

# End of life care in residential care homes : a local perspective

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# Overview

- Definitions and trends
- Literature review
- Local perspective
- Local experiences
- Summary and way forward

# Definitions and trends

# The Gold Standards Framework

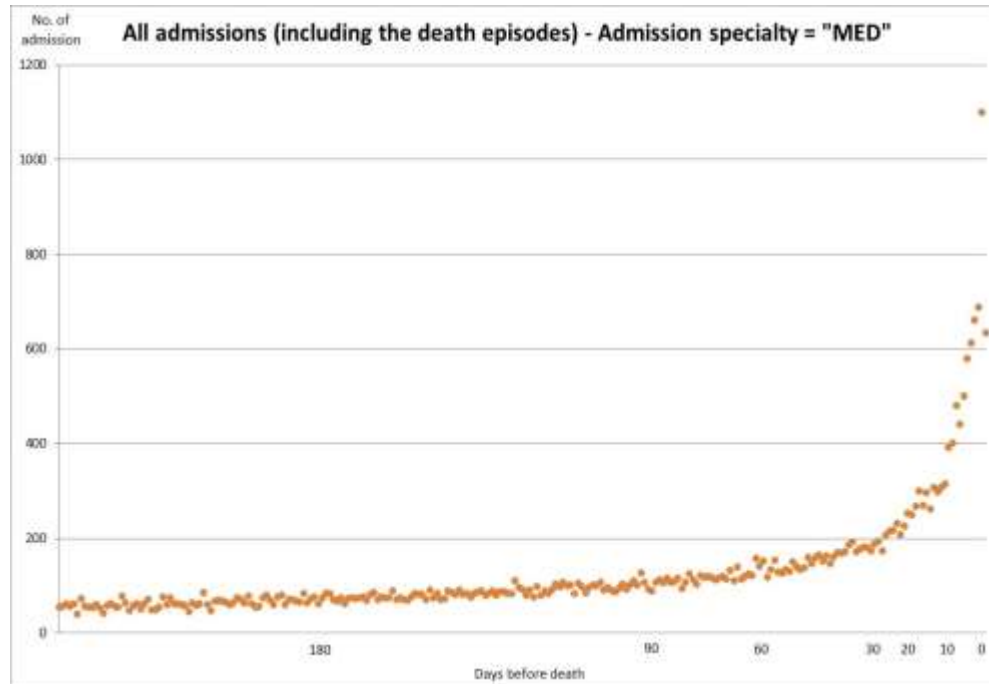
## Prognostic Indicators

4th edition Oct. 2011

- The Surprise Question: “ Would you be surprised if this patient was to die in the next few (Six) months ?”
- General indicators of decline—deterioration, increasing need or choice for no further active treatment of disease
- Specific clinical indicators related to certain conditions

# The Last Year of Life

RCHE residents ~  
8000 deaths per year  
in medical wards



	Day 365 - Day 181 before the death date	Day 180 to Day 0 before the death date
	Average	Average
No. of A&E attendances	1.29	2.98
No. of Total admissions (MED)	0.98	2.56
Total BDO (MED)	7.89	26.01

Statistics during the last 365 days of life for RCHE deaths (including death episode)  
Aged 60+ and death in MED of A&E and IP/DP during 2012 (N=10,731), HAHO

# RCHE Residents are **High Volume Users** of HA Services

**7%** elderly population in HK

8000 deaths per year in medical wards are RCHE residents



A&E 1<sup>st</sup> attendances per 1,000 elderly persons

1  
(513 attendances)

:

4  
(2 281 attendances)

Hospital Bed Utilisation\* per 1,000 Elderly Persons

1  
(9.4 beds)

:

7  
(68.8)

Unplanned readmission rate (M&G)

18%

:

34%

## Note

1. \* Include General (acute and convalescent) , Infirmary, Mentally Ill and Mentally Handicapped Beds
2. Elderly Population in OAH and Community, 2011 Population Census Office, Census and Statistics Department
3. OAH residents refer to patients with at least one record coded with LORCHE number in IPAS or AEIS in 2011

# Literature review

- End-of-life(EOL) care is the support of a person who is approaching death. Their dying experience is often a prolonged process accompanied by a period of functional decline and deterioration

(Lunney, Lynn, Foley, Lipson, & Guralnik, 2003)

- Palliative care which aims at the relief of pain and distressing symptoms, and the provision of psychological, social, and spiritual support

(WHO, 2013)



- Good EOL service should

- choice and control over where death occurs
- who is present and shares the end of a life

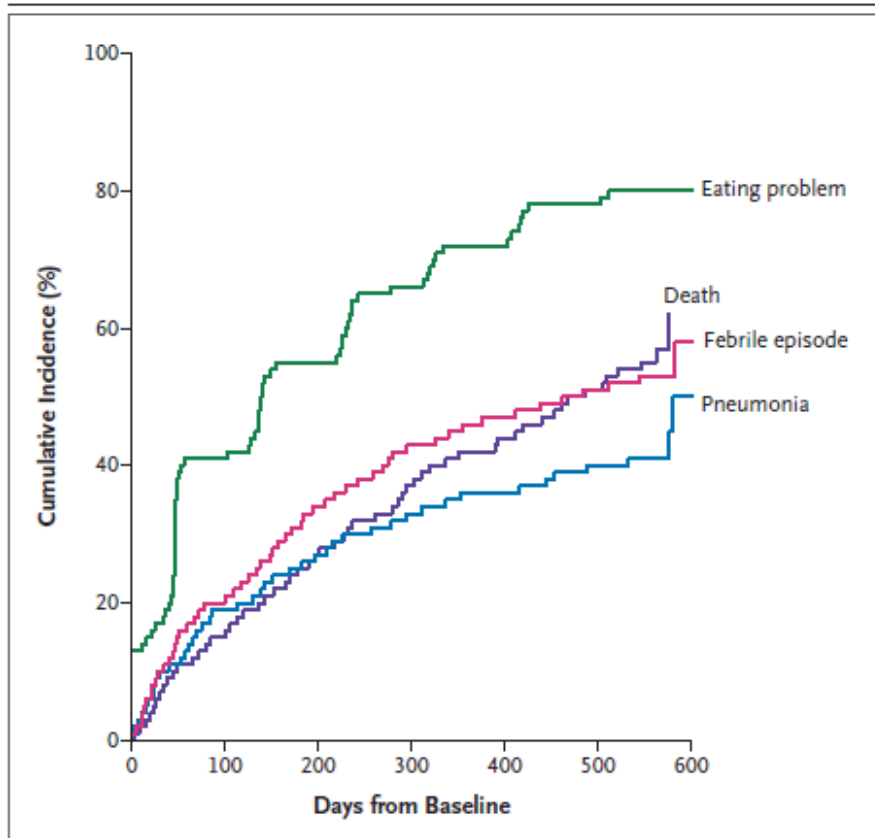
(Smith, 2000)

- EOL care can be achieved in nursing homes, which could enhance quality of life among dying residents

(Nochomovitz et al., 2010; Hendriks, et al., 2013)

# The clinical course of advanced dementia

Mitchell SL et al. N Engl J Med 2009;361:1529-38



**Figure 1.** Overall Mortality and the Cumulative Incidences of Pneumonia, Febrile Episodes, and Eating Problems among Nursing Home Residents with Advanced Dementia.

Overall mortality for the nursing home residents during the 18-month course of the study is shown. The residents' median age was 86 years, and the median duration of dementia was 6 years; 85.4% of residents were women.

## Advanced dementia is a terminal condition

- Median survival 1.3 years
- Common events requiring hospitalization
  - Pneumonia, febrile episodes, eating problems
- Unnecessary investigations and burdensome interventions
  - i.v. antibiotics, enteral tube feeding
  - Inversely related to carer's knowledge of prognosis, availability of AD/ ACP

# Local studies

- Involved 1,600 cognitively normal residents in 140 nursing homes in Hong Kong
- residents with chronic illnesses in nursing homes preferred to pass away in their own homes or in the care homes they are familiar with

(Chu et al., 2011)

- Involved 50 elderly residents and 51 family members
- 68% of surveyed residents and 80% of surveyed family caregivers preferred death to happen in Care & Attention (C&A) Home

(Lou & Chan, 2011)

# Local perspective

# Residential Care Homes for the Elderly (RCHEs) in Hong Kong

- 'Ageing in place' policy
  - 13% aged 60+ (1 Million)
  - Stay in community
  - Stay in RCHE
- As at 31 March 2014
  - 715 RCHEs
  - 70,000 residents (7% elderly)

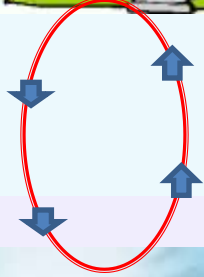
# Unique to HK

- Primary care poorly developed
- Older people rely heavily on public healthcare
  - In-patient
  - Specialist out-patient
  - Outreach – Community Geriatric Assessment Team (CGAT, 1994)
- RCHE residents
  - No designated primary care physician
  - Death in RCHEs NOT normal practice
  - All deaths reportable to Coroner
  - ~ 8000 die in medical wards each year
- AD / ACP still a novelty
- 93% of deaths occur in hospital
  - Consequences of deaths at other locations
    - Public mortuary
    - Report to Coroner (CAP 504, Coroner Ordinance Section 4, 16)
    - Police investigation
    - Autopsy
    - Taboo to family
    - Drop in price of property

# “Revolving Door”

Community

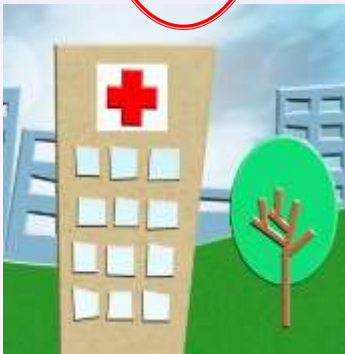
RCHE



Recurrent CVA  
Aspiration pneumonia  
Feeding problems  
sepsis

Repeated crisis admissions

Patients receive “routine” acute interventions



AED



Acute ward

- CPR
- Tube feeding
- Inotropes
- Mechanical ventilation
- IV antibiotics



Convalescent ward

Poor quality of life



Hospital

# Local experiences

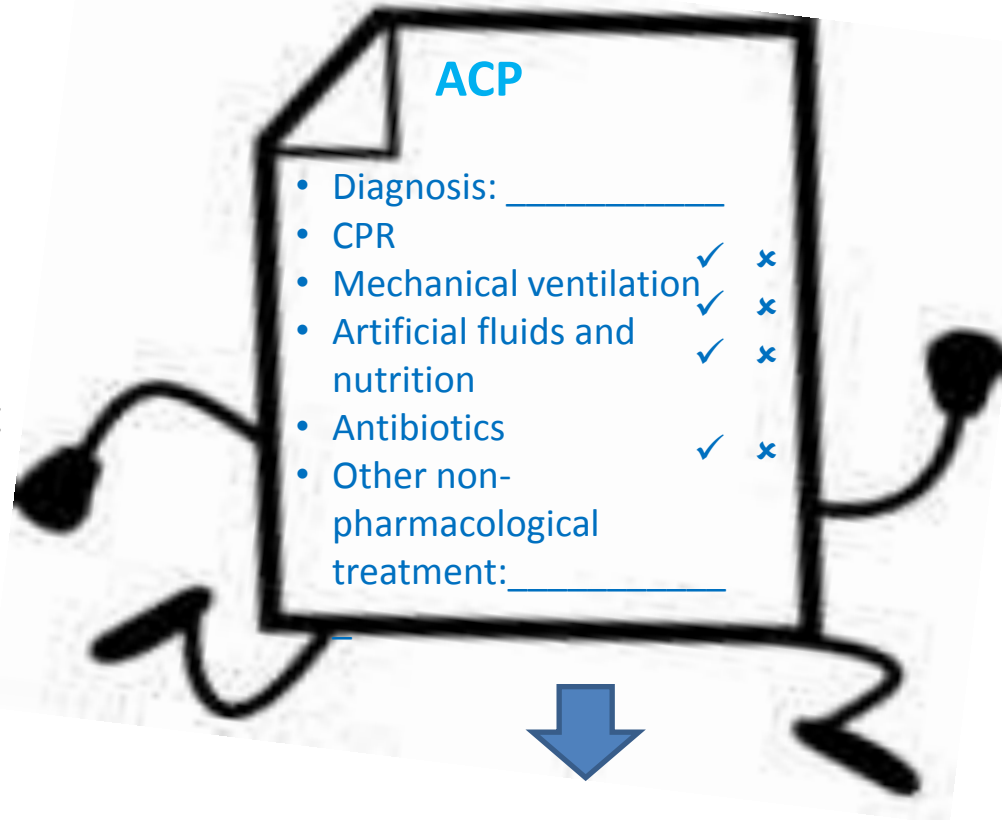


# EOL program in RCHEs in Shatin district

1. Identify patients in RCHEs eligible for EOL care  
~ 5% of RCHE population
2. Engage patient/family members to formulate Advance Care Plan (ACP)
3. Provide symptom control and arrange support services based on the ACP
4. Coordinate patient journey, including streamlining admission to designated ward for EOL care

# Advance Care Planning

- Formulate Advance Care Plan (ACP)
  - ✓ Discuss patient's prognosis
  - ✓ Identify values, goals & preferences
  - ✓ Review pharmacologic treatment
  - ✓ Build up a therapeutic plan and reduce unnecessary therapies
- Delivered by trained CGAT doctor
- Engage patients and family members

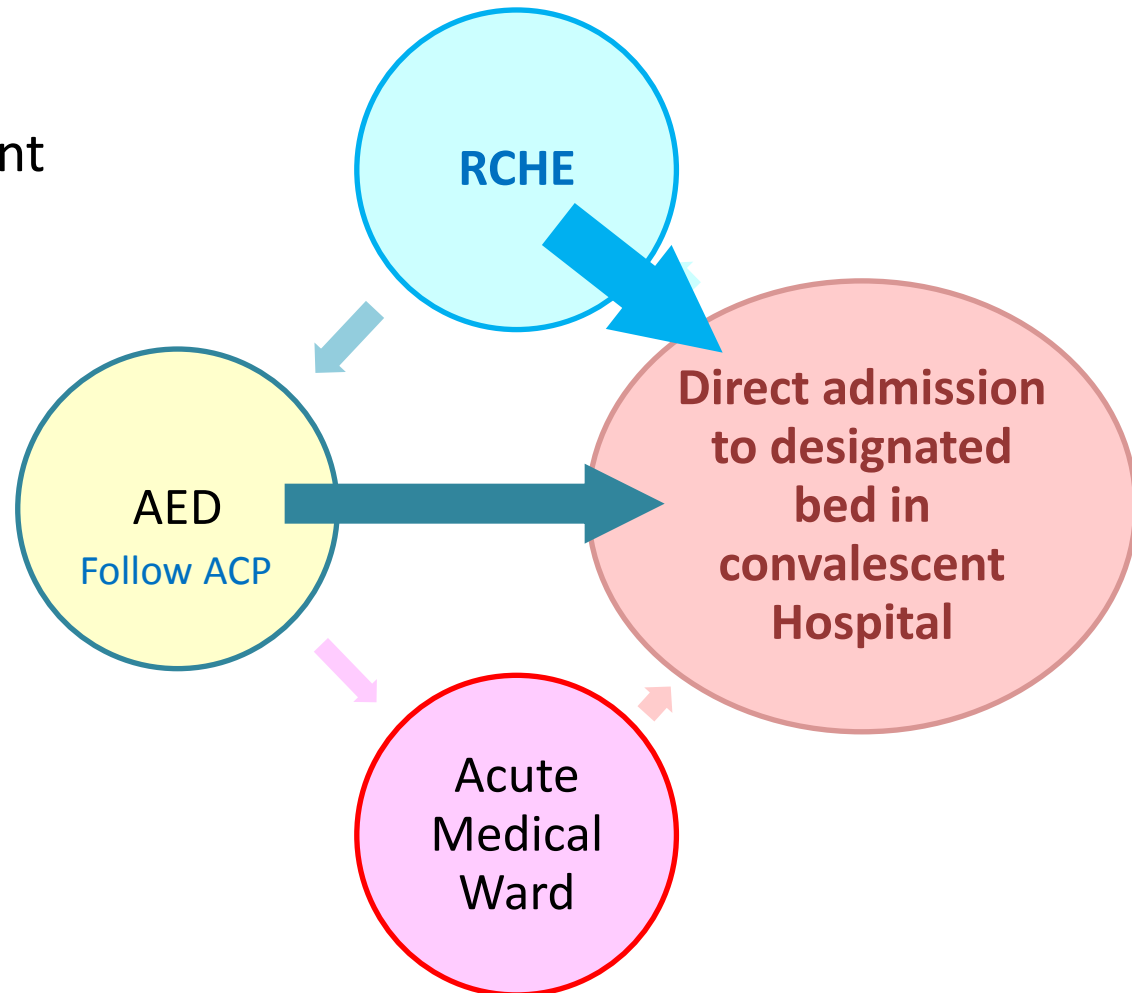


- ✓ **Provide options to patient/family**
- ✓ **Comfort and dignity**
- ✓ **Reduce unnecessary therapies**

# Need-based Service Provision

## Coordinated by CGAT

- ✓ Timely symptom treatment and comfort care
- ✓ Rapid response available:
  - Phone consultation
  - Clinical admission to designated bed
- ✓ Team conference
- ✓ Support and training to RCHE



# Last Journey

## Hospital



- Private corner/farewell room
  - medical wards
  - AED in HK West Cluster
- Flexi-visiting hours
- Psychological and spiritual support
- Refer to MSW/PC team/NGO for bereavement support



# EOL Care Pathway

RCHE



Multiple strokes  
Heart failure  
Contractures



- ✓ ACP
- ✓ Patient: symptom control and psychosocial support
- ✓ Support and training to RCHE

Resident's conditions deteriorated (e.g. Fever, ↑↑SOB, suspected aspiration pneumonia)  
RCHE staff unable to provide the care needed



**CGAT**  
**coordination**

Direct hospital  
admission to  
designated setting

ACP adherence

- Symptom control
- Supportive treatments
- Psychological and spiritual support

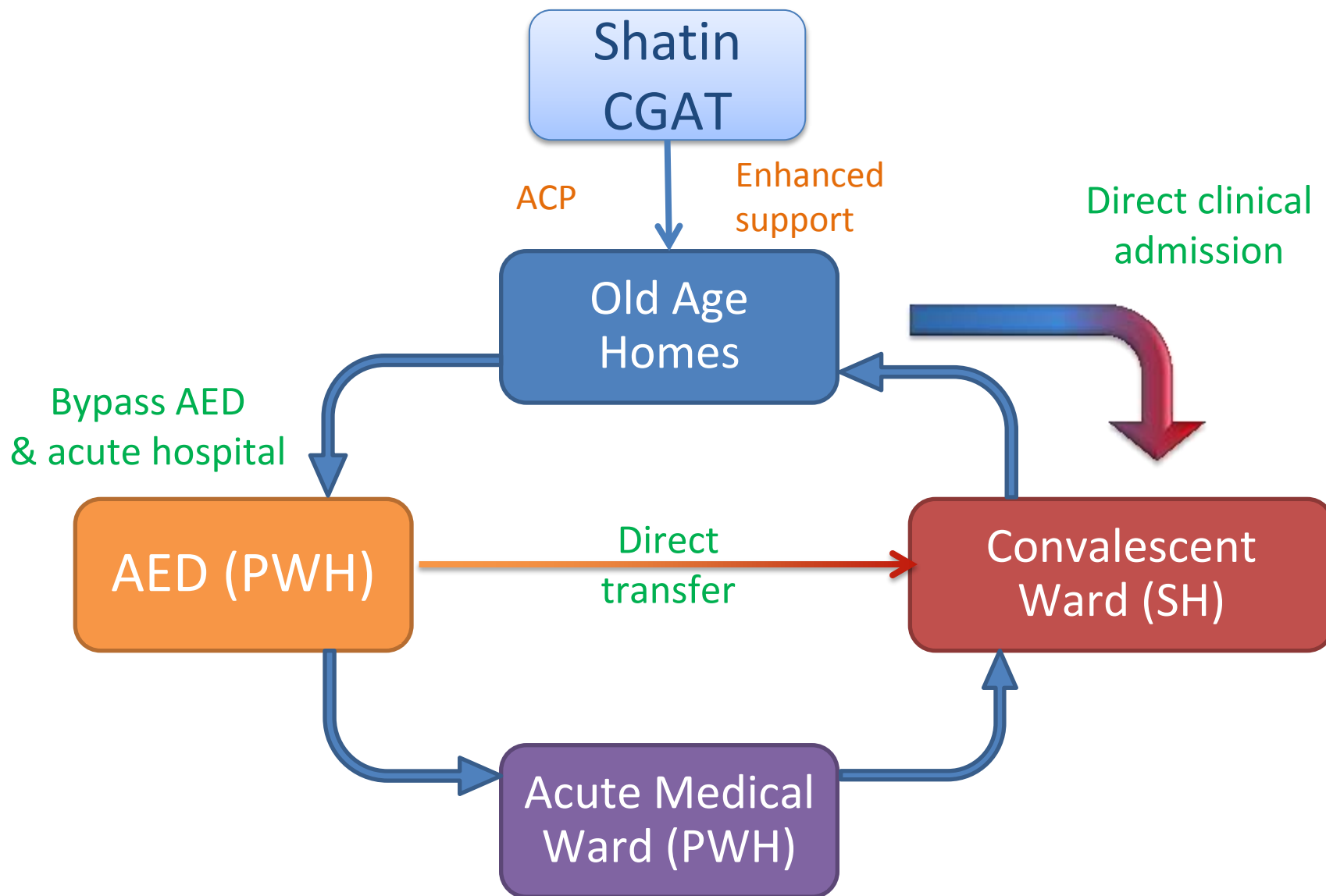
Good Death



# Pilot in Shatin district, winter surge months 2013

- Up to 50% of EOL patients can bypass AED and be directly admitted to convalescent setting
- ACP compliance 97%
- Satisfaction level was high among patients, family and OAH staff
- Limitations
  - service hours of CGAT
  - clinical condition of patient too critical
  - lack of beds in convalescent hospital
- Potentially more patients can be directly admitted

# A new journey for EOL patients from RCHEs



## ARTICLE IN PRESS

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## Clinical Experience

## A New Model for End-of-Life Care in Nursing Homes

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## ABSTRACT

**Objective:** This study aimed to promote quality end-of-life (EOL) care for nursing home residents, through the establishment of advance care plan (ACP) and introduction of a new care pathway. This pathway bypassed the emergency room (ER) and acute medical wards by facilitating direct clinical admission to an extended-care facility.

**Design:** An audit on a new clinical initiative that entailed the Community Geriatrics Outreach Service, ER, acute medical wards, and an extended-care facility during winter months in Hong Kong.

**Methods:** The participants were older nursing home residents enrolled in an EOL program. We monitored the ratio of clinical to emergency admissions, ACP compliance rate, average length of stay (ALOS) in both acute hospital and an extended-care facility, and mortality rates.

**Results:** A total of 75 patients were hospitalized from January to March 2013. Of them, 30 (39%) were directly admitted to the extended-care facility, either through the liaison of Community Geriatrics Outreach Service (group A, 10/30, 25%) or transferred from the ER (group B, 11/30, 34%). The remaining 45 patients (group C, 61%) were admitted via the ER to acute medical wards following the usual pathway, followed by transfer to an extended-care facility if indicated. The ACP compliance rate was nearly 100%. In the extended-care unit, groups A and C had similar ALOS of 118 and 111 days, respectively, whereas group B had a shorter stay of 75 days. The ALOS of group C in acute medical wards was 3.5 days. The in-hospital mortality rates were comparable in groups A and C of 26% and 28%, respectively, whereas group B had a lower mortality rate of 18%.

**Conclusions:** Nearly 40% of EOL patients could be managed entirely in an extended-care setting without compromising the quality of care and survival. A greater number of patients may benefit from the EOL program by improving the collaboration between community outreach services and ER, and extending hours for direct clinical admission to an extended-care facility.

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In Hong Kong, chronic diseases, such as chronic obstructive pulmonary disease, congestive heart failure, cerebrovascular accident, and dementia-related complications, account for a high level of healthcare utilization, especially during the winter months when patients are more likely to experience acute exacerbations.<sup>1</sup> This phenomenon, known as winter surge, is associated with an increase in attendances and lengthy waiting times in the emergency room

(ER) and severe congestion in acute medical wards. Although only 7% of older people in Hong Kong are institutionalized, the "Revolving Door Syndrome," characterized by repeated hospitalizations, is very common among nursing home residents.<sup>2</sup> In Hong Kong, the early (<28 days) unplanned admission rate to acute medical units of public hospitals is 2-fold higher among institutionalized older people than those living in the community (ie, 36% vs 18%).<sup>3</sup> Most of these patients had multiple comorbidities and may have reached their end-of-life (EOL) with a life expectancy of less than 12 months.<sup>4,5</sup>

The Prince of Wales Hospital (PWH) is a 1600-bed acute general hospital, which serves a catchment population of 0.7 million in Shatin, Hong Kong, of which 12% are older people aged over 65. There are 4800 nursing home places in the district, and these institutions

The authors declare no conflicts of interest.

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EOL team at work

1/10/2013

# Other models

- TWGH Shuen Wan Die-in-home project
  - In depth psychosocial support
  - Respect patients last wishes
  - Preferred place of care & dying
  - Work closely with local CGAT and hospital
- Salvation Army "Palliative Care in Residential Care Homes for the Elderly"
  - Last 72 hours of life
  - Designated visiting doctor
  - Symptom control

# Summary and way forward

- Services for older patients reaching the end of life are under-developed in Hong Kong
- Some good practices exist but sporadic
- Urgent need for
  - Education & debate
    - Academics, legal profession, government
  - Training of caregivers
    - Healthcare, RCHE, informal carers
  - Adopt practices in healthcare system
    - GP-CGAT-RCHE-AED-hospitals
  - Dying in RCHEs
    - New contract homes with 'dual license'
    - Amend current laws

Thank you  
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