



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

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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

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

15 RCHEs
from Kowloon
West District



16 RCHEs
from
Kowloon
East
District

17 RCHEs from
Kowloon Central
District

Total 48 RCHEs in Kowloon

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 → 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