

# Journeys through the End-of-Life Care in Residential Care Homes in Hong Kong A Narrative Approach

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策劃及捐助 Initiated and funded by:



合作夥伴 Project Partner:



#### Introduction



What is the "JCECC-End-of-Life Care in Residential Care Homes for the Elderly (RCHE)" ?

#### **Background**



 A 6 years project initiated funded by The Hong Kong Jockey Club

 Aimed to develop a culturally congruent, locally applicable and evidence-based End of Life care model for improving outcomes in care for the frail elders in RCHEs

#### Goals of the project



1. To develop an end of life care delivery model in RCHEs specific for Hong Kong context;

2. To improve the quality of life and quality of death of the frail residents in RCHEs.

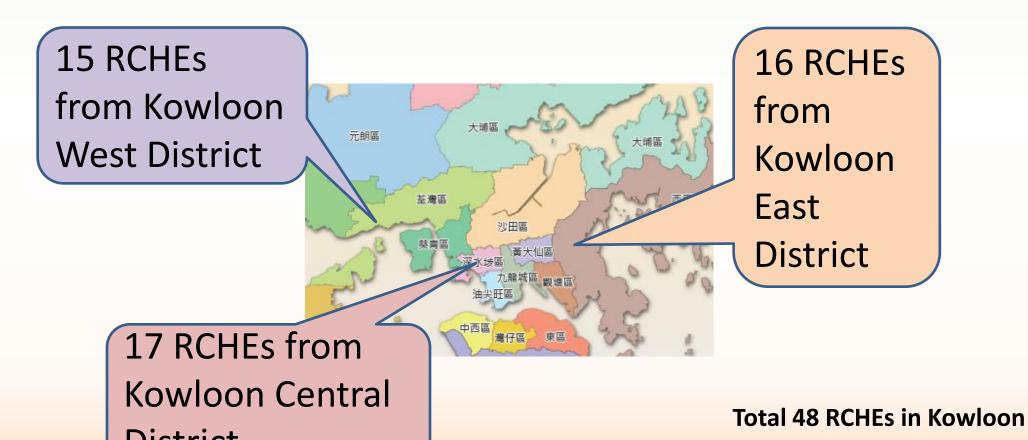
#### **Project Characteristics**

賽馬會安寧頌

JCEC

Jockey Club End-of-Life Community Care Project

- Multi-disciplinary collaboration
- Promoting choices of EOL care-- dying in RCHEs
- Capacity Building of RCHE management & staff



#### Aim of the study



 To determine the impact made by the project on patients and the medical team

#### **FOUR** areas of discussion



- 1. Empower patients and their family to make informed decisions about their care
- 2. Develop trust and rapport between the family and medical team
- 3. How the project helped family members long after the death of a patient
- 4. Benefits of the EOL room compared to the hospital and the experience of their final days

### 1. Empowering patients and their family to make informed decisions about their care



- Ms. Tse 90-year-old female
- Ms. K (eldest daughter) was her guarantor
- Enrolled to the JCECC program in March 2019
- Agreed to have no tube feeding, injection of any fluids or antibiotics



### 1. Empowering patients and their family to make informed decisions about their care



- Admission to hospital in November 2019
  - Low red blood cell count
  - Blood transfusion and duodenoscopy advised
  - Discussed with project nurse → refused any form of intervention
  - Discharged after Ms. Tse's condition stabilized

### 1. Empowering patients and their family to make informed decisions about their care



- A month later ... admission to hospital
  - Diagnosed with Tuberculosis → immediate isolation and doctor strongly recommended placing a nasogastric tube
  - Discussion with project nurse → agreed to using a nasogastric tube
- Family was able to make informed decisions with the help of the project nurse

### 2. Develop trust and rapport between the family and medical team



- Ms. Chong
  - 85-year-old lady with a past medical history of end stage renal failure and dementia
  - Has a son and three daughters who visit regularly
- Daughter emotional
- Son practical and realistic (retired fireman)

### 2. Develop trust and rapport between the family and medical team



- Ms. Chong and her son visited the emergency department...
- Confession to the project nurse about his true feelings
- Strong rapport built between the son and project nurse

### 3. How the project helped family members long after the death of a patient



- Ms. L
  - Daughter of Ms. Mong, a patient and participant of the JCECC program
- Struggled with her mother's death  $\rightarrow$  conversed with the project social worker
  - Discovered suicidal tendencies
  - Suffers from depression (her husband also passed away)
  - Had no daily routine, stays at home everyday

## 3. How the project helped family members long after the death of a patient



- Project social worker devised a plan
  - Ms. L would play a 30 min mindfulness exercise before bed
  - Ms. L would plan one small task for the next day
- Few weeks later...
  - Showed significant improvement
  - Invited social worker to her mother's funeral

### 4. Benefits of the EOL room compared to the hospital and the experience of their final days



- Ms. Szeto
  - 91-year-old lady who was chair bound and depended on her niece
  - Devout catholic
  - DNACPR, comfort feeding
  - Will only be admitted to hospital if she has no vital signs



## 4. Benefits of the EOL room compared to the hospital and the experience of their final days



- Ms. Szeto's health deteriorated 7 months later...
  - Reduced food intake, grew tired and drowsy
  - Family refused drip for IV fluids
- Transferred to EOL room for her final days instead of the hospital
  - Catholic father and nuns present
  - Said farewell to her family and friends

#### Conclusion



- The project vastly improved the quality of end-of-life care for patients
- Clearly addressed patient's and family's concerns and expectations
- Patient, family and staff developed rapport & trust



#### **THANK YOU**