

Jockey Club End-of-Life Community Care Project

把握時間 與晚期認知障礙症院友 訂定晚晴心願

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83% of the residents joined the project are diagnosed with Dementia

All of them had comorbidity of other illness, like stroke, organ failure, cancer DM, Hypertension

Why ACP discussion is important?



- enable better planning and provision of care aligned with the needs and preferences of patients & their caregivers.
- Evidence from literature:

doctor are more likely to give appropriate treatment according to patient's preference (family as advocate) if

ACP has been discussed and documented

Principles of ACP discussion

 Should instigate ACP only if the process is considered^{community Care Project} beneficial to the patient

賽馬會安寧頌

- The process must be voluntary
- Must approach the discussion sensitively
- Dialogue over a period of time
- The contents of the discussion should be determined by the patient
- **Staff** need appropriate knowledge & communication skill
- Confidentiality must be respected

Why family involved



- Work together to make decisions, building consensus in determining the best course of treatment for individuals
- Family may bring a valuable, yet different perspective to the process of care planning & death
- Family participation in care and decision making may also provide families with a feeling of purpose and closeness to the patient
- Shown to improve effectiveness of ACP

Research- ACP in Chinese patients from the second s

Recent SR of 16 studies, including 7 from HK, suggests many but not all Chinese patients are open to discussing end of life issues in the form of ACP:

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- ACP needs to be tailored to each patient individually taking culture into consideration
- A **family decision-making model** may be more appropriate rather than focusing on individuality

Lee MC et al. Journal of Hospice & Palliative Nursing 2014;16:75-85



Steps for ACP discussion

- **1. Exploration** Assess the patient's (family) readiness to discuss the topic
- 2. Communications
- 3. Notifications
- 4. Documentation
- 5. Regular review

(Capacity, care planning and advance care planning in life limiting illness, 2011, section 5.2) 7





Exploration

Be sensitive

patient's (family) readiness- cues Vs avoidance

Provide adequate information

- Current health /disease status
- Prognosis
- the types of care or treatment that are available and their benefits, harms and risks







Explore preferences, wishes, beliefs,

values and feelings about:

- illness and prognosis
- personal goals or aspirations for care
- the treatment option



Exploration

Intention, wish, belief, value, feelings:

- types of decisions that may need to be made about
- Life-sustaining treatments
- Place to care
- Who to care
- Funeral arrangement...



Communication

Effective Communication

- clear delivery of information
- allow pauses to allow absorption of information
- listen attentively-patient & family, consensus/conflict?
- check understanding
- Be Supportive





- Explain the purpose of the ACP
- Lead for concrete plans in the ACP process
- Explore the issues to be discussed, e.g. DNACPR
- Make sure the patient (family) understand the plan clearly, Double checking if necessary
- Make preferences/choices clear to family







Document the conclusion of the discussion in the medical records

Complete the AD form & DNACPR form for nonhospitalized patient

Assign a family member to be the key person for future if possible

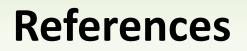
Keep AD form & DNACPR form for non-hospitalized patient in patient's medical file







- Regular review, especially, in the Final Days
- DNACPR form for non-hospitalized patient review for every 6 months





Advance Care Planning e-learning course. http://www.rpctraining.com.au/