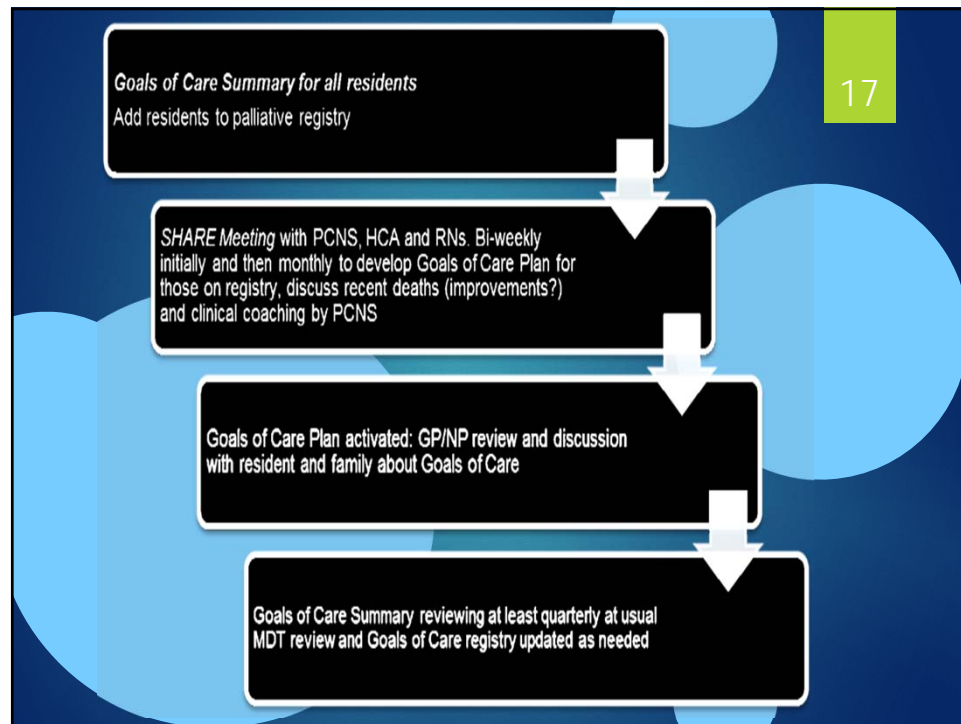
DR ROSEMARY FREY¹, DR MICHAL BOYD¹,
JENNY THURSTON²

1. UNIVERSITY OF AUCKLANDJ, SCHOOL OF NURSING
2. MERCY HOSPICE

Supportive Hospice & Aged
Residential Care Exchange: SHARE 16

- **Review and assessment of goals of care for all residents:** systematic assessment of palliative care need and on-going monitoring of need
- **Gerontology education** for specialist palliative care nurses
- **Clinical coaching** by a specialist palliative care nurse (SPN) through direct (for complex needs) and indirect (not so complex needs) patient consultation
- **Role modelling of Advance Care Planning (ACP)** conversations (including documentation with residents, families and GP's)
- **Debriefing** amongst all RAC staff following a resident's death
- **Reflective Data Cycling:** an auditing of deaths, as they occur to provide guidance and a framework for practice.

Frey R, Boyd M, Robinson J, Foster S, Gott M. (2017). The Supportive Hospice and Aged Residential Exchange (SHARE) programme in New Zealand. *Nurse Ed in Practice*, 25, 80-88.



Family Interviews: Communication Key

Varied when resident was in dying phase

Hesitancy by staff to state when resident dying

Difficulties between shifts, relatives having same conversation when new shift came on

Lack of contact with facility GP

Communication predominately with facility manager or RN

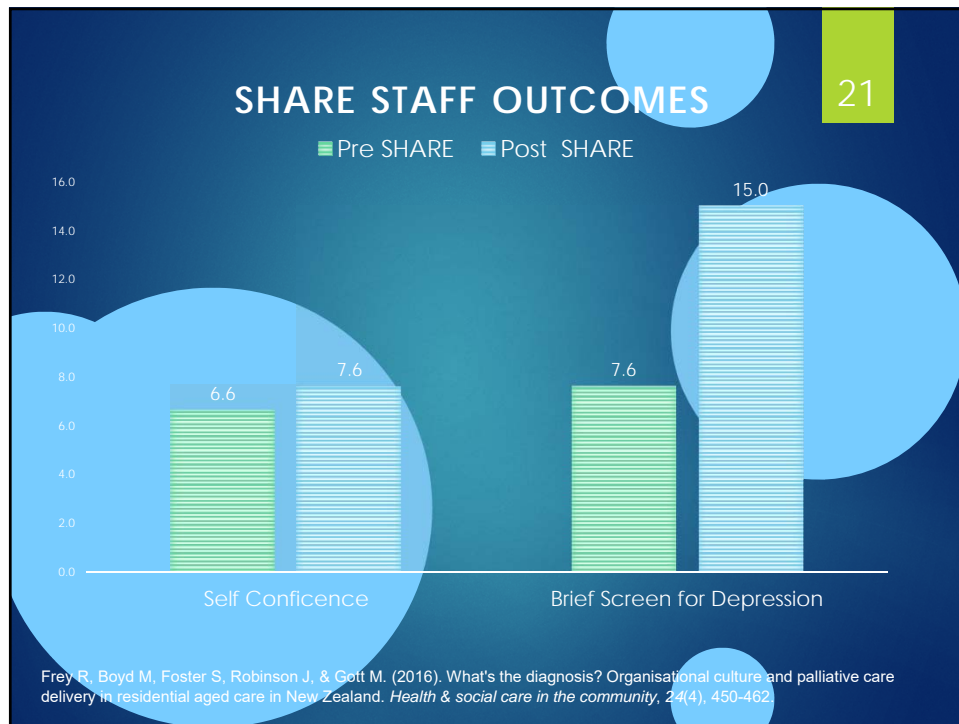
More information about what to expect when resident dying would be helpful

Staff interviews

Most common theme the importance of relationships

With staff in the facility, with patients & their families & for hospice nurses

Building of trust for all



Thank You.




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