

賽馬會安寧頌 - 「安寧在院舍」計劃  
「安寧在院舍」計劃服務的回顧與展望  
02/12/2020

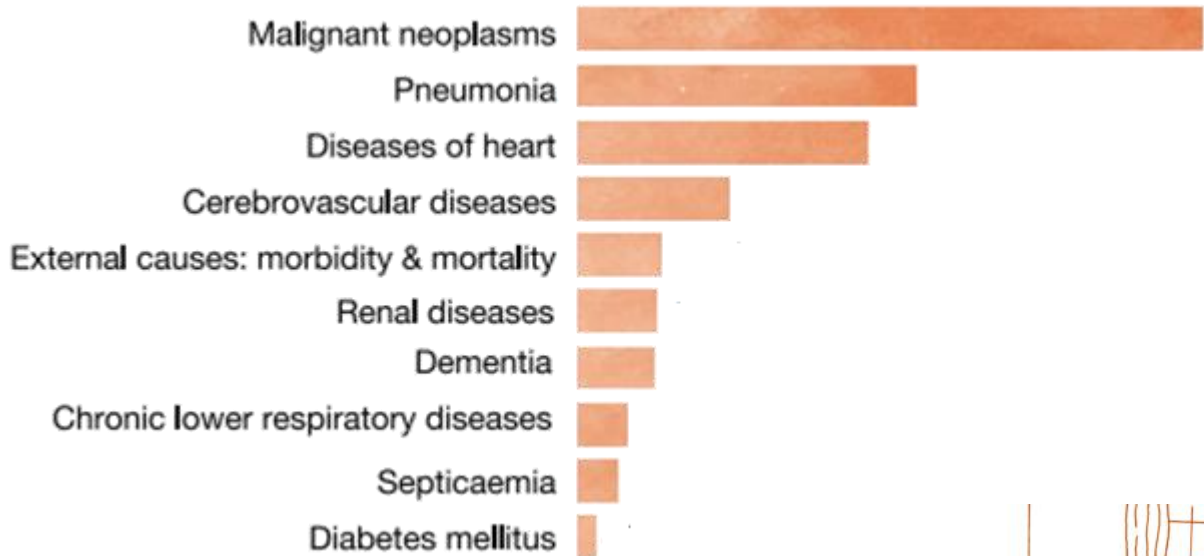
# Quality of End of Life Care in Long Term Care – What and How to measure? 長期照護院舍的晚期照顧質素— 量度什麼和如何量度？

Helen Chan RN PhD

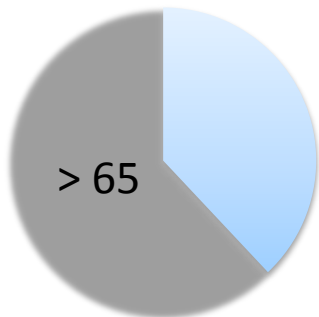
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# Conventional end-of-life care in HK

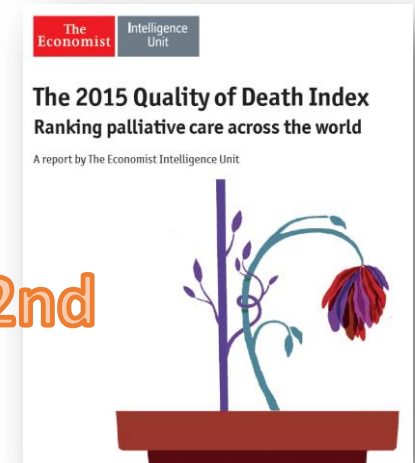
Top leading causes of death (CHP, 2020)



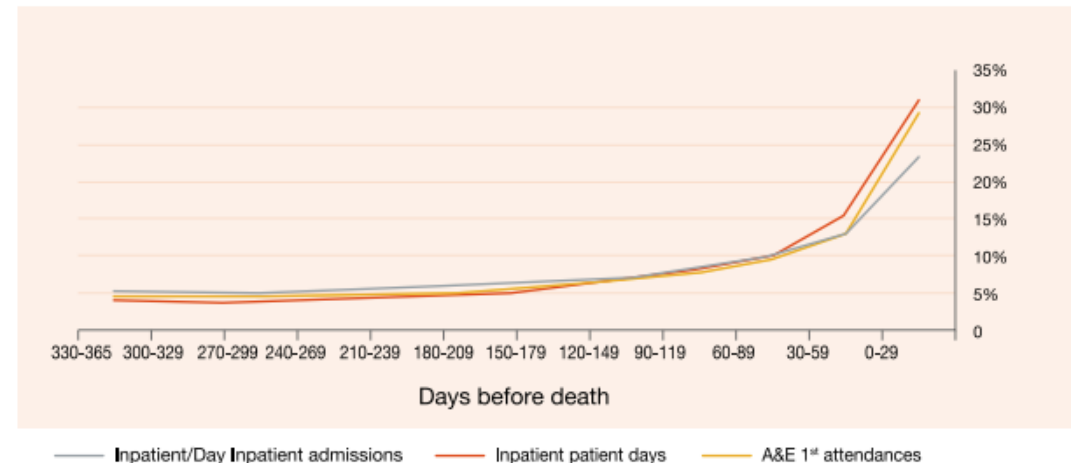
No. of death  
By age  
(Census and  
statistics)



Ranked 22nd

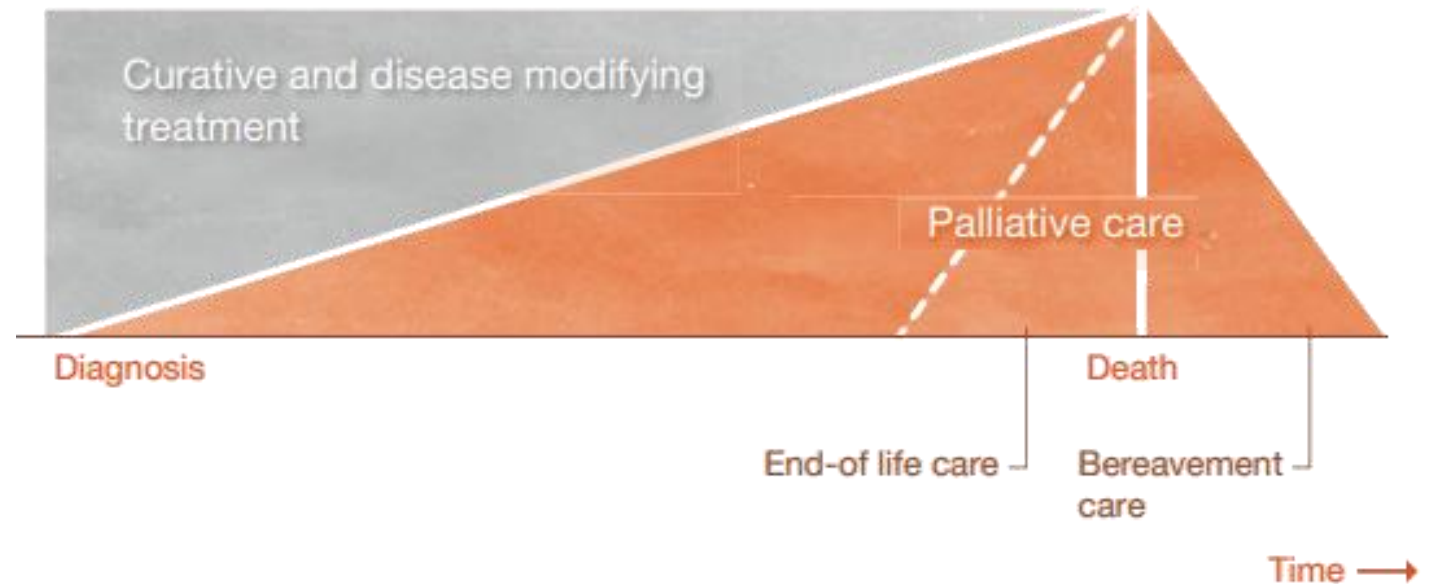
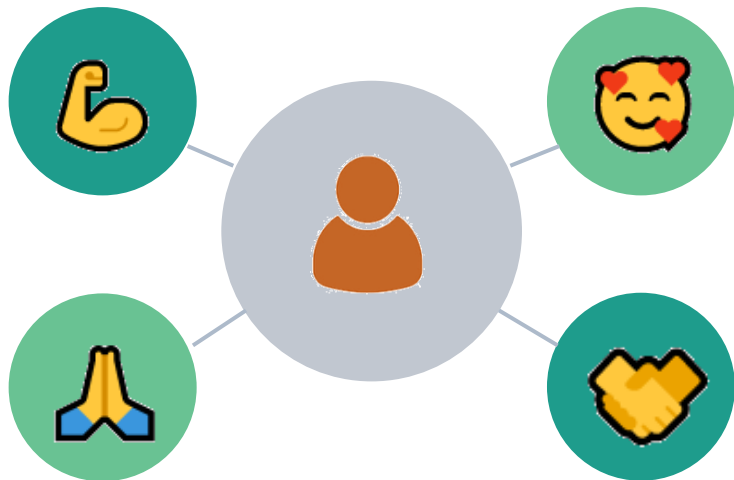


Public hospital service utilisation in the last year of life (2014) (HA, 2017)



# Integration between Geriatric and Palliative Care

- Older adults with frailty and comorbidities often experience complex care needs (Evans et al., 2019)
- How to optimise their quality of life at the end of life?

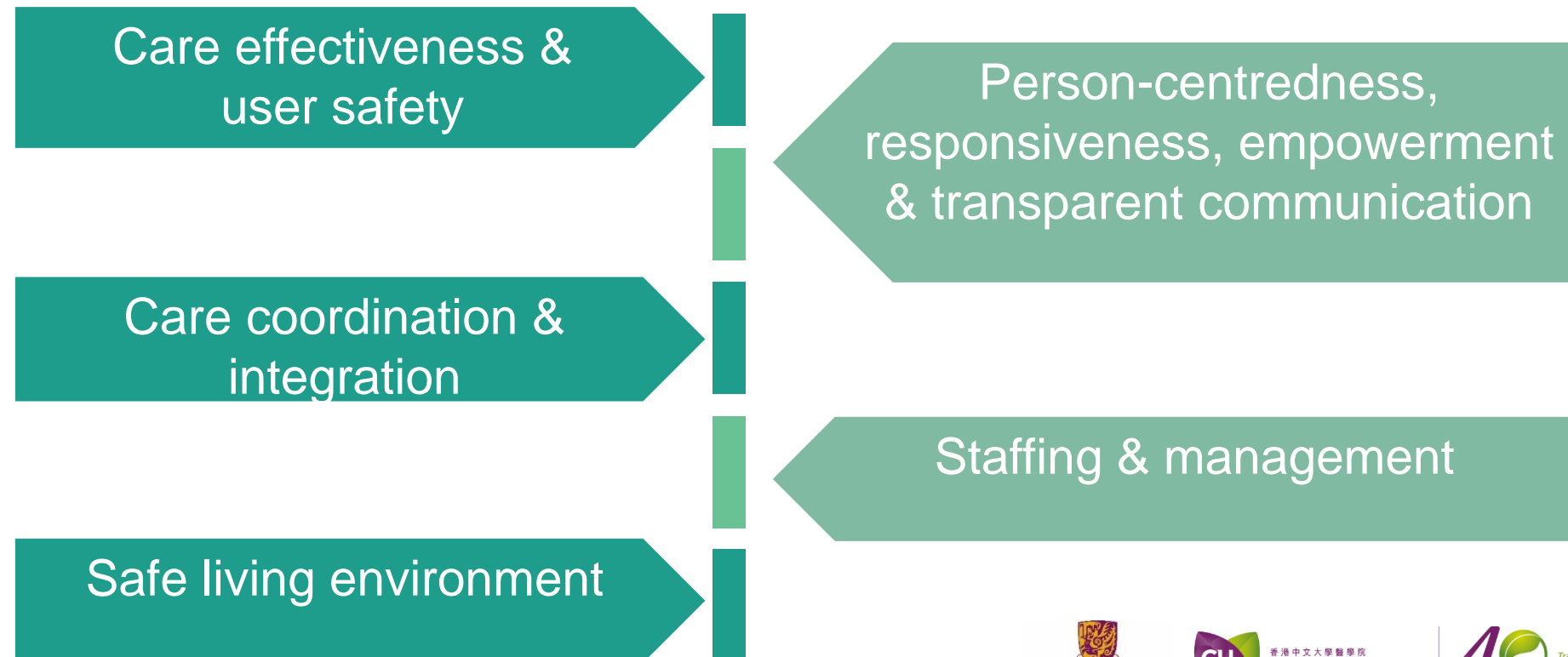


Q1. 你是否同意安老院舍  
提供晚晴服務？

A. 同意      B. 不同意

# Measuring quality in long-term care

Prioritized area of the national quality frameworks in six OECD countries (Australia, Canada, England, Finland, the Netherlands, US) (EU, 2013)



Q2. 在院舍提供晚晴服務，你認為最大的困難是...?

- A. 照顧環境配套
- B. 人手不足
- C. 院友/家庭不安

# Quality of End of Life Care in long-term care setting

7

- Identify key domains and develop indicators for evaluation and monitoring of service quality (HA, 2017)
- To guide the institution's development and performance improvement
- Multidimensional domains, > care outcomes
- Not yet standardized



**Environment**



**Taskforce**



**Care process**



# Capacity Building Project

## Introductory courses

- Basic concept
- Workshop on attitudes towards death & dying issues

## Advanced Training

- Symptom management
- Psychosocial and spiritual care
- Ethical and legal aspects
- Case management
- Caregiver support
- Care for dying patients
- Grief and bereavement

Clinical visit

On-site support







# Quality indicators

How to prepare the care  
home for providing EOL care?

# Identification of EOL care quality indicators for LTC

- Literature review, including publications, guidelines, frameworks... etc.
- Expert panel review

## Characteristics of the care home

- Care home nature
- Staff profile
- Capacity

### Palliative Care

16 statements:

- Policy & guidelines;
- Staff education;
- Assessment;
- Symptom management

### EOL Care

7 statements:

- Care surrounding dying phase
- Family support

### Aftermath & Bereavement

7 statements:

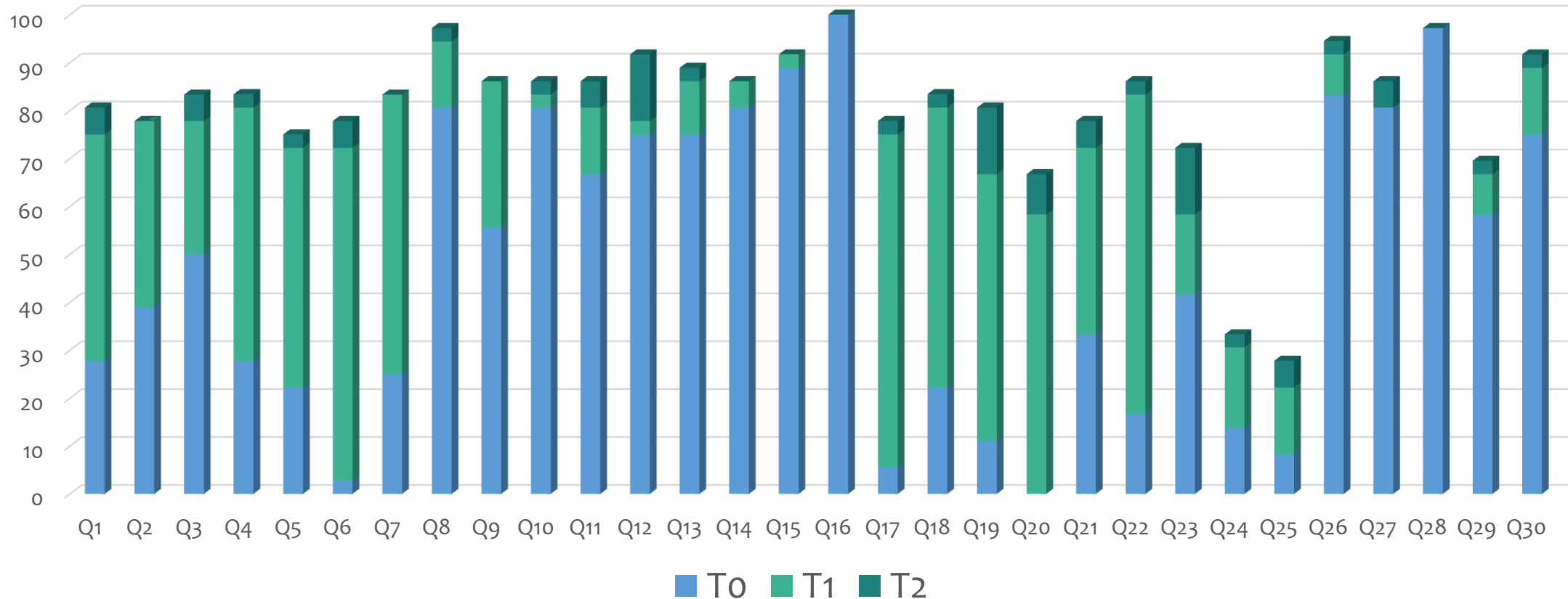
- Last office
- Funeral arrangement
- Bereavement support

Rating:

- 2: Established policy/system/guidelines, Implemented with records
- 1a: Established policy/system/guidelines, but not yet implemented
- 1b: No relevant policy/system/guidelines, but implemented with records
- 0: No relevant policy/system/guidelines, and not yet implemented

# Achievement of Quality Indicators across 3 years (n = 36 care homes)

% of care homes obtained a rating level "2"



# Indicators well implemented at T0

Statement	Rating level “2” at T0	Changes at T1	Changes at T2	p
28. The <b>personal possessions</b> of the deceased resident are dealt with in a timely and respectful manner according to his/her preference.	97.2%	0	0	1.000
15. <b>Nutrition and Hydration Care Plan</b> is formulated, and the review and documentation is conducted regularly.	88.9%	+2.8%	0	1.000
26. Upon the death of a resident, the family members or representatives are provided <b>with practical information regarding ways to deal with death</b> and to accept the loss and bereavement.	83.3%	+8.4%	-2.8%	0.595
8. Staff will <b>consult their family members</b> if the residents could no longer make decisions due to the decline of their ability.	80.6%	+13.8%	+2.8%	0.008
10. <b>Symptoms</b> of specific diseases and side effects of drugs are managed skillfully and systematically	80.6%	+2.7%	+2.3%	0.650
14. <b>Nutritional screening</b> should identify risks including poor nutrition, dehydration or swallowing difficulties.	80.6%	+5.5%	0	0.644
27. Information <b>regarding registration of death and arrangement of funeral</b> is provided.	80.6%	0	+5.5%	0.709

# Indicators with largest improvement

Statement	Rating level “2” at T0	Changes at T1	Changes at T2	p
6. Information derived from <b>assessments</b> are provided for the residents, their family members or representatives on regular basis, and <b>discussion is documented</b> based on their desire and choices.	2.8%	<b>+69.4%</b>	+5.6%	<b>&lt;0.001</b>
17. The resident’s decisions towards the <b>place of death</b> are respected and ensured.	5.6%	<b>+69.4%</b>	+2.8%	<b>&lt;0.001</b>
22. The <b>care preference</b> of the resident and their family members towards care during dying phase is <b>recorded and reviewed</b> periodically.	16.7%	<b>+66.6%</b>	+2.8%	<b>&lt;0.001</b>
18. <b>Recognize and record the changes</b> during the resident’s dying phase and notify the other residents, the family members and the staff.	22.2%	<b>+58.4%</b>	+2.7%	<b>&lt;0.001</b>
7. The <b>Advance Care Plan</b> includes the resident’s preference to religious, spiritual and cultural practices, as well as the family members’ involvement in the decision-making process.	25.0%	<b>+58.3%</b>	0	<b>&lt;0.001</b>
20. Upon the death of the resident, <b>sufficient time, appropriate privacy and peaceful atmosphere</b> are provided to the family members, friends, and caregivers.	0	<b>+58.3%</b>	+8.4%	<b>&lt;0.001</b>

# Indicators need further improvement

Statement	Rating level “2” at T0	Changes at T1	Changes at T2	p
25. The <b>body of the deceased resident is handled</b> according to the guidance of EOL Care as well as local laws and regulations.	8.3%	+13.9%	+5.6%	NA
24. <b>Post death care</b> is delivered in a respectful manner according to the cultural and religious practices of the deceased resident, and the care service is evaluated and recorded appropriately.	13.9%	+16.7%	+2.7%	0.107

# Benchmarking tool v2.0

## Characteristics of the care home

- Care home nature
- Staff profile
- Capacity

### Structure of Care

- Policy
- Philosophy of care
- Organisational support
- Staffing and training
- Environment & facilities

### Process of Care

- Identification of care needs
- Physical care
- Pain & symptom management
- Psychosocial care
- Spiritual care
- Coordination & collaboration
- Communication
- Family support
- Dying in place

### Outcome of care

- Residents' outcomes
- Family satisfaction
- Care home competence



# **Staff preparedness**

**How ready are the staff for  
providing EOL care?**



# Staff preparedness

ORIGINAL ARTICLE: EPIDEMIOLOGY,  
CLINICAL PRACTICE AND HEALTH

## Staff preparedness for providing palliative and end-of-life care in long-term care homes: Instrument development and validation

Helen YL Chan,<sup>1</sup> Gloria KM Chun,<sup>2</sup> CW Man<sup>2</sup> and Edward MF Leung<sup>2</sup>

<sup>1</sup>The Nethersole School of Nursing, The Chinese University of Hong Kong, and <sup>2</sup>Hong Kong Association of Gerontology, Hong Kong, China



01

### Willingness

Staff acceptance and confidence to provide care to dying residents

02

### Capability

Staff's perceived knowledge and skills necessary to provide palliative and end-of-life care

03

### Resilience

Staff's ability to cope with potentially stressful and emotionally draining situations

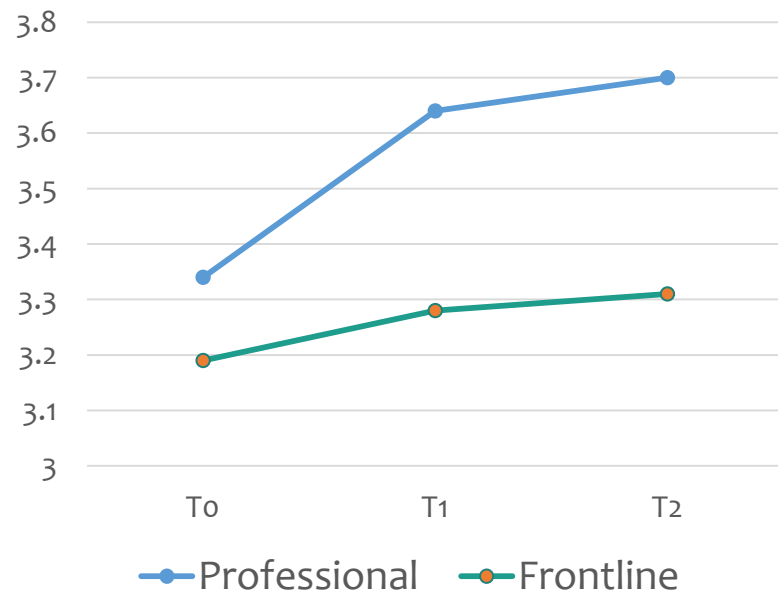
Chan, H. Y. L., Chun, G. K. M., Man, C. W., & Leung, E. M. F. (2018). Staff preparedness for providing palliative and end-of-life care in long-term care homes: Instrument development and validation. *Geriatrics & Gerontology International*, 18(5), 745-749.

Q3. 你估院舍職員面對要提供晚晴服務  
，感到最缺乏的是什麼？

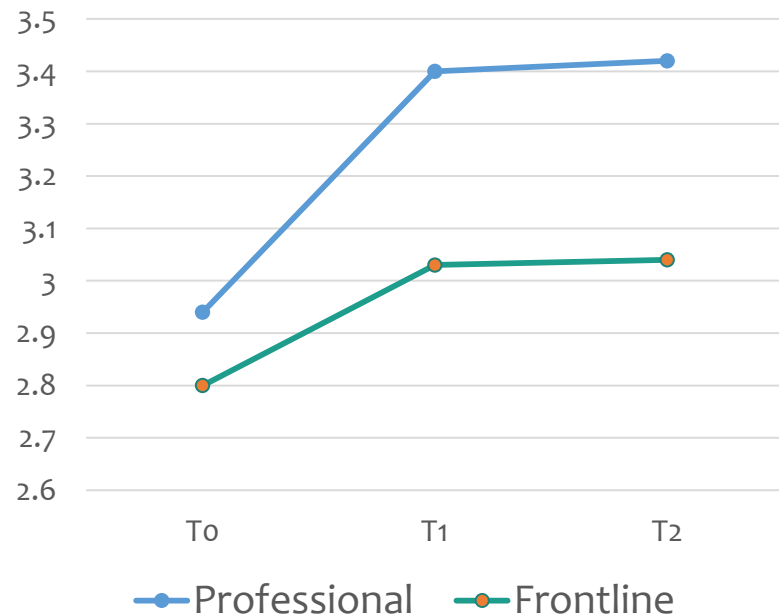
- A. 接受程度
- B. 知識及技巧
- C. 心理壓力

# Change over time in staff preparedness across 3 years (n ~ 1957)

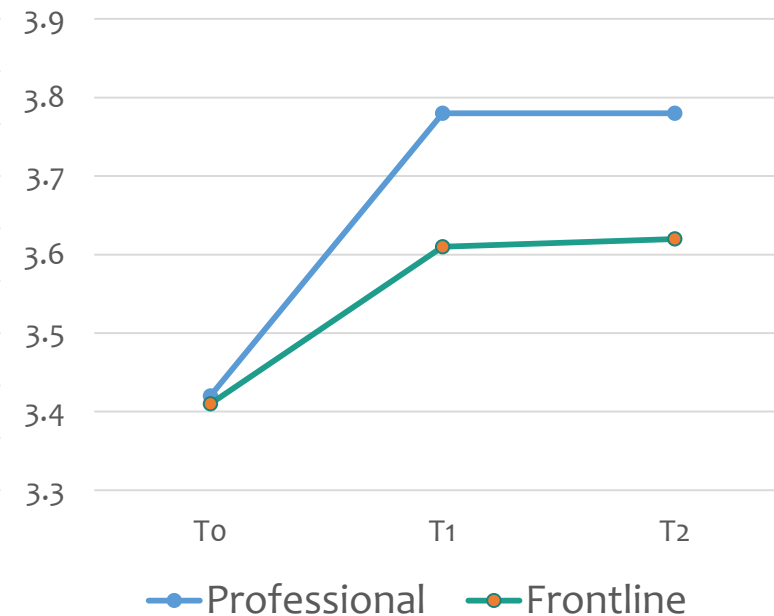
## Willingness



## Capability



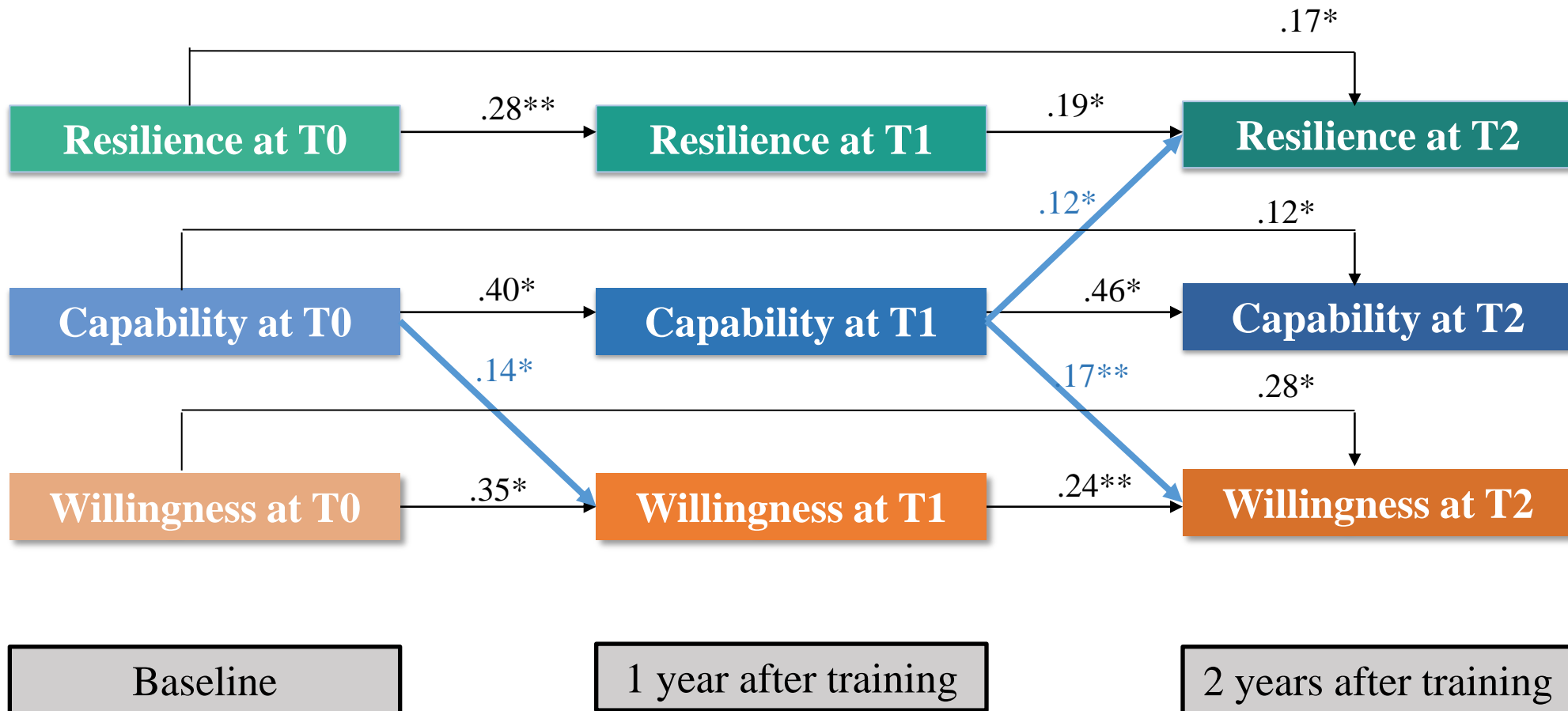
## Resilience



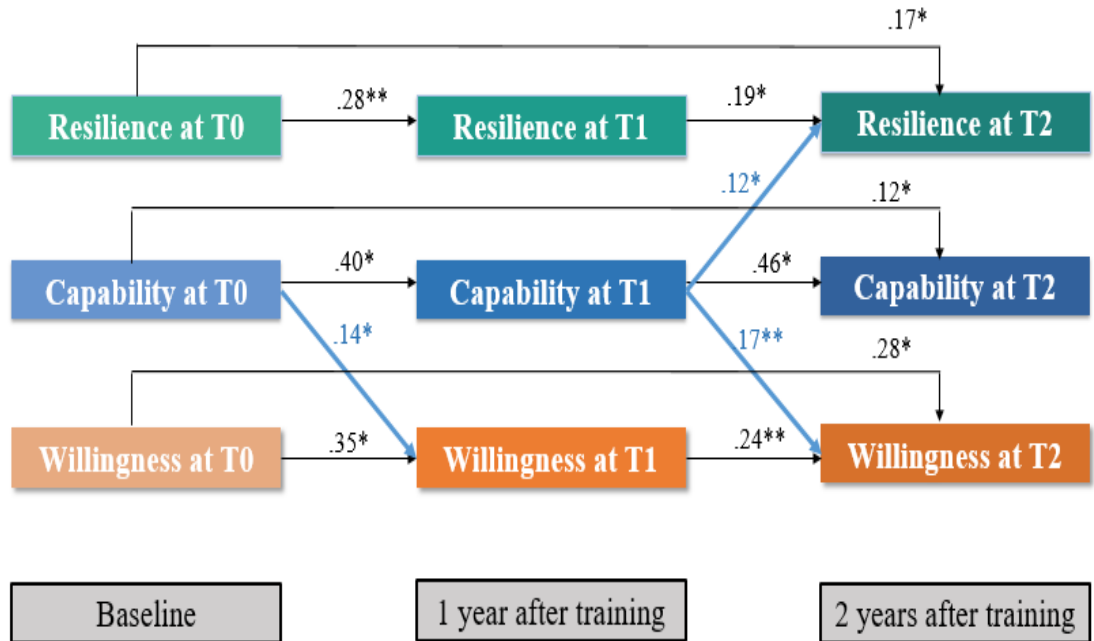
- Significant improvements in all 3 attributes throughout the study (moderate to large effect size)
- Significant differences between the professional and frontline staff



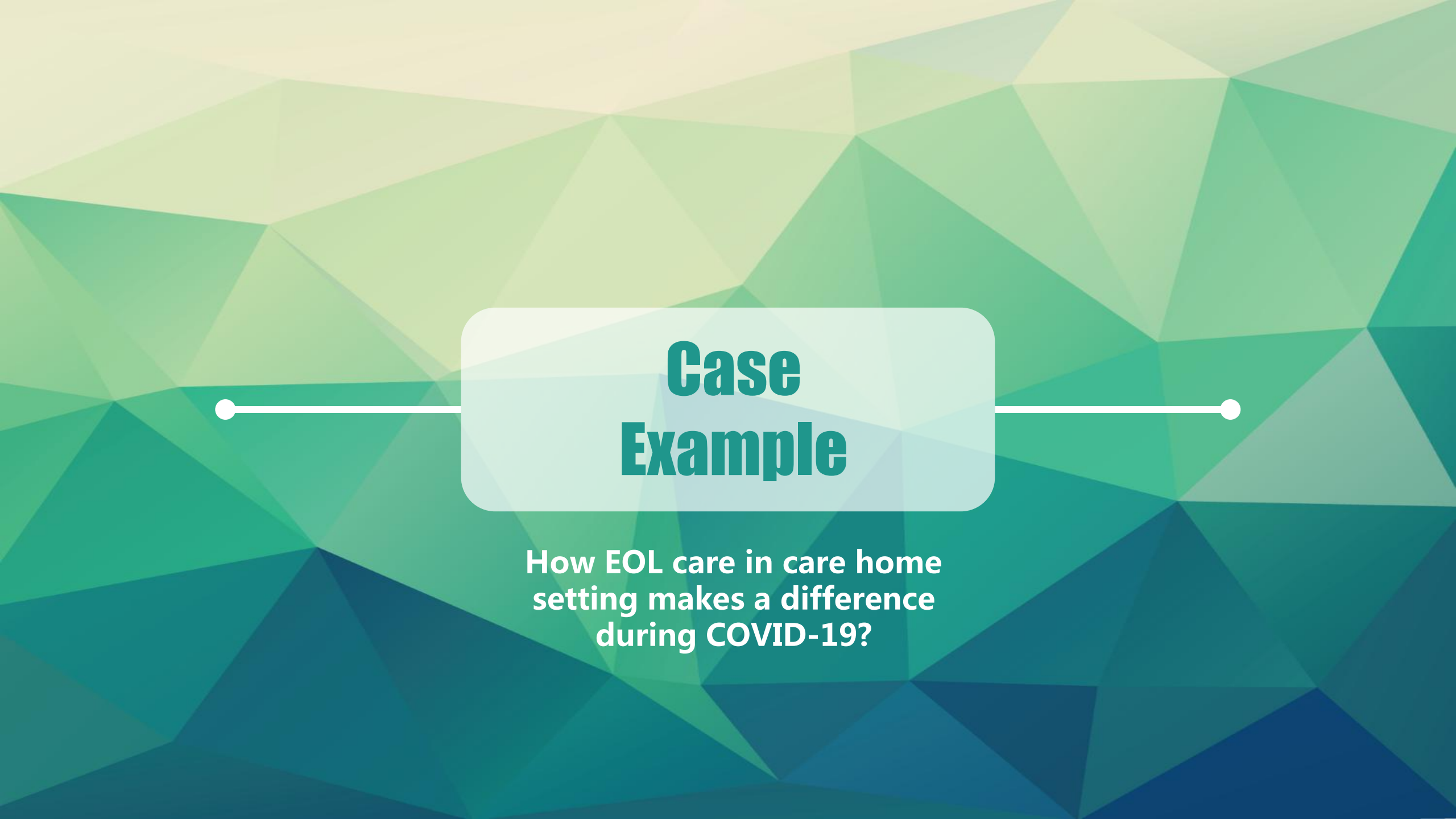
# Association among variables over time (n=649)



Model summary:  $X^2 = 25.83$ ,  $df = 10$ ; CFI = 0.99; TLI = 0.98; SRMR = 0.03; RMSEA = 0.05



- **Capability** toward EOL care plays a significant role throughout the study period on improving **willingness** to provide EOL care
- **Capability at T1** also affects **Resilience at T2**



# Case Example

How EOL care in care home  
setting makes a difference  
during COVID-19?

Ms L, an 86-year-old lady, living in a RCHE

- Congestive heart failure (CHF), dementia and severe chronic obstructive pulmonary disease (COPD)
- Bedbound, highly dependent
- Had been admitted for twice over the last 3 months
  
- Aug 2020, admitted due to poor general condition, desaturation and poor appetite
- Antibiotics +/- Nasogastric tube feeding
- No visitation due to infection control measures



Q4. 如果你是這位女士，你的照顧意願  
會是什麼？

- A. 繼續留院，並接受胃喉
- B. 回院舍，開始使用胃喉
- C. 回院舍，但不接受胃喉



- Her daughter, who used to visit her at the RCHE every day, and son were very anxious about her condition.

With the support of the JCECC project

- they were able to discuss the end-of-life care for their mother
- opted for comfort care, with RCHE as last place of care
- the link nurse communicated their care decision with the hospital
- NGT is withheld & Ms L is discharged back to care home



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Into Perfection  
40th Anniversary  
四十年



## Management in the following 2 weeks

- A single room, specially designed in the RCHE for the JCECC project, was arranged for Ms L
- Her children and the RCHE staff noted that Ms L was able to respond to them by nodding and smiling
- Personal care is provided for maintaining hygiene and promoting comfort
- Visiting medical doctor of the project and the Community Geriatric Assessment Team visited her regularly
- Eventually, she died peacefully in the company of her family members in the RCHE



# CONCLUSION

- This project provides a framework for measuring the quality of EOL care in long-term care setting
- Staff competence plays a key role on their willingness & resilience to provide EOL care.
- Cultivates a culture for improving EOL care in long-term care setting and facilitating dying in place
- Way forward to enhance its sustainability
  - Regional framework for guidance
  - Territory-wide capacity building and service to increase access to quality care

# Acknowledgements

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保良局蕭明紀念護老院

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明愛麗閣苑

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**THANK YOU**