

Asia Pacific Regional Conference on End-of-life and Palliative Care in Long Term Care Settings

Evaluation of End-of-Life care service in a Nursing Home in Hong Kong 2000-2013: the clinical profile and hospital utilization

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Background

- Ageing population in Hong Kong
 - 911,900 persons are 65 & + in end 2009 (12.9% of total population) (C&SD, 2013)
 - 34,641 deaths for persons 65 & + in 2012 (CHP, 2013)
- Residents in residential care homes for the elderly (RCHEs)
 - Residential rate in Hong Kong (6.8% for >65) is high (Chui et al 2009)
 - have multiple comorbidities that are irreversible and chronic (THS Report No. 40,. C&SD, HKSAR, 2009)
- Hong Kong's situation:
 - Almost all persons at end of life are sent to hospitals
 - 33.5% (~13,630) of all deaths in IP/DP/A&E (40,630) are (RCHE) residents (HA working group on EOL care in RCHEs, 2013)
- Consequences:
 - Preventing Good Death
 - Choice & Control – where death occurs & who are present and share the end
 - Inappropriate use of hospital resources
 - Contradicting “Ageing in Place” and “Continuum of Care” (Social Policy For Elderly Persons in HK)



- Haven of Hope Nursing Home, a 270-bed care home, has pioneered the End-of-Life (EOL) care service in 2000 (Chu et al, 2002; Chu et al 2004)
 - In collaboration with Haven of Hope Hospital's Palliative Care Consultation Service and Community Geriatric Assessment Team (CGAT)
 - Residents/ families choice in receiving EOL care in NH
 - Enhance quality of life to residents/ families – bio-psycho-social-spiritual
 - Reduce unnecessary hospital admission
 - Procedures:
 - Last office in NH
 - Issuing of Medical Cert of Death (Form 18) in NH
 - Use of Haven of hope Hospital Mortuary
 - Bereavement care

Objectives of our study

To evaluate:

- 1. the clinical profiles**
- 2. the hospital utilization**

in the 91 residents who received the EOL care programme in NH for almost 13 years of EOL care service

Clinical Profiles of EOL Care Service in Nursing Home



安享終老院舍中

8th Nov 2000

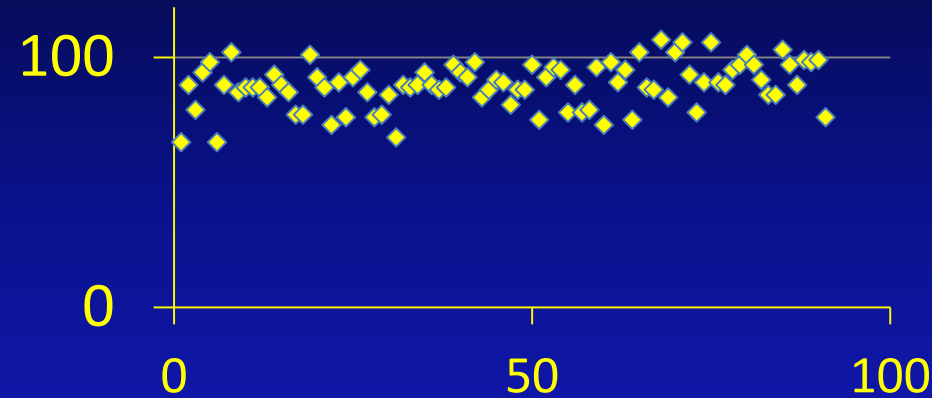


Sept 2013

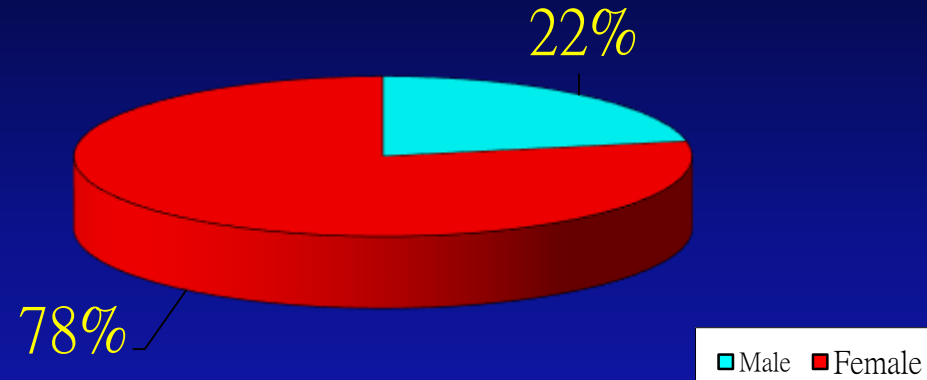
91

Residents' clinical profile on EOL care in HOHNNH

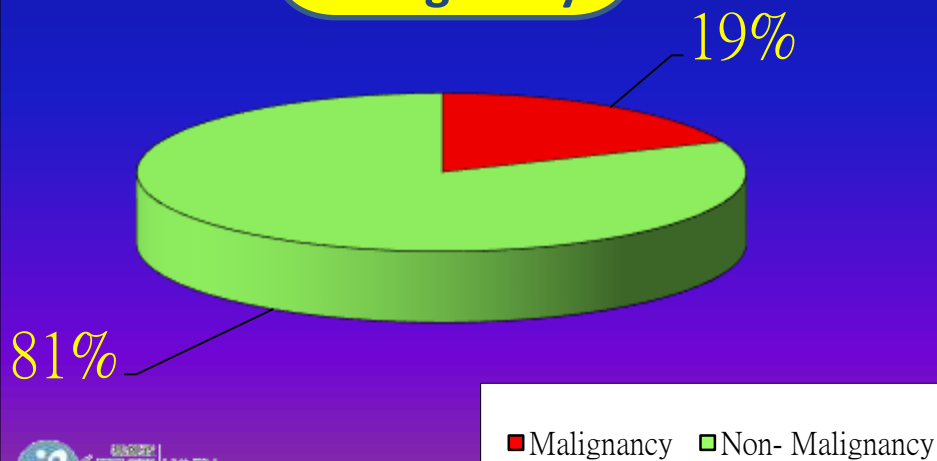
Age



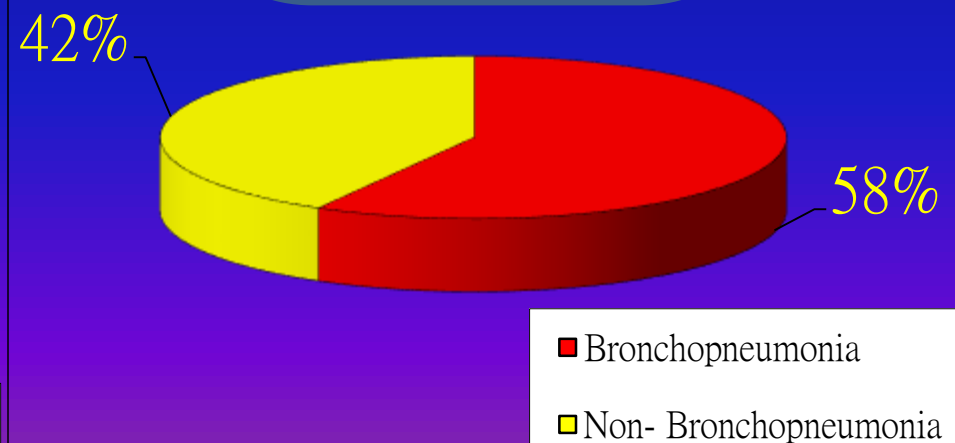
Gender



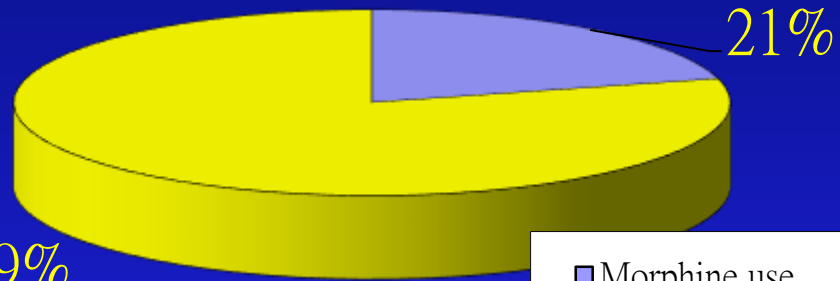
Malignancy



Cause of Death

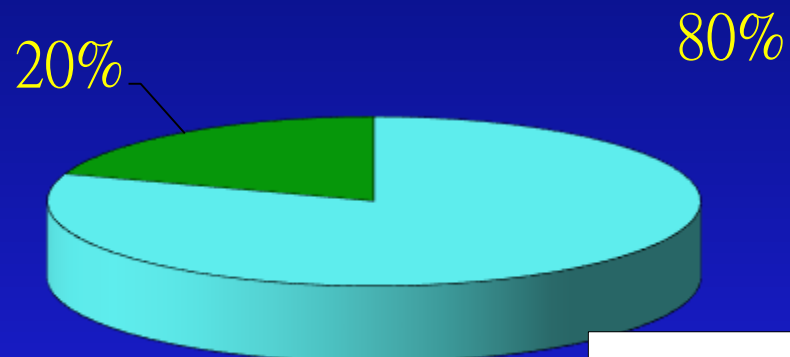


Morphine use



- Morphine use
- No Morphine use

Oxygen use



- Oxygen use
- RA

Hospital Utilisation of EOL Care Service in Nursing Home

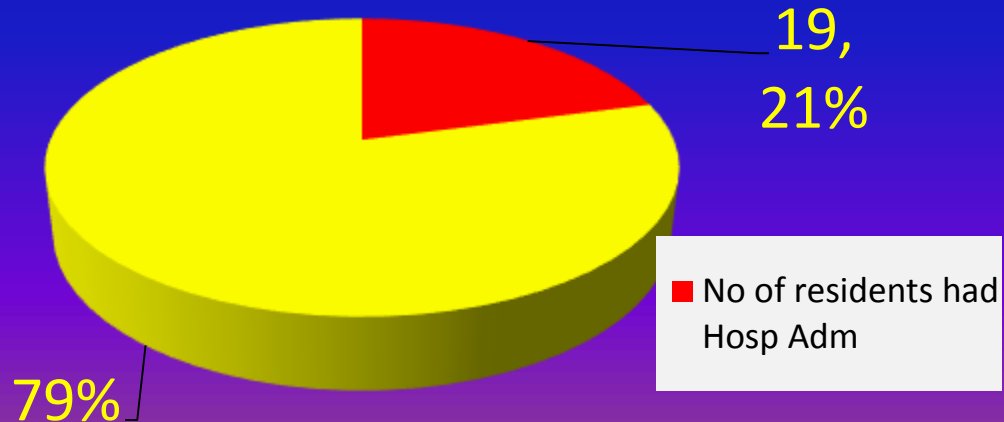


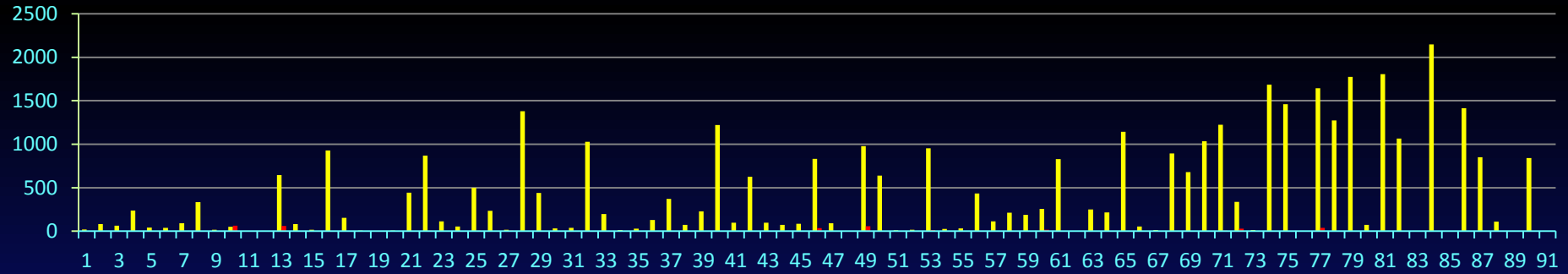
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Hospital utilisation for residents after receiving EOL care service



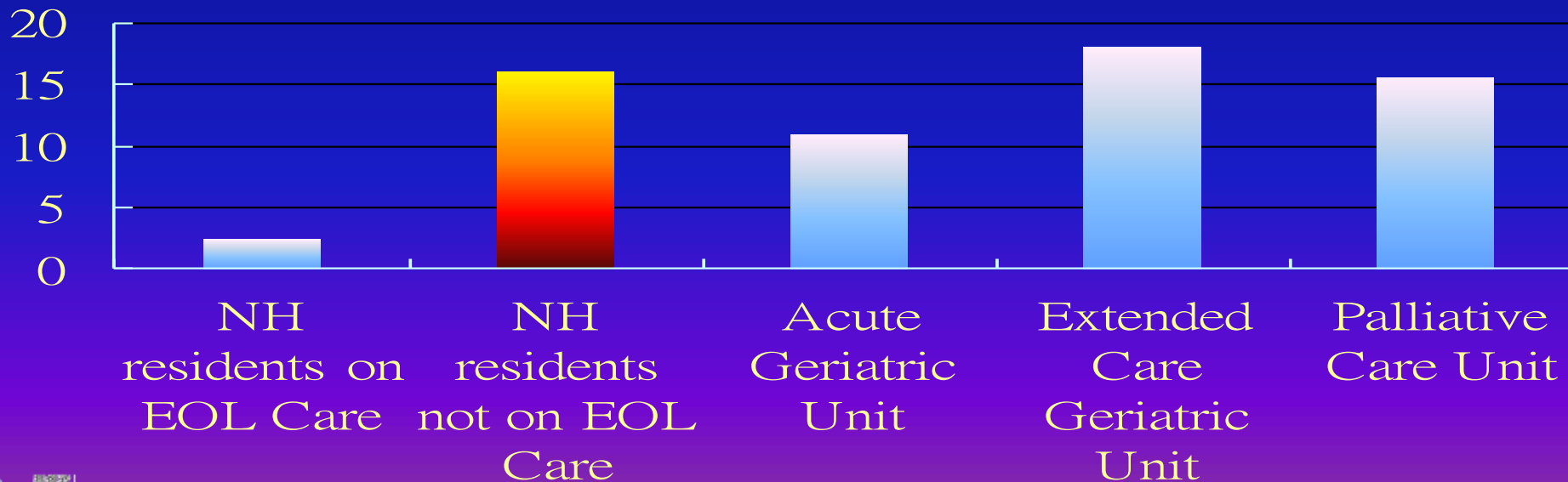
Cases requiring hospitalisation





- The length of stay in NH after receiving EOL care ranged from 1 day to 5.8 years of average 450 days (median 130 days)
- The average length of stay in hospital was 19.2 days for these 19 residents
- Literatures showed “cost of dying” concentrates in the last few weeks of life
- Our study attempts to compare the hospital utilisation in last 30 days of life in residents receiving and those NOT receiving EOL care service in NH

- In our previous study in NH (Chu et al 2004) presented in HK Hospital Authority Convention 2004:
 - In their last 30 days of life
 - the average length of stay in hospital for residents NOT receiving EOL care service was 16 days



- In our present study of 91 residents on EOL care, the average length of stay in hospital in their last 30 days of life was **1.3 days**
- Residents receiving EOL care service will therefore have **less (16-1.3) 14.7 days** stay in hospital in their last 30 days of life
- Average hospital bed-stay cost of HK\$ 2,847 /day (Chu LW et, 2011), each resident receive EOL care service and passed away in NH will save HK\$ 41,850 from the hospital setting

16 days – 1.3 days = HK\$ 41,850 (US\$ 5,331)

Conclusion

- EOL care provision in NH :
 - **sustainable and successful**
 - greatly **reduces further hospital admission**
 - provides **great saving from hospital setting**
- Clinical, administrative and legislative changes would be necessary in facilitating the shifting of EOL care from hospitals to the LTC sector



Mission Statement

"Through a ministry of holistic care, we strive to share the Gospel and develop a Christian community. In the love of Christ, we deliver our service in a caring, professional and progressive spirit so that **the lives of those serving and being served are mutually enriched.**"

靈實使命

透過關懷全人的事工，我們致力與人分享福音及建立基督化社群。在基督的愛中，我們以關懷、專業及進取的精神提供服務，使服事者及被服事者彼此建立更豐盛的生命。

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Thank You !!