

The EoL Care Concept and EoL Service in RCHE

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- DNR/DNACPR
- PC
- EoL



WHO Definition of Palliative Care

- Palliative care is an approach that *improves the quality of life of patients and their families* facing the problem associated with life-threatening illness, through the *prevention and relief of suffering* by means of *early identification and impeccable assessment and treatment of pain and other problems*, physical, psychosocial and spiritual. Palliative care: provides relief from pain and other distressing symptoms.
- ***Effective symptom control is paramount in providing good palliative care.***



- *End of Life: Helping With Comfort and Care* hopes to make the unfamiliar territory of death slightly more comfortable for everyone involved.
- U.S. National institute of Health

National Institute
on Aging ■ ◆ ★ ✨



Three triggers for Supportive/Palliative Care

- Prognostic Indicator Guidance Paper- National Gold Standards Framework Centre England 2005 Date: Sept 2008
- ***1. The surprise question “Would you be surprised if this patient were to die in the next 6-12 months”***- an intuitive question integrating co-morbidity, social and other factors. If you would not be surprised, then what measures might be taken to improve their quality of life now and in preparation for the dying stage. The surprise question can be applied to years/months/weeks/days and trigger the appropriate actions enabling the right thing to happen at the right time eg if days. Then begin a Care Pathway for the Dying.



- **2. *Choice/ Need*** – The patient with advanced disease makes a choice for comfort care only, not ‘curative’ treatment, or is in special need of supportive / palliative care eg refusing renal transplant.
- **3. *Clinical indicators*** – Specific indicators of advanced disease for each of the three main end of life patient groups – cancer, organ failure, elderly frail/ dementia.



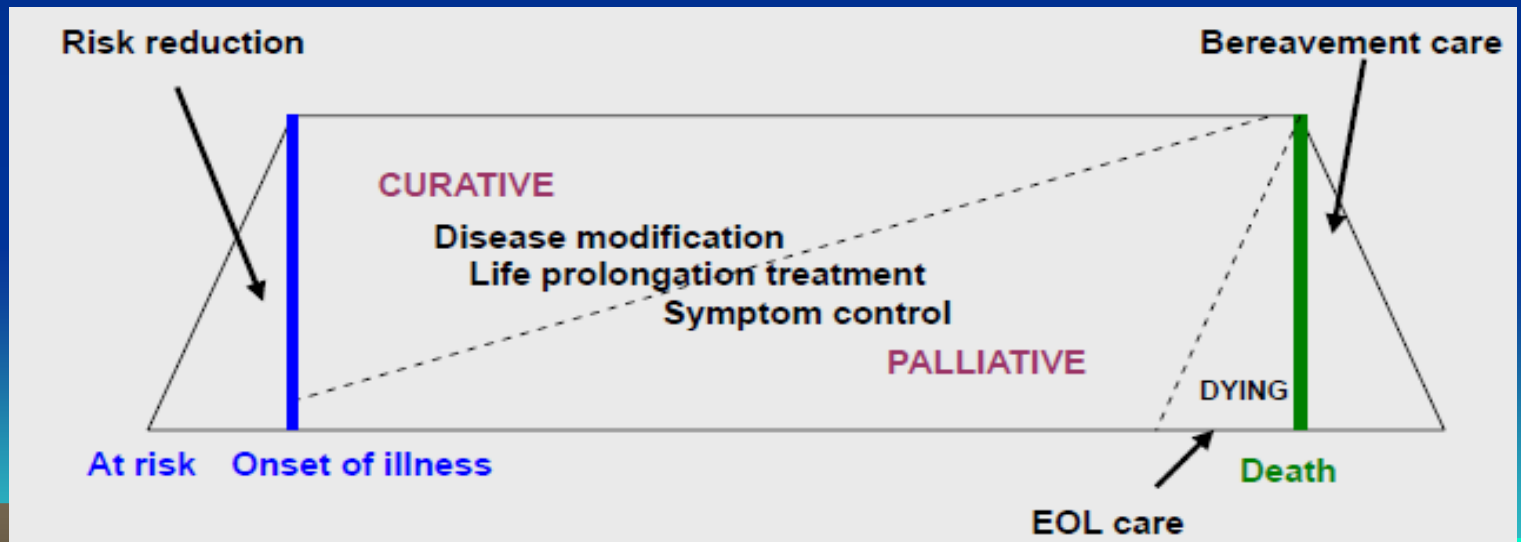
Experience Sharing

From Do-not-Resuscitation Order to End-of-Life Care for the Elders in the Department of Geriatrics RHTSK (老人科晚程關顧服務)

End-of-Life Care Team
Ruttonjee & Tang Shiu Kin Hospitals

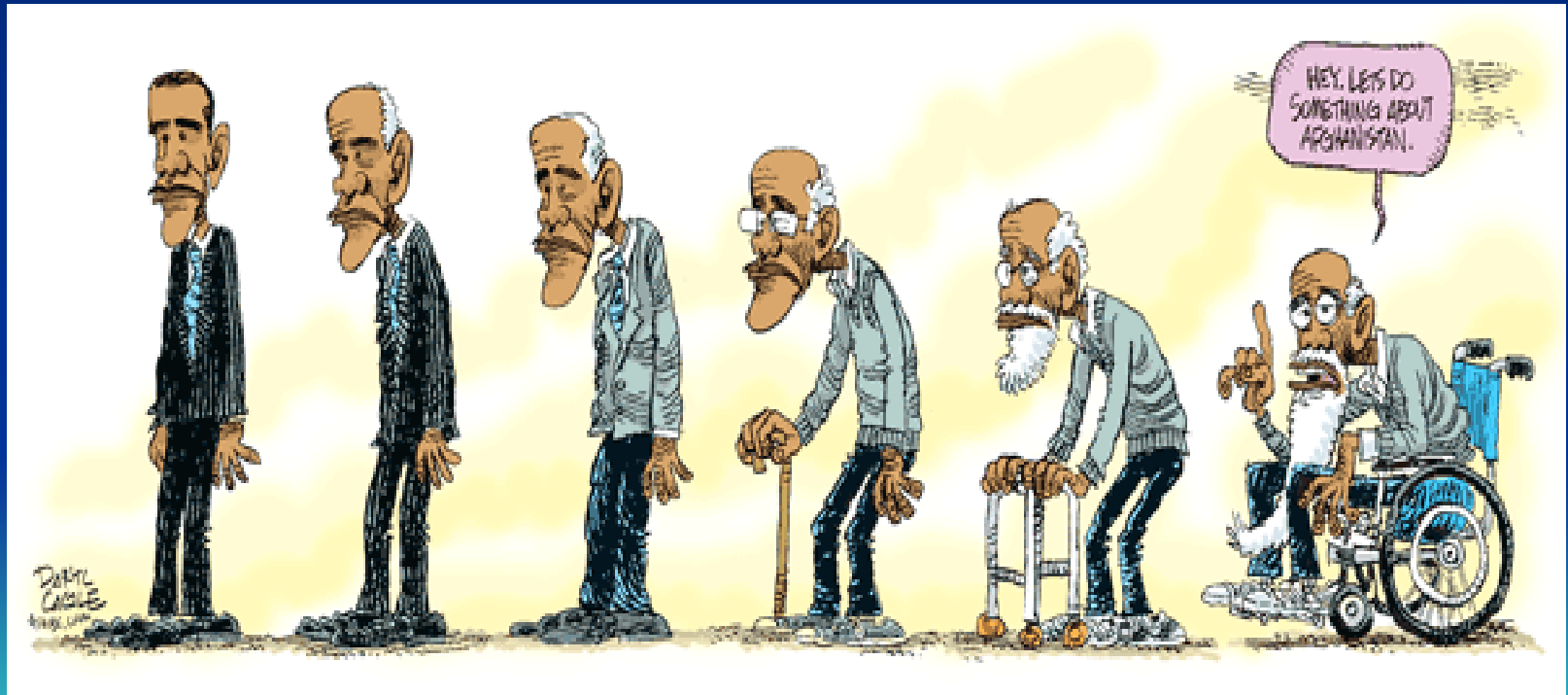
Why EoL service in geriatric unit??

- Deaths are commonly happened in geriatrics ward due to terminal non-cancer chronic illnesses. (Hong Kong College of Physicians, 2008; Hospital Authority, 2009)
- Palliative care in Hong Kong mainly focused on providing end of life services to cancer patients.



We need EoL care!!

- People aged ≥ 65 will increase by 30% to 1.13 million in 2016. Aged ≥ 80 increase more dramatic at 43% over the same time period



The Figure. Course of disease and health care needs (Adapted from WHO, 2007)

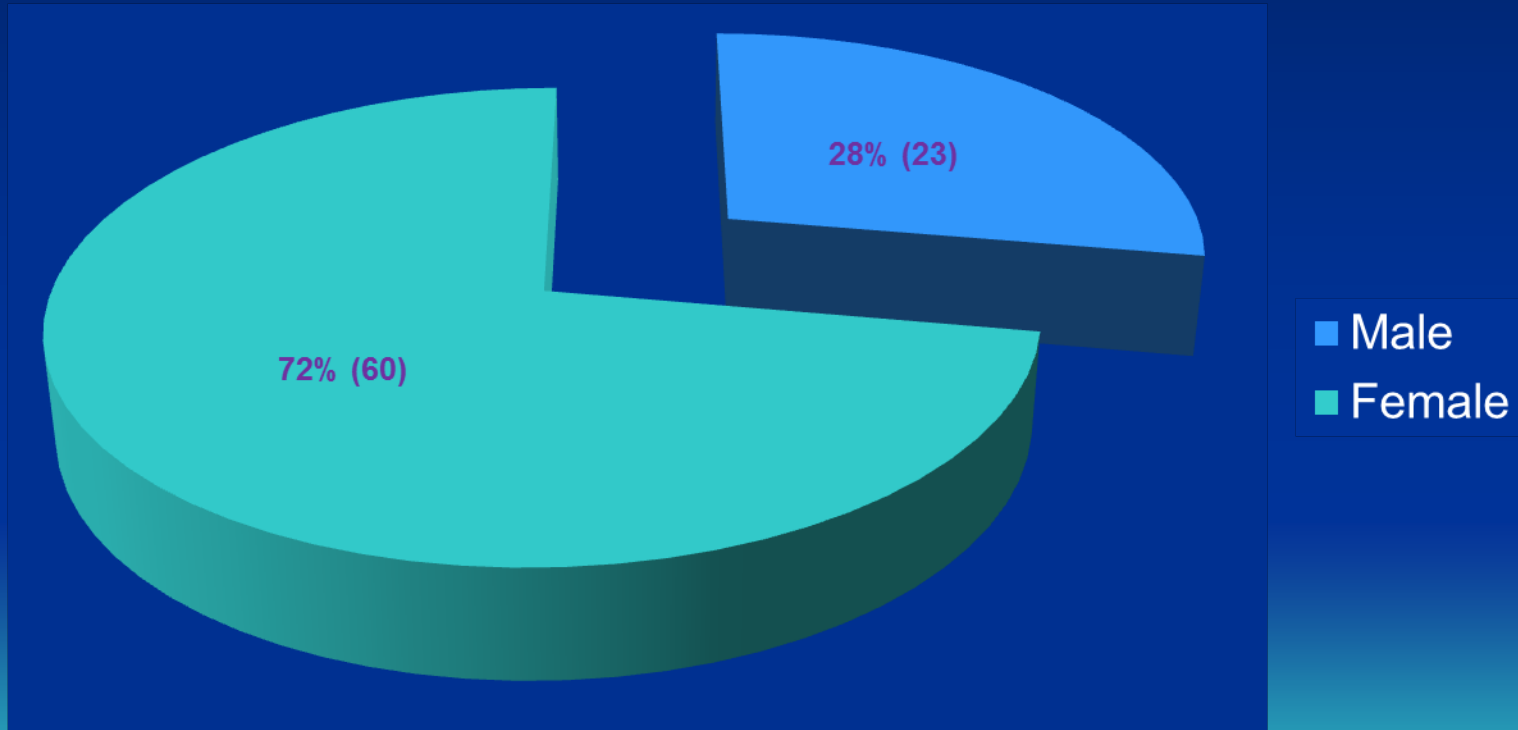
Result

- After 18 months trial from June 11 – Dec 2012
- A total of 101 referral but only 83 cases recruited
-



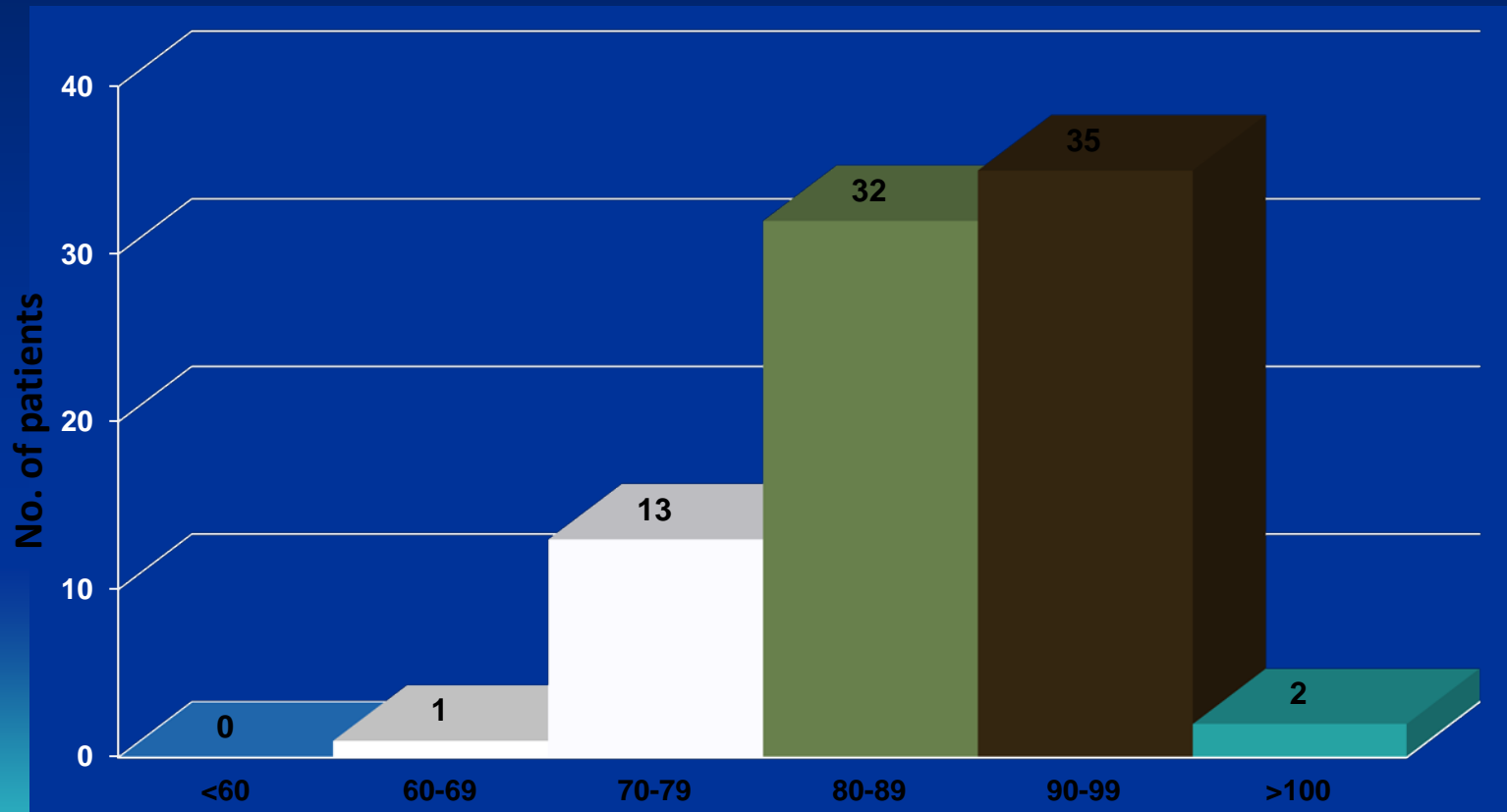
Result

Gender (n=83)



Result

Age Distribution (n=83; mean=83.4)

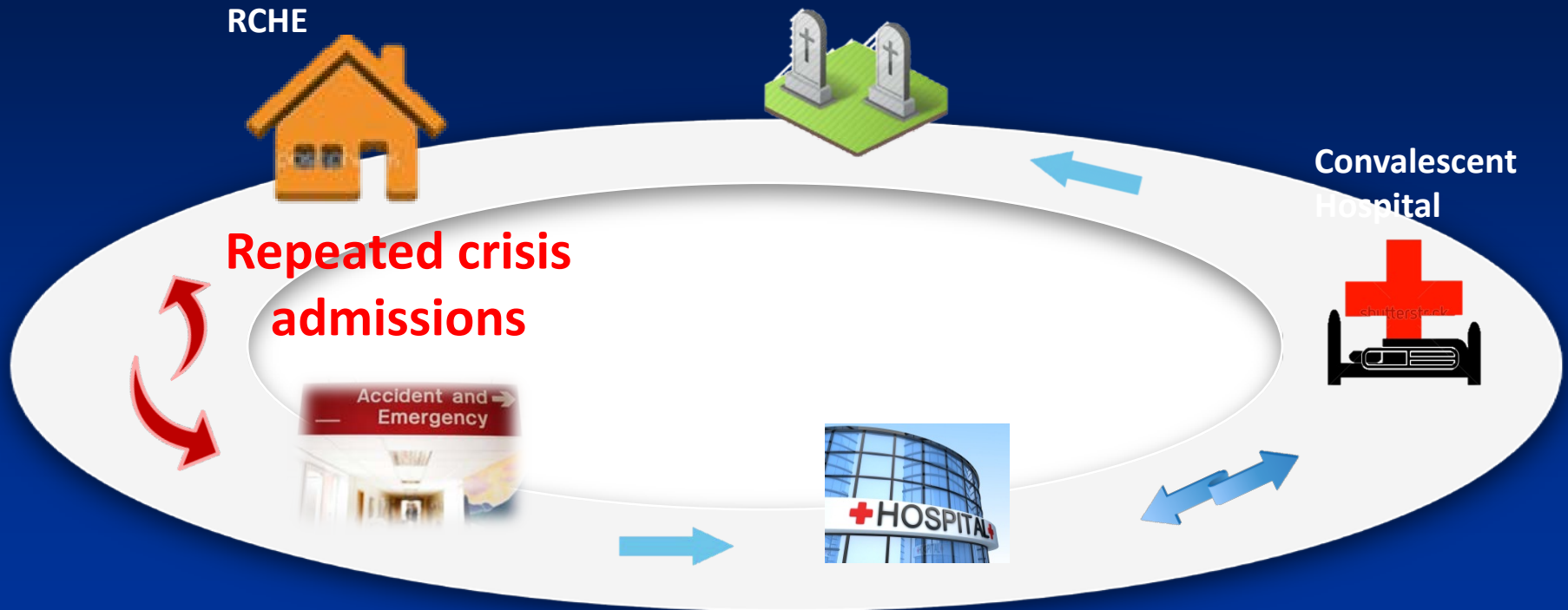


Enhancement of CGAT Service for End of Life (EOL) Care in Residential Care Homes for the Elderly (RCHEs)

Overview

- 13 CGATs covering ~ 640 RCHEs (53,000 residents)
- ~ 8,100 residents died in M&G wards per year (~ 15% of residents in RCHEs covered by CGATs)
- Significant increase in utilization of hospital services by residents in the last few months of life

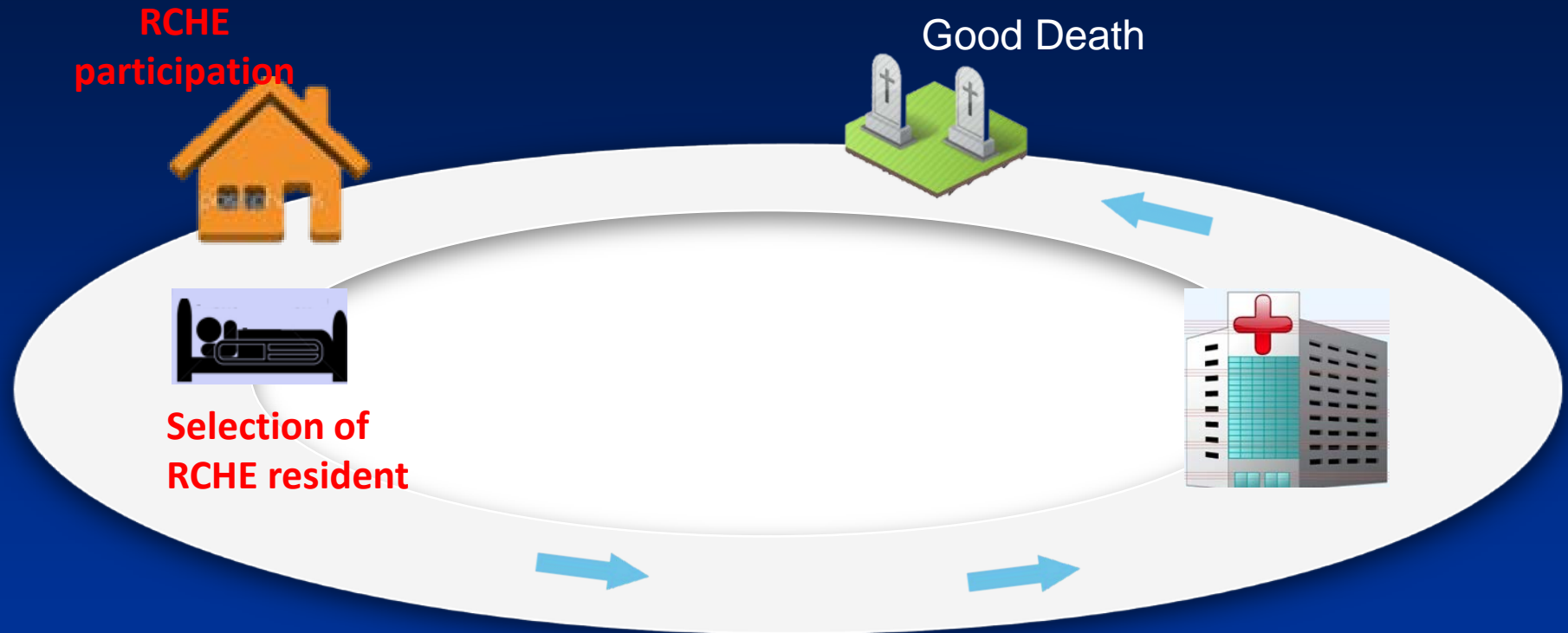
Current Situation



Patients receive “routine” acute interventions

- CPR
- Tube feeding
- Inotropes
- Mechanical ventilation
- IV antibiotics

Enhancement of CGAT Service for EOL Care in RCHEs



Enhanced CGAT support

- ✓ Advance Care Planning (ACP)
- ✓ Patient: symptom control and psychosocial support
- ✓ Support and training to RCHE

CGAT coordination

Provision of need-based timely services in appropriate setting

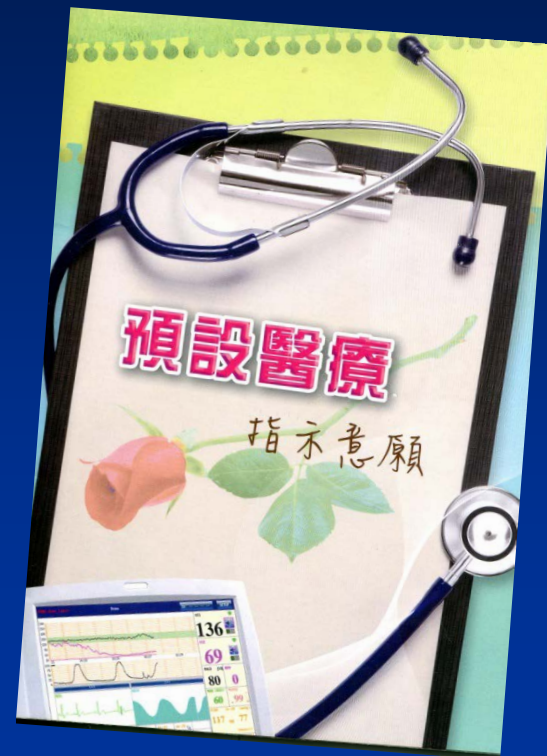
ACP adherence

- Symptom control
- Supportive treatments
- Psychological & spiritual support



Enhancement of CGAT service for End-of-Life (EOL) care in Residential Care Homes for the elderly (RCHE)

- HKEC CGAT was set up in 1993
- Provide on site medical care to RCHES in HKEC
- Cover 80 homes: 13 sub-vented home vs. 67 private homes
- ~ 5660 residents
- Pilot program started in 01/2014 in 2 private homes
- Formal program started in 10/2015
- Total **39** homes joined the program (49%)







Referral letter

 RUTTONJEE HOSPITAL  TANG SHIU KIN HOSPITAL DEPARTMENT OF GERIATRICS <u>End-of-Life Care Services Referral Form</u>	<p style="font-size: small;">Please Affix Gum Label or Use Block Letters</p> <p>Name: _____ (中文) _____</p> <p>Sex/Age: _____ ID No.: _____</p> <p>Dept: _____ Ward/Bed: _____</p> <p>Address: _____</p> <p style="text-align: right;">Tel No.: _____</p> <p>Next of Kin: _____ Tel No.: _____</p>
<p style="font-size: x-small;">Please put a tick '✓' in the appropriate boxes.</p>	
<p><u>PATIENT FROM:-</u></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><input type="checkbox"/> CGAT (Patient is under CGAT Care)</p> <p>CGAT Code : CG _____ / _____</p> <p>* Please fax referral form to : 2291 1064</p> <p>* Remarks: Please call pager no. : _____ for enquiry.</p> </div> <div style="width: 45%;"> <p><input type="checkbox"/> In Patient</p> <p>* Please fax referral form to : 2893 1209</p> <p>* Remarks: Please call 2291 1320 for enquiry.</p> </div> </div>	
<p><u>REASON(S) FOR REFERRAL</u></p> <p>Mandatory Criteria:</p> <p><input type="checkbox"/> Fulfil 'surprise question' with expected less than 6 months survival</p> <p><input type="checkbox"/> Initial verbal consent from patient / relative</p> <p>Major Indication(s):</p> <p><input type="checkbox"/> 1) End-stage chronic disease (please specify) _____)</p> <p><input type="checkbox"/> 2) Late stage of dementia / neurodegenerative disease / frailty</p> <p><input type="checkbox"/> 3) Recurrent admissions (≥ 2 within 6 months)</p> <p><input type="checkbox"/> 4) HA DNACPR form already signed for hospitalized / non-hospitalized (please circle) patient</p> <p><input type="checkbox"/> 5) Advanced care planning initiated, for follow up</p> <p><input type="checkbox"/> 6) Others _____</p> <p>With underlying condition(s):</p> <p><input type="checkbox"/> a) Require symptoms control e.g. pain, shortness of breath, etc.</p> <p><input type="checkbox"/> b) End stage leg ulcer / extensive poor pressure sore for conservative treatment</p> <p><input type="checkbox"/> c) Feeding problem / Poor oral intake / Refused oral feeding</p> <p><input type="checkbox"/> d) Emotional stress – patient and / or relative</p> <p>Remark: _____</p> <p>_____</p> <p>Referred by:</p> <p>_____ (Rank / Name) _____ (Signature) _____ (Date)</p>	

Documentations


	RUTTONJEE HOSPITAL TANG SHIU KIN HOSPITAL Advance Care Planning (ACP)		Name: _____ (中文) _____ Sex/Age: _____ ID No.: _____ Address: _____ _____ Tel No.: _____ Next of Kin: _____ Tel No.: _____ PNH Code: _____
Initial Discussion Record			
Important information about ACP			
ACP is not a DNA CPR or Advance Directive order			
➤ ACP is a communication process between health care team, patients and/or their family members regarding the choice of care that will be considered appropriate at the end of life stage.			
➤ This ACP document provides information to health care team about patient's and/or family's wishes.			
➤ <u>Residential care home staff</u> Please keep original ACP document in CGAT file Please bring original ACP, DNA CPR (non-hospital) document (if available), Advance Directive (if available) when patient attends emergency (AED) or being admitted to hospital.			
➤ <u>Hospital staff</u> The final treatment decision will be based on the assessment of the clinical team. Please kindly return ACP document, DNA CPR (non-hospital) document (if available), Advance Directive (if available) to residential care home staff/patient/family upon patient discharge.			
Family member(s) involved in ACP discussion			
Name: _____ Relationship with patient: _____ Contact phone no: _____			
Remark: family member representative(s) agree to inform all the other relatives about the ACP decision. Patient involved in ACP discussion. <input type="checkbox"/> Yes <input type="checkbox"/> No, patient has significant cognitive impairment			
Doctor and nurse responsible for the ACP discussion			
Name of doctor: _____ Signature: _____ Title: _____ Date: _____			
Name of case nurse (optional): _____ Rank: _____ Date: _____			
Diagnosis:			
Current state of health: Explain current health problems and foreseeable disease progress and possible treatment and care options. <input type="checkbox"/> Patient / family aware of the possible disease progression and the treatment options in end of life.			
Values and beliefs: What are the things that matter most to patient? (e.g. family & friends, familiar activities, independence, able to communicate with others, spiritual beliefs, religious practices, cultural beliefs etc).			
Patient/family preferences: Expectation from treatments, preferences for treatment limits, preferences for personal care, personal goals to accomplish.			

[illegible]

Documentations

To: Accident and Emergency Team

(Please fill in **either** English part **or** the Chinese part)

 醫院管理局 HOSPITAL AUTHORITY	Do Not Attempt CPR (DNACPR) Form for Non-Hospitalized Patients 非住院病人「不作心肺復甦術」 文件	Please Use Block Letter or Affix Label SOPD / Hospital No. : Name: I.D. No: Sex Age..... Dept: Team:..... Ward/Bed: /.....
	I. Diagnosis:	
II. On the date of signing Part IV of the Form, we, the doctors of the certifying healthcare team (Please fill out either paragraph (A) or paragraph (B) below):		
(A) For an adult with an advance directive (AD): have ascertained that the AD with a refusal of cardiopulmonary resuscitation (CPR) signed by this patient on (date) is valid, and hereby certify that this patient's clinical condition is that specified in the AD namely (please tick), he/she <input type="checkbox"/> is terminally ill, <input type="checkbox"/> is in irreversible coma or persistent vegetative state, <input type="checkbox"/> has other end-stage irreversible life limiting condition:, and according to the AD, if this patient's condition falls within the circumstances under the AD and he/she suffers from cardiopulmonary arrest, neither artificial ventilation, external cardiac compression, nor defibrillation should be given.		
(B) For a mentally incompetent adult without a valid AD or a minor: certify that this patient (please tick) <input type="checkbox"/> is terminally ill, <input type="checkbox"/> is in irreversible coma or in a persistent vegetative state, <input type="checkbox"/> has irreversible loss of major cerebral function and extremely poor functional status, <input type="checkbox"/> in the case of a minor, has other end-stage irreversible life limiting condition, and that this patient's current clinical condition and advance care planning (ACP) have been discussed: (please tick) <input type="checkbox"/> between the healthcare team looking after this patient and the family of this patient (who is a mentally incompetent adult) <input type="checkbox"/> between the healthcare team looking after this patient and the parent(s) of this patient (who is a minor) and that agreement has been reached that if this patient suffers from cardiopulmonary arrest, it would be in this patient's best interests that neither artificial ventilation, external cardiac compression, nor defibrillation should be given. The family (or parents) of this patient confirms the agreement with the DNACPR decision (for paragraph (B) only). Signature: Date: Name: Relationship with patient :		

 醫院管理局 HOSPITAL AUTHORITY	Do Not Attempt CPR (DNACPR) Form for Non-Hospitalized Patients 非住院病人「不作心肺復甦術」 文件	Please Use Block Letter or Affix Label SOPD / Hospital No. : Name: I.D. No: Sex Age..... Dept: Team:..... Ward/Bed: /.....		
	III. Reminder: 1. Before withholding CPR, the Accident and Emergency team attending to this patient should ascertain that the decision to withhold CPR remains valid and unchanged, and that this patient's condition when presented to the team falls within this form. If in doubt (e.g. whether or not CPR is still in this patient's best interests), or if foul play, accident or untoward event is suspected, CPR should be given to this patient. 2. The original form should be kept with the patient and presented to the Accident and Emergency team.			
IV. Signatures of the certifying healthcare team doctors (signatures of both doctors are required):				
Doctor: _____ (Doctor's name) _____ (Signature) Date: _____	Specialist doctor: _____ (Doctor's name) _____ (Signature) Date: _____	Department: _____ Hospital: _____ Hospital/Department Chop: 		
V. Reviewed & endorsed by (the form will be ineffective if not endorsed within the review period):				
Review period* 6 months, or less at _____ months	Review date _____	Doctor's name _____	Signature _____	Department / Hospital _____

* If a review period shorter than 6 months is indicated, please cross out "6 months" and fill in the period in the space provided.

CMS Alert

Adverse Drug Reaction		
Drug	Adverse Drug Reaction	Additional Information

Alert				
Details	Additional Information	Validity From	Validity To	Update
DNACPR form for non-hospitalized patients signed (Please check validity)	Created on 15-10-2015, by Dr N C Shum, MED, RH under end of life care			16-10
this patient is under HKEC CGAS/RTSKH Geriatric Department care. Advance termina		15-10-2015	14-04-2016	16-10

Print Preview Log

Disclaimer:

Please note that record in RED and MILD severity of ADR records are NOT subjected to system checking against medication(s) prescribed.

Drug Allergy: (1) No Known Drug Allergy

Alert: (1) DNACPR form for non-hospitalized patients signed (Please check validity) ^
Created on 15-10-2015, by Dr N C Shum, MED, RH under end of life care

(2) this patient is under HKEC CGAS/RTSKH Geriatric Department care. Advance termina ^
Valid from 15-10-2015 to 14-04-2016

Notes:


^ Items are NOT checked by system against medications prescribed.

Details


Close

EOL folder

B7120



律敦治醫院




鄧肇堅醫院


港島東社區老人評估小組 晚程關顧服務

保密


此份醫療紀錄存有病人的個人保密資料，用作醫療用途。為保持資料完整，請勿私自取去或損毀。
非本院授權人士，請勿翻閱此份紀錄。
病人及其親屬/監護人如欲了解病人情況，請與本院聯絡，多謝合作。



RUTTONJEE HOSPITAL



TANG SHIU KIN HOSPITAL



HKEC


安老院舍晚間醫療服務
預設照顧計劃
(Advance Care Planning) (首次討論記錄)

請以正楷書寫或貼上病人標籤

姓名: _____
性別/年齡: _____
身份證號碼: _____
住址: _____ 聯絡電話: _____
家屬姓名: _____
聯絡電話: _____
編號: _____

致：急症室醫護人員

請填寫英文部份或中文部份



RUTTONJEE HOSPITAL

非住院病人
「不作心肺復甦術」文件

請以正楷書寫或貼上病人標籤

入院/門診號碼: _____
姓名(英文): _____ (中文): _____
身份證號碼: _____ 性別: _____ 年齡: _____

如院友因急症需要入院，請將此信交予

「急症室 或 病房」

如院友入院必須攜帶此文件

Ruttonjee and Tang Shiu Kin Hospitals
HKEC COMMUNITY GERIATRIC ASSESSMENT SERVICE

END OF LIFE SERVICE

Please Affix Gum Label or Use Block Letters

Name: _____ (中文) _____

IDNo: _____ Sex/Age: _____

PNH Code: _____

PNH Name: _____


Dear AED Officer / Medical Officer,

The above named resident has been admitted to our End of Life Service due to _____ (Main diagnosis for EoL)

Please kindly help the patient:

- When considering the need of life supporting treatment or treatment that may cause excessive discomfort to the patient, please note that the patient / family members have opted for "DO NOT Attempt CPR" order. Please also refer to patient's Advance Care Plan.
- Please admit the patient directly to ward _____, RHTSK or other geriatric wards if the original unit is full.

Thank you very much for your attention and assistance.
Best Regards,



(Department Chop)

(Signature of Doctor)
Name: _____

Please do not dis

Operations

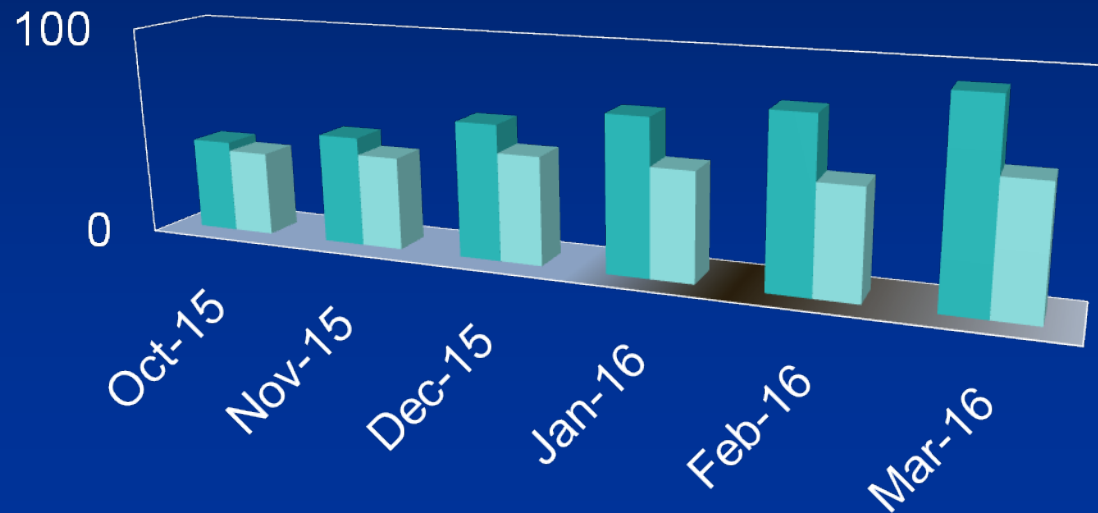


Condolence Card



	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
EOL case	44	52	64	73	80	93
Active case	40	44	51	51	51	60
CGAT attendances	99	234	355	556	720	902

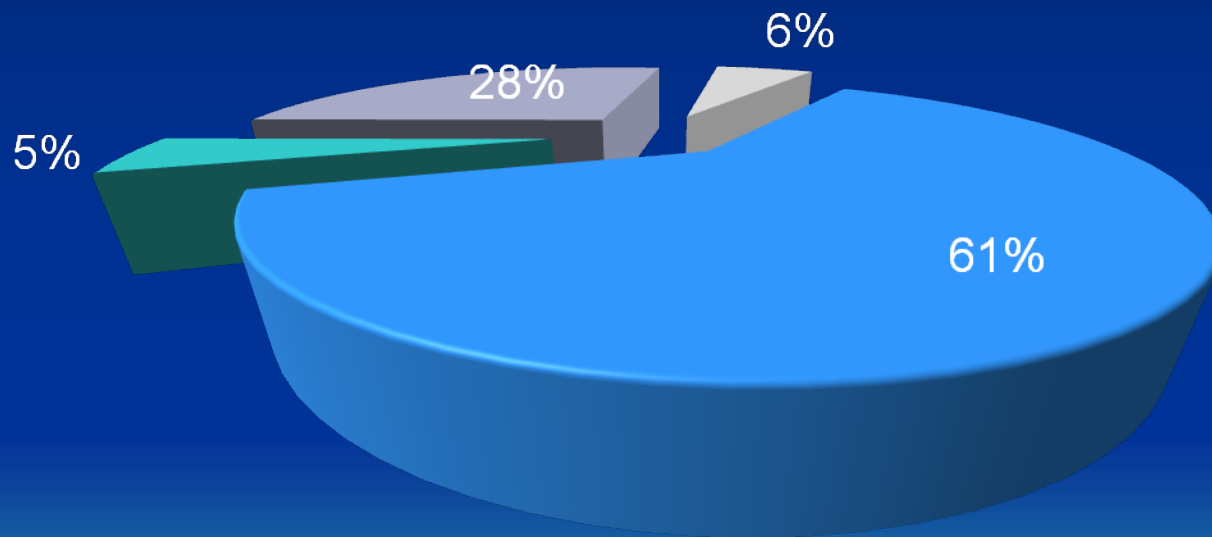
Monthly EOL recruitment record



	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
■ EOL case	44	52	64	73	80	93
■ Active case	40	44	51	51	51	60

No of RCHE jointed EOL program

- POAH recruited
- SOAH recruited
- OAH refuse EOL program
- SOAH not yet decided





Thank You

