#### 安老院舍晚晴照顧的總結與前瞻

# 在安老院舍推行晚晴照顧的成效

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#### 有關 「賽馬會安寧頌」

陪著香港人口老化、晚期病患長者人數不斷學升、公眾對社區晚期病人護理服務的需求亦日漸増加。為此、香港養馬會慈善信託 基金撥數二億五千五百萬港元、於2016年開發推行為期六年的 「賽馬會安率領」計劃、協助改善社區晚期護證服務的質素、以 及為相關服務的專業人與提供培訓、並學辦公眾教育活動。

「賽馬會安寧頭」結合跨界別力量、聯繫社區及襲標系統、強化 規有額絡護理服務。計劃會在社區及安老院舍推行安寧服務、為 晚期減惠長者提供全面的支援、讓他們可以在充份知情下作出合 適的額終護理選擇、提升他們的生活質素。計劃合作夥伴包括: 香港大學社會科學學號、香港中文大學賽馬會老年學研究所、香 港老年學會、基督教靈寶協會、香港復康會、聖雅各編群會、及 聖公會聖匠堂長者地區中心。評情清測費 http://www.JCECC.hk/

#### 賽馬會安寧頌 -「安寧在院舍」計劃查詢:

#### 香港老年學會

Hong Kong Association of Gerontology



#### 賽馬會安寧頌 一 「安寧在院舍」計劃

JCECC: End-of-Life Care in Residential Care Homes for the Elderly





香港賽馬會應券貸託基金 The Hong Kong Jockey Gub Churities Trust



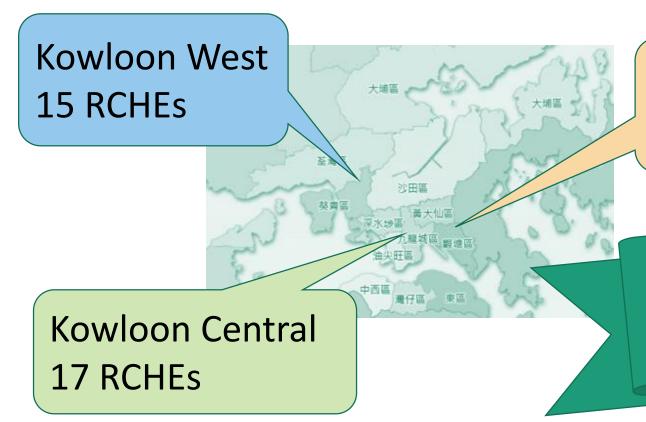
自連点年季音 Nong Kong Association of Genominings

## 參加院舍

(2016-2018) 36



(2019-2021) 48



Kowloon East 16 RCHEs

Coverage of KLN subvented/selffinancing/contract home: 57.1%

#### Jan 2016 – Jun 2021

參加計劃的院舍數目

• 48

參加計劃的人數

• 院友: 955

• 親人: 3,468

接受晚期照顧服務培訓的院舍同工人數

• 3,844

提供臨終照顧服務培訓的時數

• 1,574



### 紓緩及晚期照顧質量指標

#### **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

## 紓緩及晚期照顧質量指標

% of care homes obtained a rating level "2"



## **Indicators with largest improvement**

Statement	Rating level "2" at T0	Changes at T1	Changes at T2	р
6. Information derived from assessments are provided for the residents, their family members or representatives on regular basis, and discussion is documented based on their desire and choices.	2.8%	+69.4%	+5.6%	<0.001
17. The resident's decisions towards the place of death are respected and ensured.	5.6%	+69.4%	+2.8%	<0.001
22. The care preference of the resident and their family members towards care during dying phase is recorded and reviewed periodically.	16.7%	+66.6%	+2.8%	<0.001
18. Recognize and record the changes during the resident's dying phase and notify the other residents, the family members and the staff.	22.2%	+58.4%	+2.7%	<0.001
7. The Advance Care Plan 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%	+58.3%	0	<0.001
20. Upon the death of the resident, sufficient time, appropriate privacy and peaceful atmosphere are provided to the family members, friends, and caregivers.	0	+58.3%	+8.4%	<0.001

## Indicators need further improvement

Statement	Rating level "2" at T0	Changes at T1	Changes at T2	р
25. The body of the deceased resident is handled according to the guidance of EOL Care as well as local laws and regulations.	8.3%	+13.9%	+5.6%	NA
24. Post death care 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



#### **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











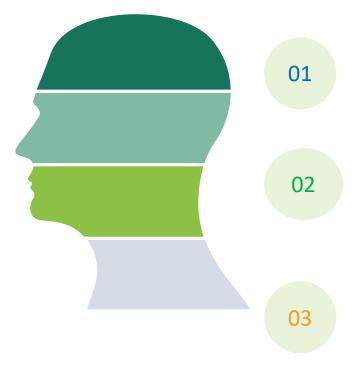




Staff preparedness for providing palliative and end-of-life care in long-term care homes: Instrument development and validation

Helen YL Chan, 1 O Gloria KM Chun, 2 CW Man 2 and Edward MF Leung 2

<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



同工準備度

#### Willingness

Staff acceptance and confidence to provide care to dying residents

#### **Capability**

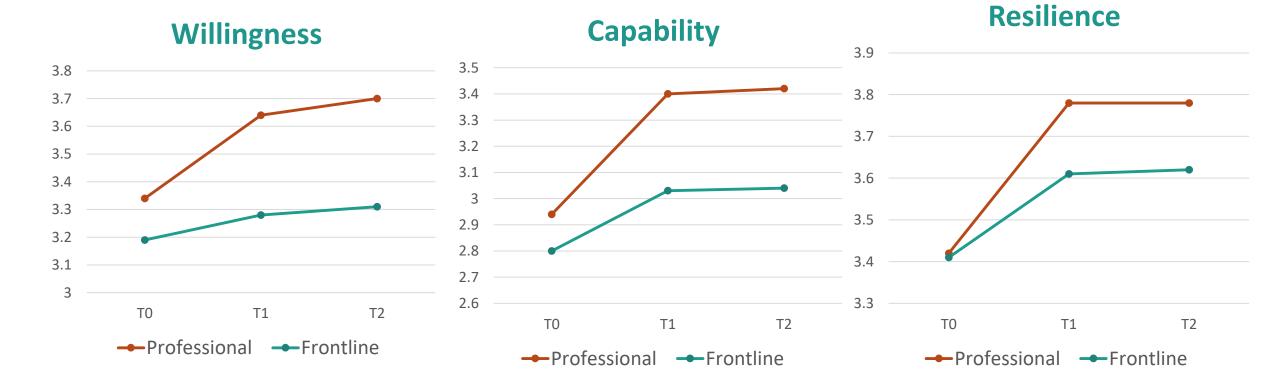
Staff's perceived knowledge and skills necessary to provide palliative and end-of-life care

#### 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.

## 員工準備度



## 課程

臨終照顧倫理與法律議題

末期病患者之不適及徵狀處理

瀕死期徵狀評估及護理

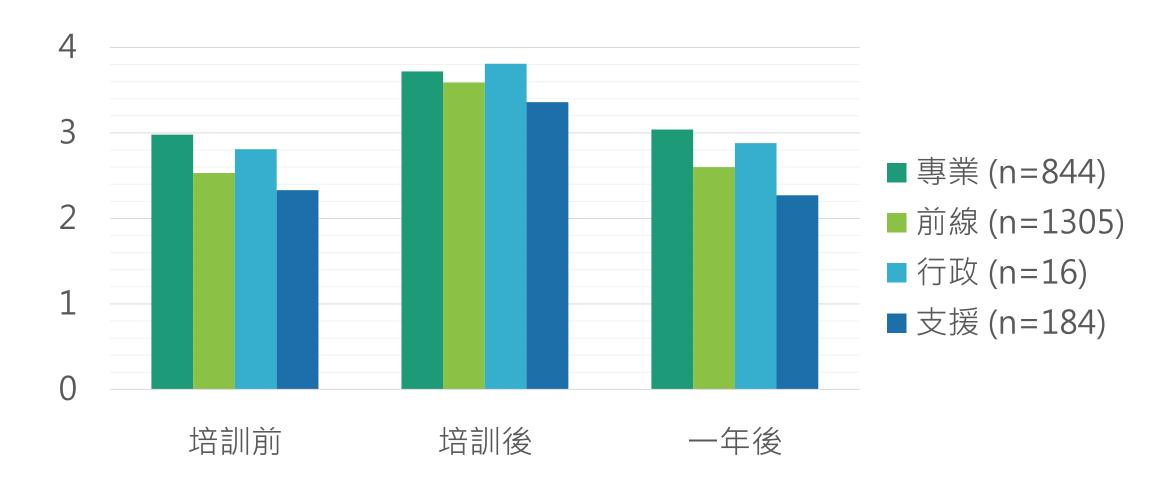
心理社交及靈性需要照顧

預設圓願照顧計劃及照顧家屬心社靈需要

哀傷輔導及處理

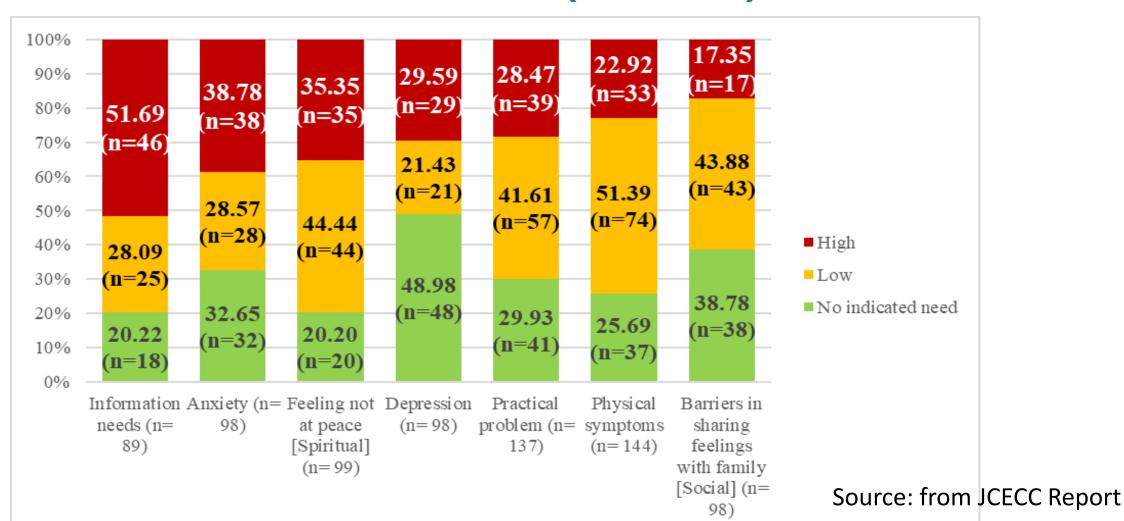
與末期病患者及其家屬之溝通技巧

### 培訓課程測驗平均分數





## 參與「預設照顧計劃」(Early Communication)院友之需要 (n=157)



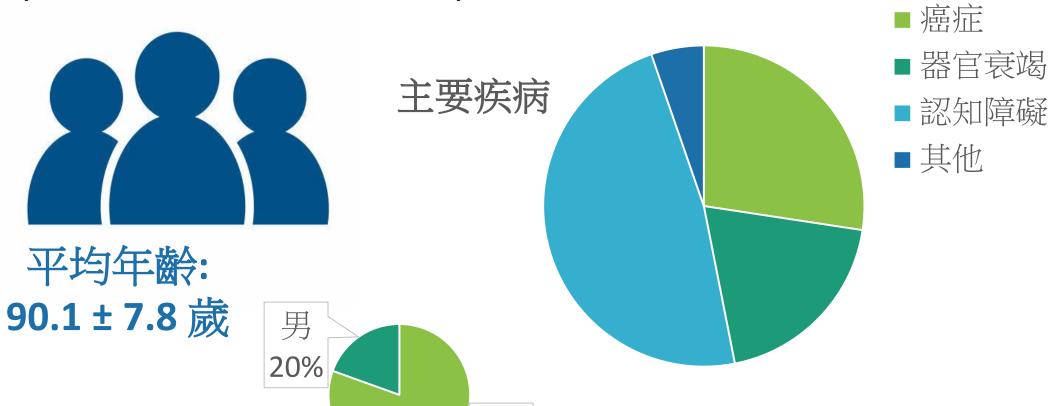
## 院友於「預設照顧計劃」之參與度

ACP Engagement Scale		Intake T <sub>0</sub>	6-month T <sub>1</sub>	% changes
	N	mean (SD)	mean (SD)	(New-Old)/Old
1. 指定委託人為你代作有關將來醫療照顧的決定***	51	3.7 (1.7)	4.5 (1.0)	<b>1</b> 20.0%
2. 與家人談論關於假如將來健康 情況轉差或晚期時自己所希望接 受的照顧*	51	3.9 (1.7)	4.2 (1.4)	<b>1</b> 9.1%
3. 與醫生談論關於假如將來健康 情況轉差或晚期時自己所希望接 受的照顧*	51	3.4 (1.8)	3.8 (1.6)	<b>1</b> 4.6%
4. 簽訂「預設醫療指示」記錄自己對日後病重或晚期照顧的意願	51	3.6 (1.8)	3.9 (1.6)	<b>1</b> 9.3%

\**p*<.05; \*\**p*<.01; \*\*\**p*<.001

Source: from JCECC Report

## 於2016-2019首季期間離世院友之紀錄(包括計劃首階段參加者):113人



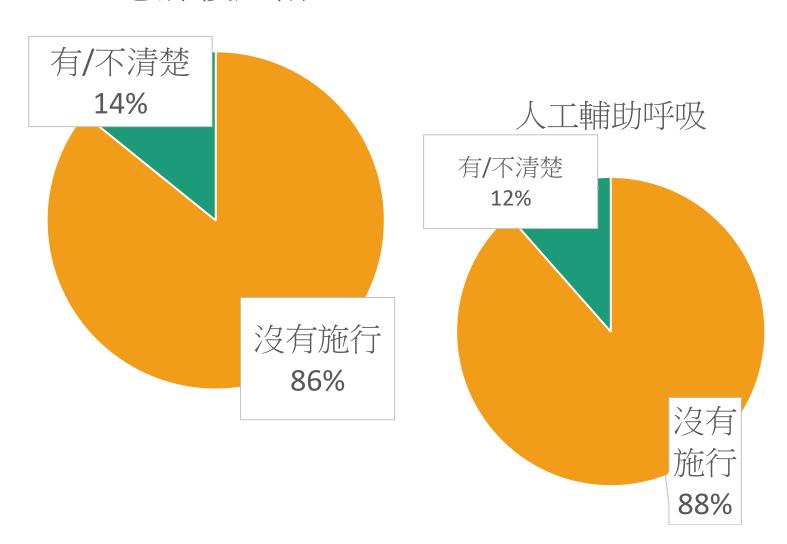
女

80%

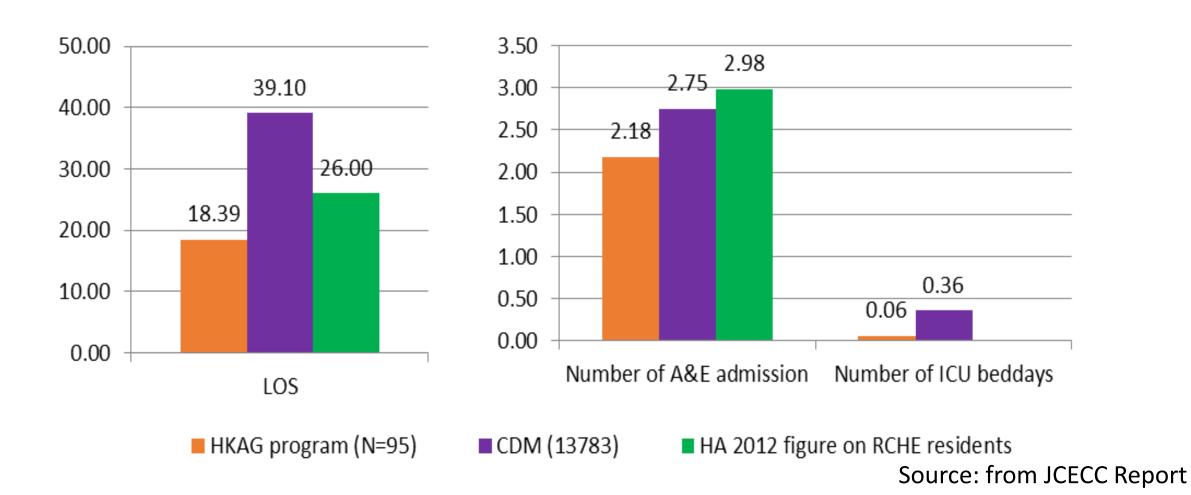
Mean Palliative Performance Scale (PPS) =  $36.0 \pm 11.7$  (From 10 - 70)

#### 心肺復甦術

## 晚期照顧



## 晚期6個月醫療服務之使用情況







		N	Pre Mean (SD)	Post Mean (SD)	% changes
Emotion	<b>Depression</b> (lower scores indicate less depressive				
	symptoms)	157	0.9 (0.2)	0.2 (0.6)	<b>♣</b> 80.3%***
EoL	Distress facing medical decision of residents				
decision	(lower scores indicate lower distress)	158	4.6 (2.4)	2.6 (1.8)	<b>↓</b> 43.9%***
	Distress facing deterioration of residents				
	(lower scores indicate lower distress)	158	5.0 (2.6)	2.7 (1.6)	<b>4</b> 46.8%***
	Level of residents' expression on preferences				
	relating to EoL care decisions (lower scores				
	indicate higher level of expression)	149	2.9 (1.4)	2.5 (1.6)	<b>4</b> 14.8%***
	Consensus on EoL Care decisions between				
	resident and the carer (lower scores indicate				
	higher consensus)	154	1.2 (0.9)	1.2 (0.8)	<b>₽</b> 0.5%

\*p<.05; \*\*p<.01; \*\*\*p<.001

Source: from JCECC Report

## 對「安寧在院舍」計劃滿意度

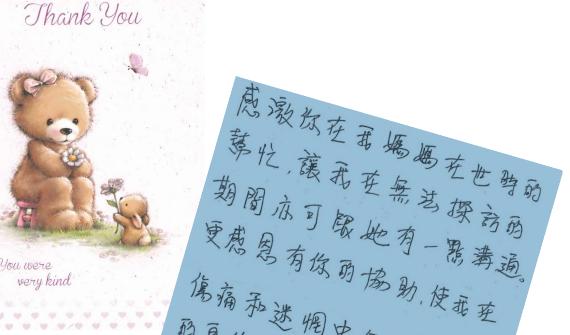
• From 0 to 10

	平均分
計劃支援團隊及院舍職員就院友之健康狀況及照顧計劃,與院友 及家屬有 <mark>足夠溝通</mark>	9.1 ± 1.0
計劃支援團隊及院舍職員於提供醫療護理服務上,有尊重院友及家屬之意願	9.2 ± 1.0
計劃支援團隊及院舍職員能為院友 <mark>紓緩不適</mark>	8.8 ± 1.0
計劃支援團隊及院舍職員能為院友及家屬提供情緒支援	9.1 ± 0.9
計劃支援團隊及院舍職員提供之服務能讓院友有尊嚴地離世	9.2 ± 1.2
計劃支援團隊及院舍職員能讓家屬有足夠準備面對院友離世	8.8 ± 1.8
家屬對參與整個計劃的服務評價	9.2 ± 1.0

和你相說"只有数月, 但你似雾心和关腺 7 我和就人很感激, 那時結婚病得份嚴重 晤,你能指導部們 怎就做才可以含 妈妈舒服些。 雖然 碰妈走了

和安慰。





傷痛私迷惘中,伤能羞涩地 弱勇後事。感恩有然,感恩有 安塞领。克爾尔利蒙人希 夏體健康,崔若愉快。



#### 院舍

- 提升了晚期照顧的政策及配套
- 更加著重「以人為本」

#### 員工

- 更願意及有信心提供晚期照顧
- 持續培訓的重要性

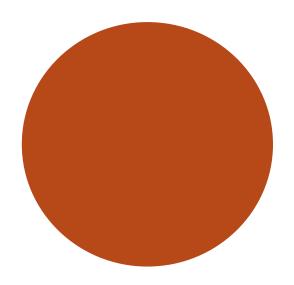


#### 院友

• 較少於晚期照顧接受效用低 (futile) 之維持生命治療

#### 家屬

- 能及早準備院友之晚期照顧
- 欣賞院舍及計劃團隊之協助







## 謝謝 Thank you!







