Improving EOL care for frail older people in Hong Kong : a geriatric perspective

Dr. James LUK

MBBS(HK),MSc(Experimental Medicine)(UBC), MRCP(UK), FRCP(Edin), FRCP(Glasg), FRCP(Irel), FHKCP, FHKAM(Medicine)

Consultant and Chief of Service, TWGHs Fung Yiu King Hospital (FYKH)

Hon. Clinical Associate Professor, HKU

President, The Hong Kong Geriatrics Society

Environmental Scan

- Older people tend to have multiple co-morbidities, and end-of-life (EOL) issues are unavoidable.
- 40% inpatient died in HA hospitals are from RCHEs
- FYKH – around 10 to 15% admitted patients passed away
- Advanced dementia in RCHEs - 1 year mortality 34%
  - ***Luk JKH et al.*** *Hong Kong Med J 2013;19:518-24*

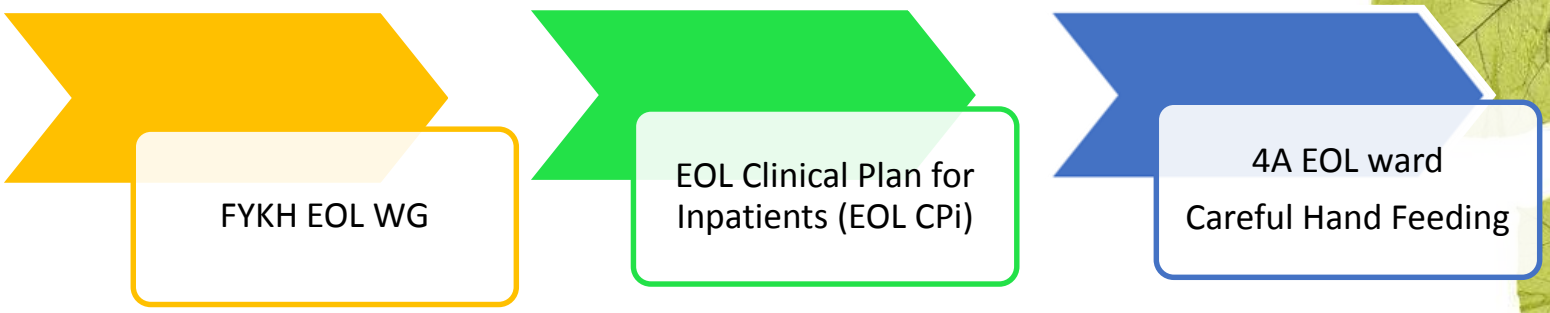
"Revolving Door"

Patients receive "routine" acute interventions

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

EOL Care WG in FYKH

A working group was formed in 2012.



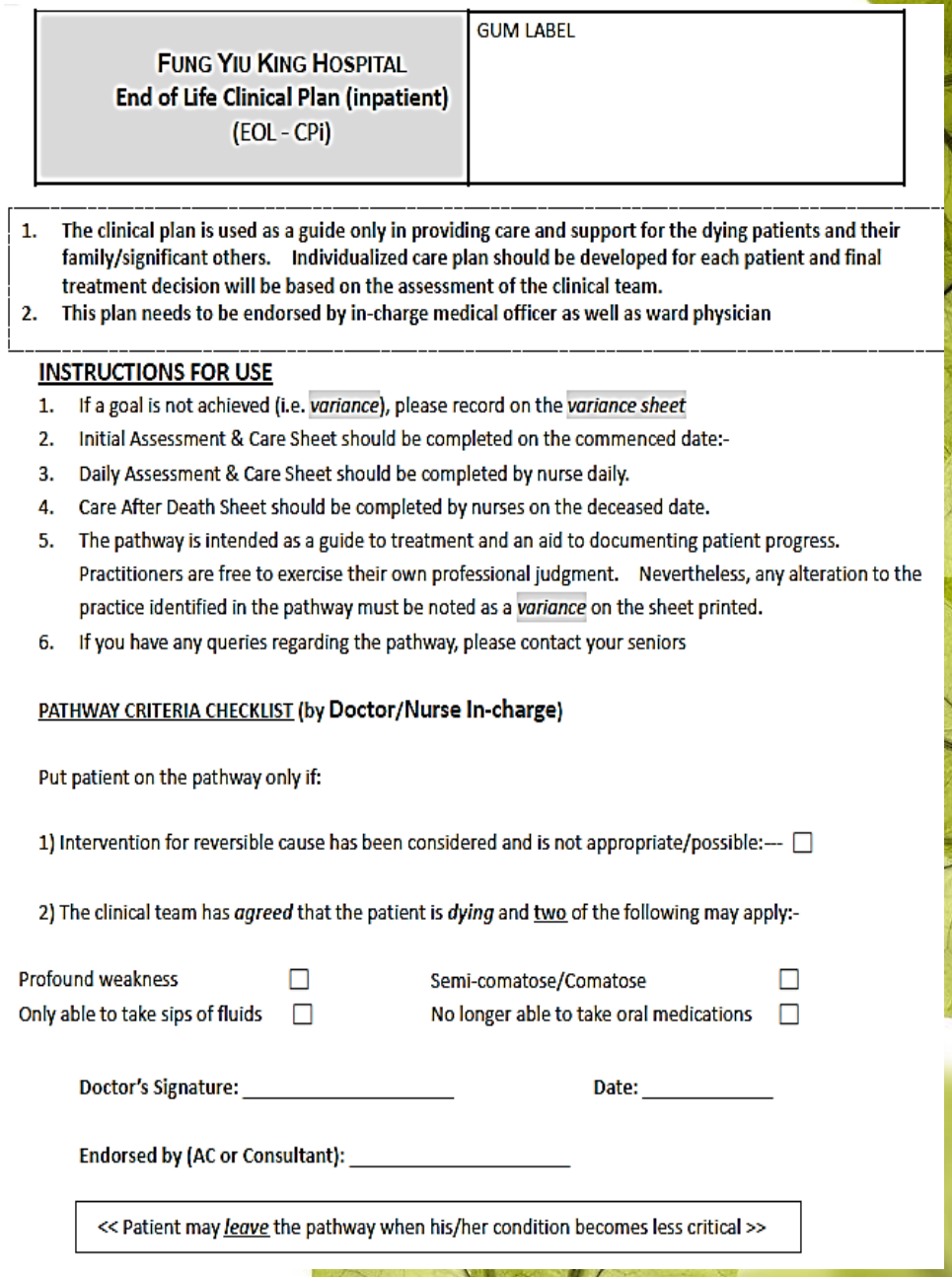
Meeting Interval: Every 3 months

Membership: Chairman – COS & Cons (Geri)
Members – ACs, GM/N, UM (CCS), APN (CGAT), DOM, WMs, PTIi/c, OTIi/c, MSW i/c, hospital chaplains (Catholics, Christianity, Buddhism)

- The EOL clinical plan for inpatients (EOL-CPi) was established to improve patient in their last days of life.

- **Started on 4 June 2012**

- **Need to be endorsed by 2 doctors – medical officer and ward physician**



FUNG YIU KING HOSPITAL **End of Life Clinical Plan (inpatient)** (EOL - CPi)	GUM LABEL

1. The clinical plan is used as a guide only in providing care and support for the dying patients and their family/significant others. Individualized care plan should be developed for each patient and final treatment decision will be based on the assessment of the clinical team.
2. This plan needs to be endorsed by in-charge medical officer as well as ward physician

INSTRUCTIONS FOR USE

1. If a goal is not achieved (i.e. *variance*), please record on the *variance sheet*
2. Initial Assessment & Care Sheet should be completed on the commenced date:-
3. Daily Assessment & Care Sheet should be completed by nurse daily.
4. Care After Death Sheet should be completed by nurses on the deceased date.
5. The pathway is intended as a guide to treatment and an aid to documenting patient progress. Practitioners are free to exercise their own professional judgment. Nevertheless, any alteration to the practice identified in the pathway must be noted as a *variance* on the sheet printed.
6. If you have any queries regarding the pathway, please contact your seniors

PATHWAY CRITERIA CHECKLIST (by **Doctor/Nurse In-charge**)

Put patient on the pathway only if:

1) Intervention for reversible cause has been considered and is not appropriate/possible:— ☐

2) The clinical team has ***agreed*** that the patient is ***dying*** and two of the following may apply:-

Profound weakness	☐	Semi-comatose/Comatose	☐
Only able to take sips of fluids	☐	No longer able to take oral medications	☐

Doctor's Signature: _____ **Date:** _____

Endorsed by (AC or Consultant): _____

<< Patient may *leave* the pathway when his/her condition becomes less critical >>

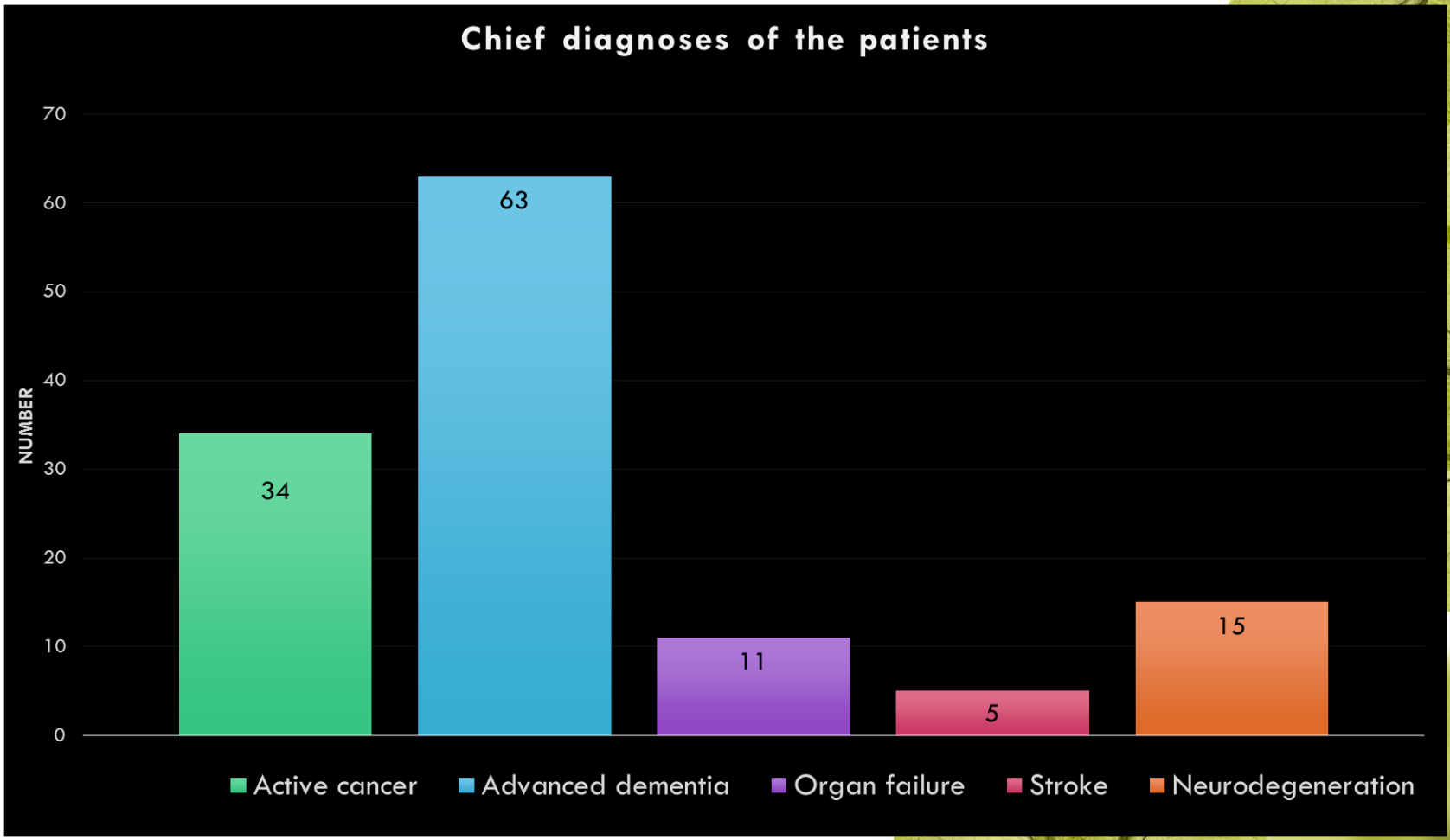
Goals and success criteria for end-of-life clinical plan for inpatients

Table 1

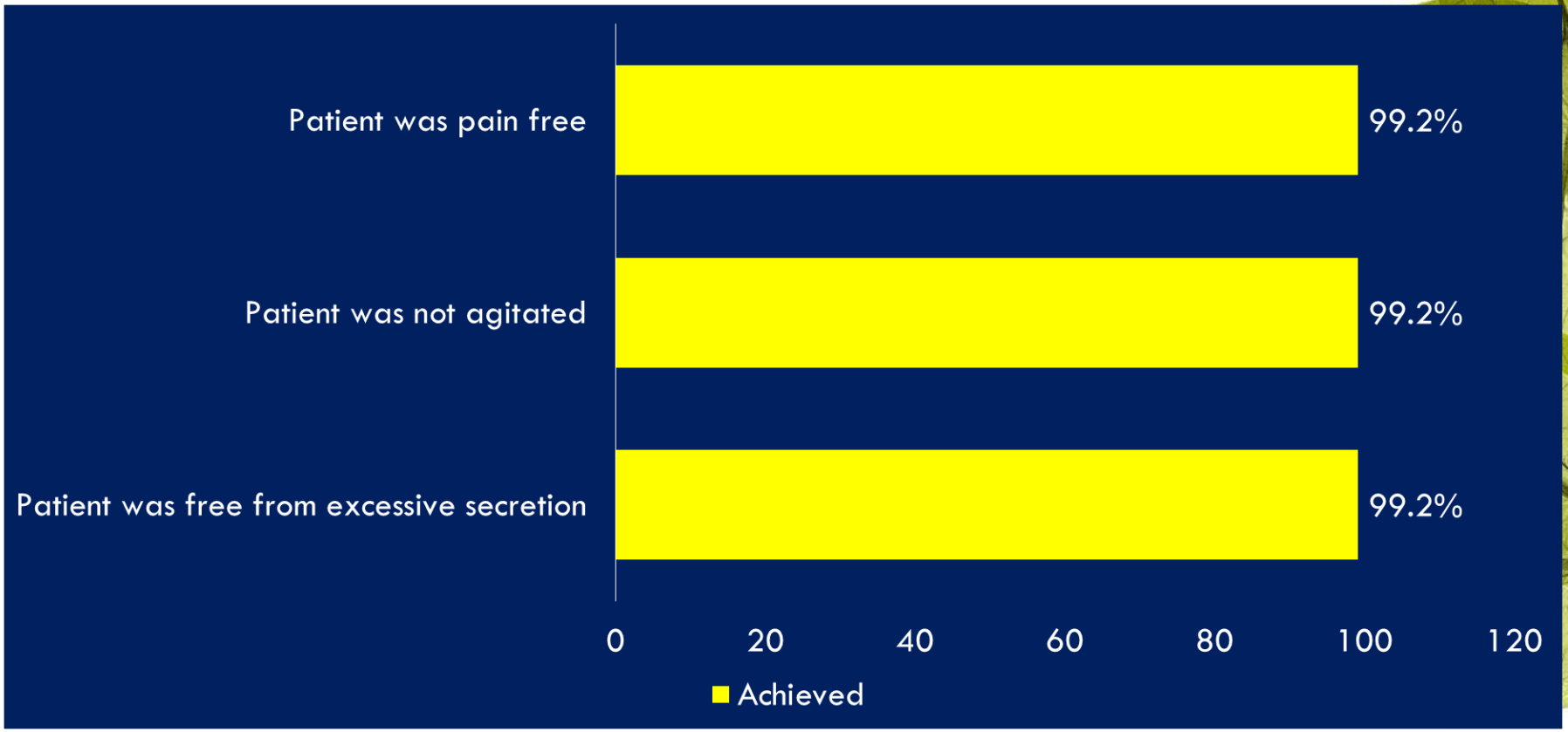
GOALS	SUCCESS CRITERIA
• Current medication assessed and non-essential medications discontinued	• Inappropriate or unnecessary medications discontinued • Appropriate "as needed" medications given
• Withdraw / withhold inappropriate interventions	• Withdraw/withhold unnecessary blood tests, blood product transfusion, high flow oxygen, broad spectrum (Big Gun) antibiotics
• Unnecessary nursing interventions discontinued	• Reduce frequent haemoglucostix monitoring • Avoidance of physical restraints • Reposition for comfort and pressure sore prevention only
• Religious and spiritual needs assessed	• Patient or family members assessed for religious and spiritual needs
• Plan of care is explained and discussed with patients or family members	• Patient or family aware of prognosis and understand the plan of care • DNACPR signed
• Symptom assessment and treatment given appropriately	• Patient has satisfactory symptom control in the last 24 hours
• Care at and after death	• Flexible visiting hours given to family members • Family members able to say goodbye at the last moment • Hospital policy followed for patient belongings • Information provided to family members about the procedures after death • Family emotions acknowledged and handled

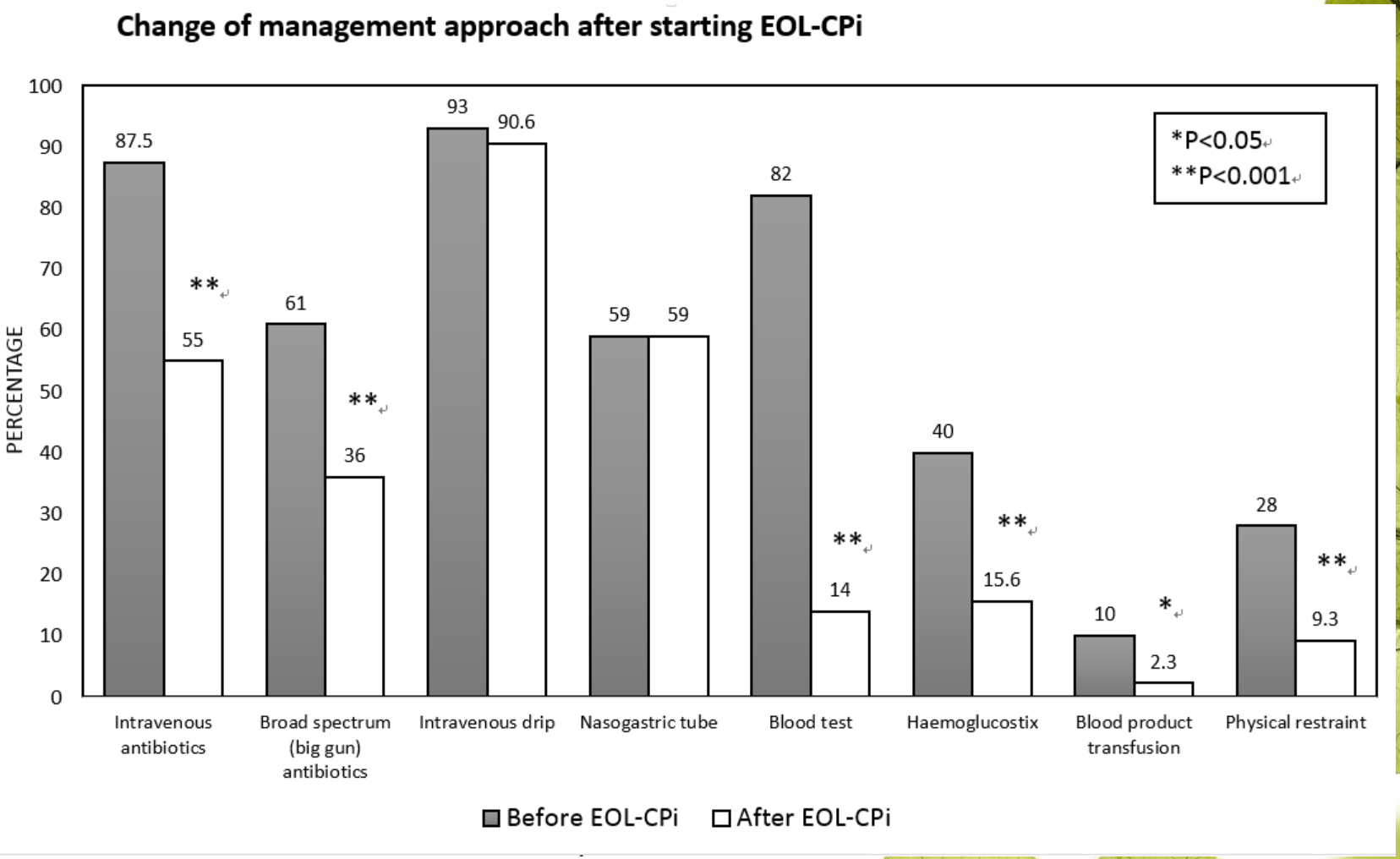
Study to evaluate EOL CPi

- N = 128

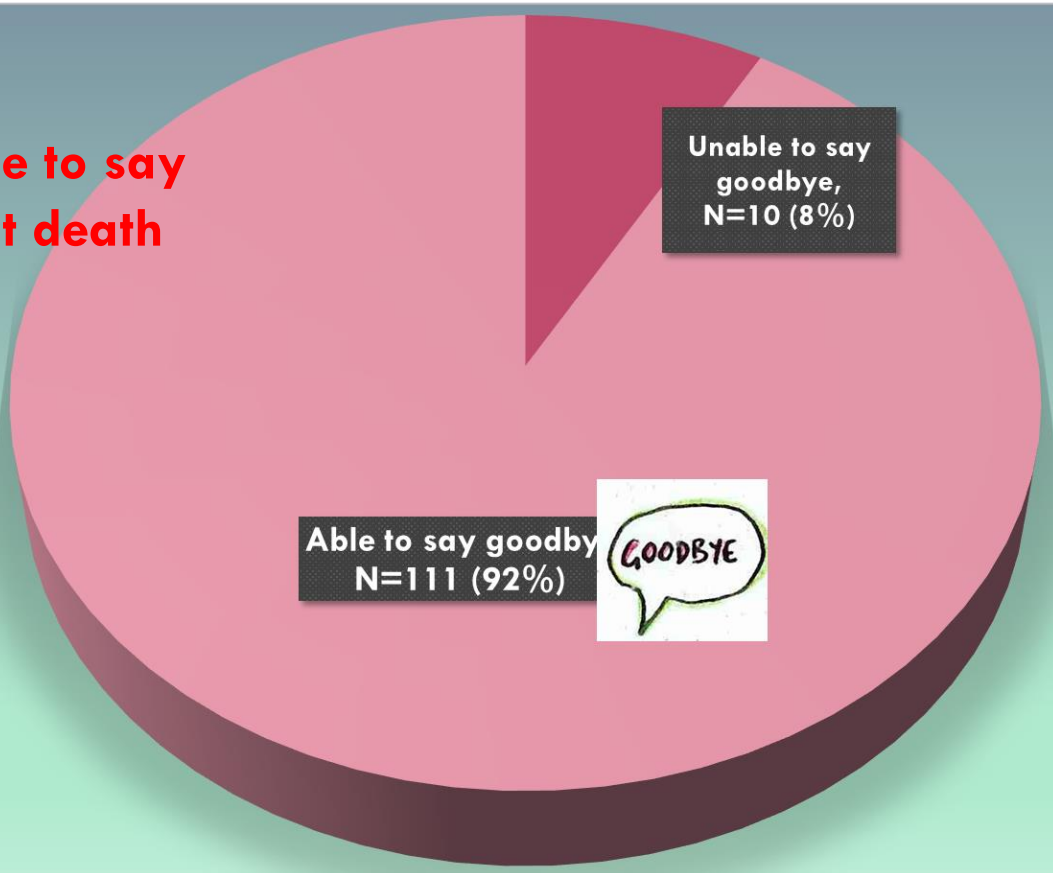


Symptom control in the last 24 hours




Change of management approach after starting EOL-CPi
PERCENTAGE
100
90
80
70
60
50
40
30
20
10
0
87.5
55
**
61
36
**
93
90.6
59
59
82
14
**
40
15.6
**
10
2.3
*
28
9.3
**
*P<0.05
**P<0.001
Intravenous antibiotics
Broad spectrum (big gun) antibiotics
Intravenous drip
Nasogastric tube
Blood test
Haemoglucostix
Blood product transfusion
Physical restraint
Before EOL-CPi
After EOL-CPi

Family able to say goodbye at death



Conclusions:

- A tailored made EOL clinical plan enhanced EOL care for dying older patients in a geriatric step-down hospital.
- Foster a change in management approach with more emphasis on comfort care
- Results published in AJGG

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End-of-life clinical plan in a geriatric step-down hospital

ORIGINAL ARTICLE

James KH Luk[1] MBBS(HK), MSc (Experimental Medicine) (UBC), FRCP(Edin, Glasg, Irel), FHKCP, FHKAM(Medicine), **Tuen Ching Chan**[1] MBBS(HK), MD(HK), MRCP(UK), FHKCP, FHKAM(Medicine), **Winnie WY Mok**[2] MBBS(HK), MRCP(UK), FHKCP, FHKAM(Medicine), **Ellen KC Wong**[3] RN, RM, BSc(Hon), MN, FHKCHSE, FACHSE, **Felix HW Chan**[1] MBBCh.(Wales), MSc(Wales), FRCP(Ire, Glasg, Edin), FHKCP, FHKAM(Medicine)

[1] Department of Medicine and Geriatrics, TWGHs Fung Yiu King Hospital
[2] Department of Medicine, Queen Mary Hospital
[3] Department Operations Manager, TWGHs Fung Yiu King Hospital

ABSTRACT

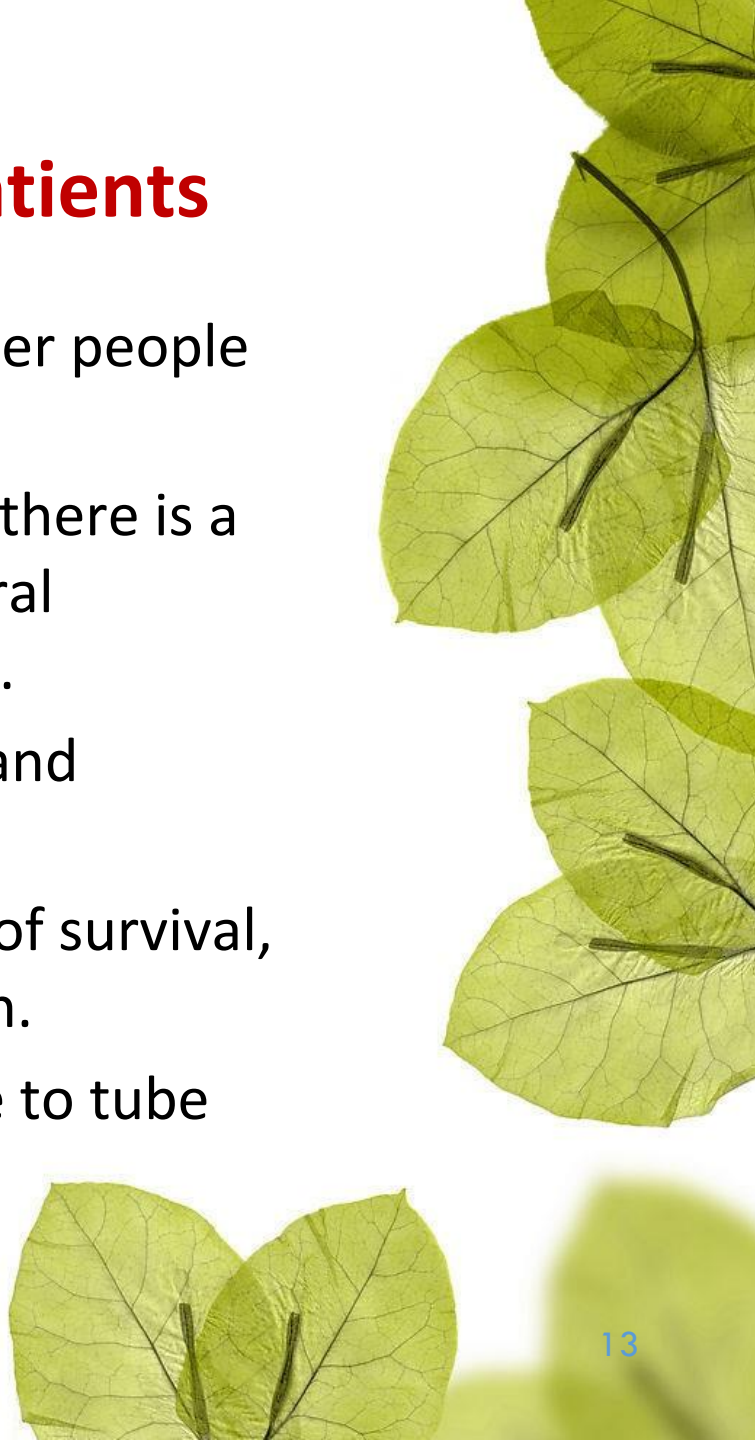
Objectives. This study evaluated the outcome of an end-of-life clinical plan for inpatients (EOL-CPi). This plan aimed to provide better care for dying older patients admitted to a geriatric step-down hospital.

Methods. 46 men and 82 women aged 65 to 104 (mean, 87.7) years who received care under the EOL-CPi between 4 June 2012 and 3 June 2014 were retrospectively reviewed.

Careful (Comfort) Hand Feeding
人手小心餵食

Feeding Problems in EOL patients

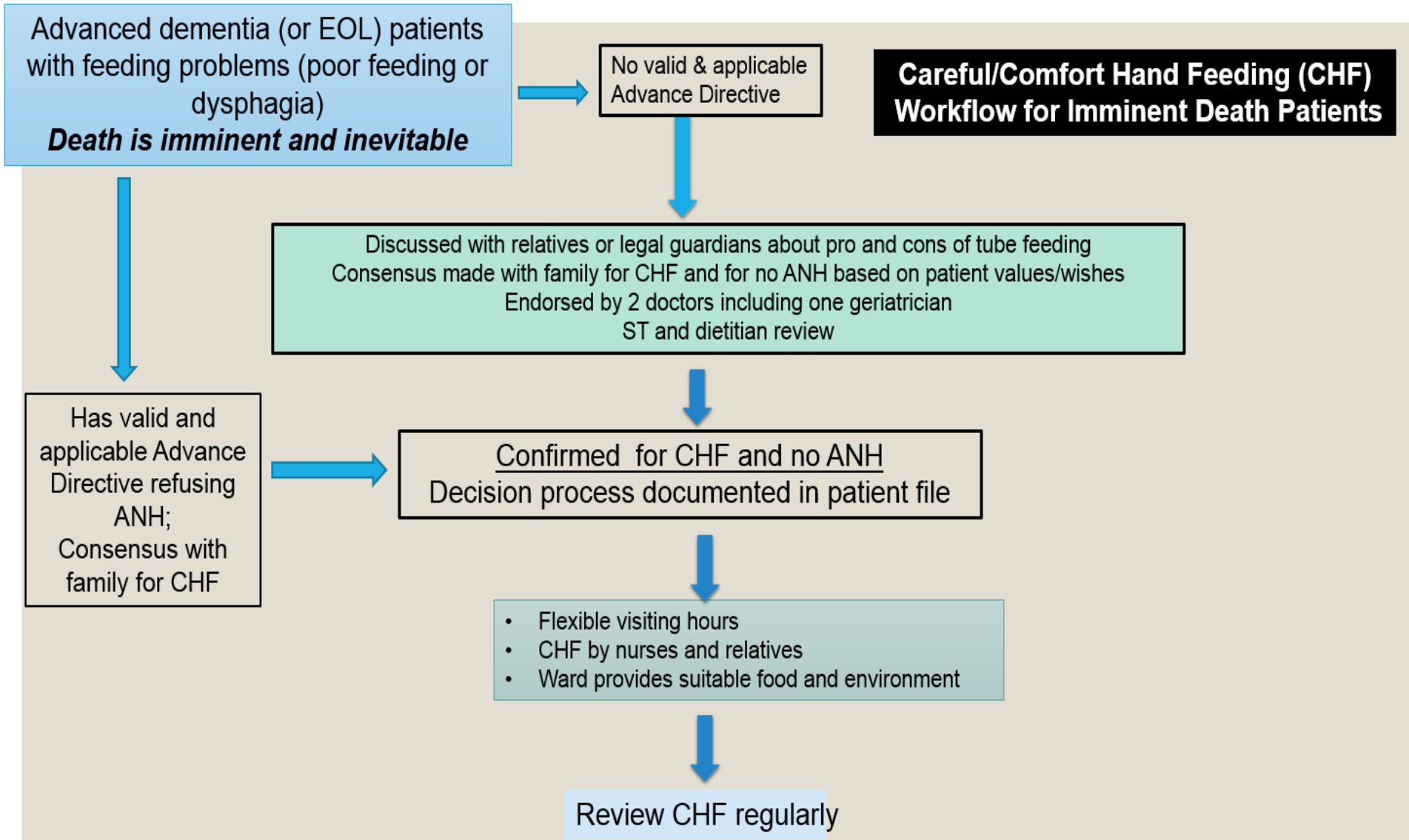
- Feeding problems are common in older people in EOL situation.
- When eating difficulties arise, unless there is a valid advance directive refusing enteral feeding, tube feeding is often started.
- Tube feeding itself has many pitfalls and complications.
- To date, in EOL, no benefits in terms of survival, nutrition and prevention of aspiration.
- Careful hand feeding is an alternative to tube feeding



Careful Hand Feeding in FYKH

1. Under the FYKH EOL WG, a CHF WG subgroup was established (geriatricians, nurses, speech therapist and dietitian) promote CHF in FYKH
2. Education of staff (CNE program)
3. Workflow and logistics

人手小心餵食



("imminent death" means that death is expected within a few hours or days)

(ANH = Artificial nutrition and hydration)

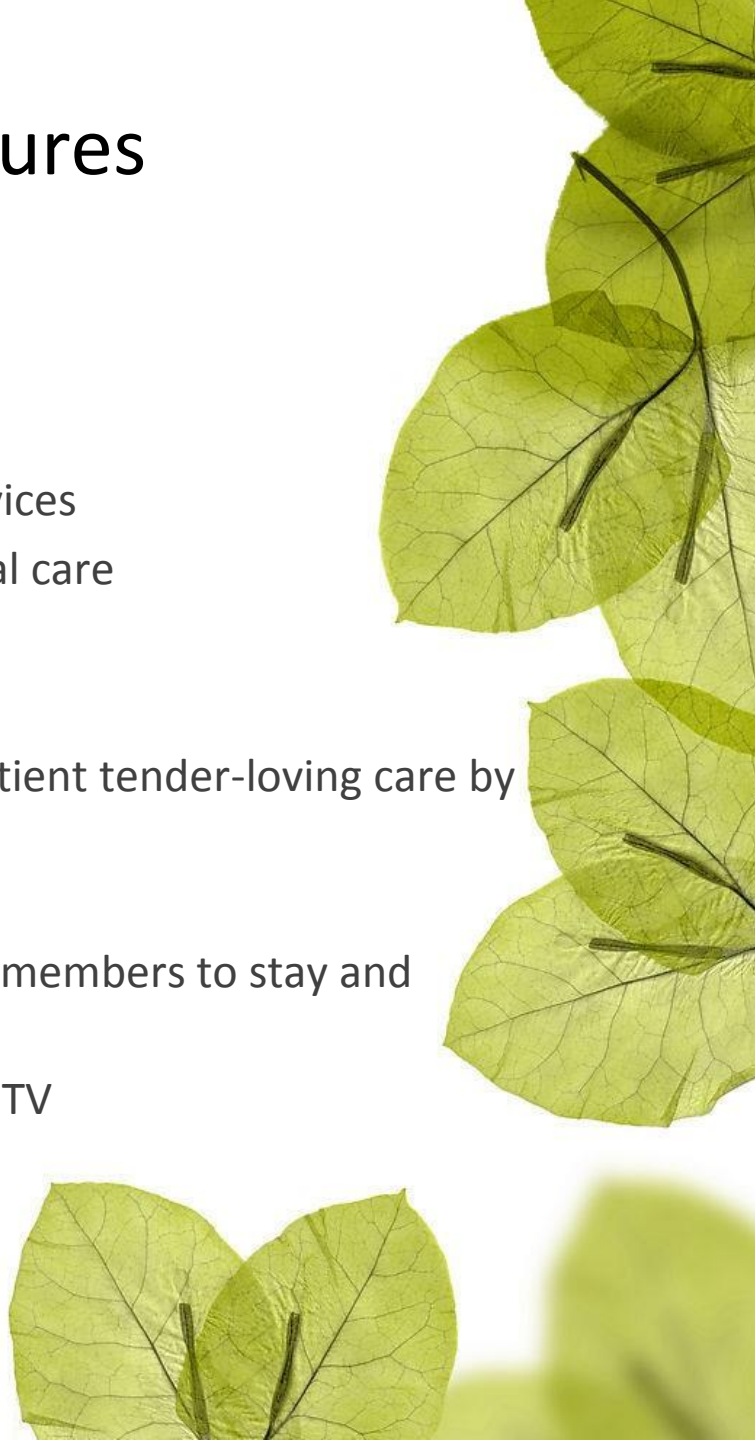
FYKH 4A EOL Ward

HAHO 2014/2015 Resource Allocation Exercise (RAE) supported the establishment of an EOL ward (4A ward)

- A mixed ward with 8 beds (4 male, 4 female beds)
- Provide a comfortable areas for EOL patients
- Emphasis on physical, spiritual, and psychosocial care to foster dignified and good death (Chaplain, PT, OT, MSW support)
- Allow family members to stay behind as long as possible to accompany their dying family members

4A EOL ward special features

- Warm color tone in walls
- Covered oxygen gas and suction
- Lighting – 2 systems
  - Adequate ward lighting for usual clinical services
  - Dimming lighting for patient rest and spiritual care
- Individual partition for each patient
- Individual TV
- Small washing basin for each patient to foster patient tender-loving care by family
- Small cabinet for storage
- Reclining chair next to the patient bed for family members to stay and even sleep at night
- Side room for family members to rest and watch TV



Enhanced CGAT Service for EOL Care in RCHEs in HKWC (ECEOL)

安老院舍晚期醫護服務

COMMUNITY GERIATRICS ASSESSMENT TEAM (CGAT)

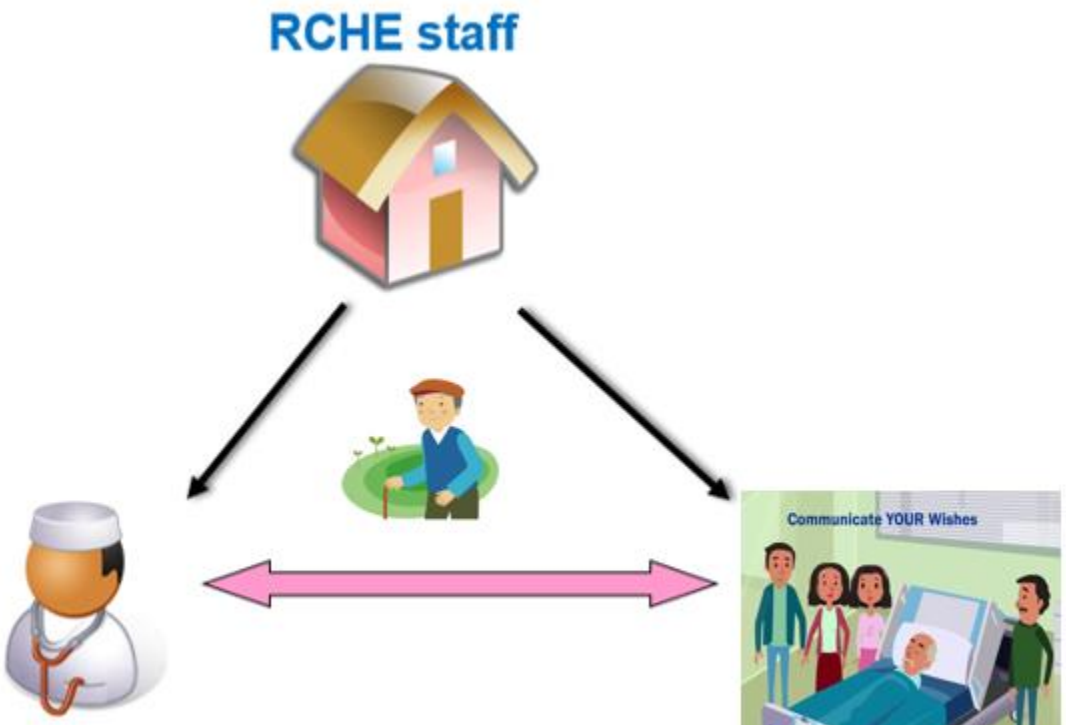
Outreach specialist geriatric services in RCHEs

- Residents – over 6000
- Provides over 55000 attendances per year.

Program model of ECEOL in HKWC

- Started Oct 2015
- Targeted residents in 26 RCHEs with EOL care need
- Medical-social collaboration
- Collaboration with acute medical wards, A&E
- CASE MANAGEMENT - Link Geriatrician and a CGAT Link Nurse (LN)
- Advance Care Planning (ACP) and DNACPR discussion

Link nurse serve as a case manger to provide and coordinate care to patient and support to RCHE



Training to RCHEs by CGAT

- ✓ EOL concept
- ✓ Symptomatic management e.g pain, respiratory distress
- ✓ Use of Medication
- ✓ Nutrition and feeding
- ✓ Briefing of ECEOL in RCHEs

Way forward

- Inpatient
  - Expansion of EOL care (manpower, resources)
  - Enhancement of CHF
- Community
  - Provide services to more RCHE residents e.g. covered more homes and patients (manpower)
  - CHF in RCHEs
  - Dying in place
- HK
  - Promulgate EOL care
  - Share experience to other clinical teams
  - Collaborate with PC team
  - Assist HA and Government in developing EOL care for older
  - Public education