



尊重生命 • 改變生命

Sharing of experience on the Nursing Care of the Elderly Clients during their Last 3 weeks of the Imminent Death in a Nursing Home of Hong Kong



Haven of Hope Nursing Home Role extension of nursing staff in Nursing Home 1999 - 2013

Christine Lam, Operations General Manager, RSE I



60th
周年
Anniversary



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Role extension of nursing staff in Nursing Home

The Journey

- A plan for “Dying in Nursing Home” was planned before 1999 and 1st case was served in 2000
- Advocacy for a peaceful death can be achieved for selected person who requires minimal medical interventions and whose life will end predictably (Chan KS 2006)
- 12.5% (90/722 total death) was served in the “Dying in Nursing Home” service (HOHNH 2013)

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Management of Death in Hong Kong

- All imminent deaths to send to hospital
- Medical practitioner to pronounce and certify death

Management of Death in UK 1, NSW (Australia) 2 & Ontario (Canada) 3

- RN to pronounce death when death is expected
- Medical practitioner to certify death legally

Applies to hospital and nursing home

(1. UK, 2002)

(2. NSW HD, 1999)

(3. College of Nursing, Ontario 2000)

Legal status (Hong Kong)

- It is lawful for deaths to occur in Nursing Homes in Hong Kong (which is registered under the Hospitals, Nursing Homes and Maternity Homes Registration Ordinance Cap 165), provided that the attending medical staff is satisfied with the cause of death. Attending physician has to view the body and to sign the certificate of death (form 18)

Dying in Nursing Home - Pioneer



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Nov 2000



Sept 2013

90





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2000 to 2013

90 deaths at the nursing home

2007 to 2013

43 deaths for analysis



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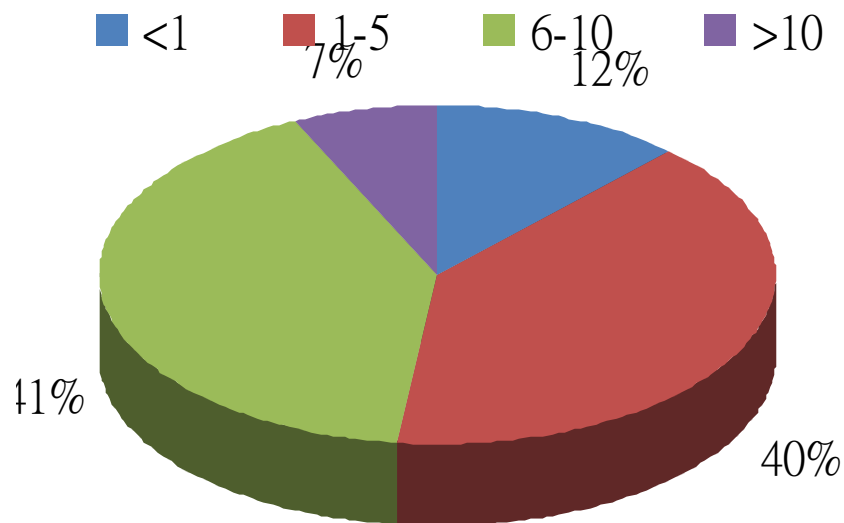
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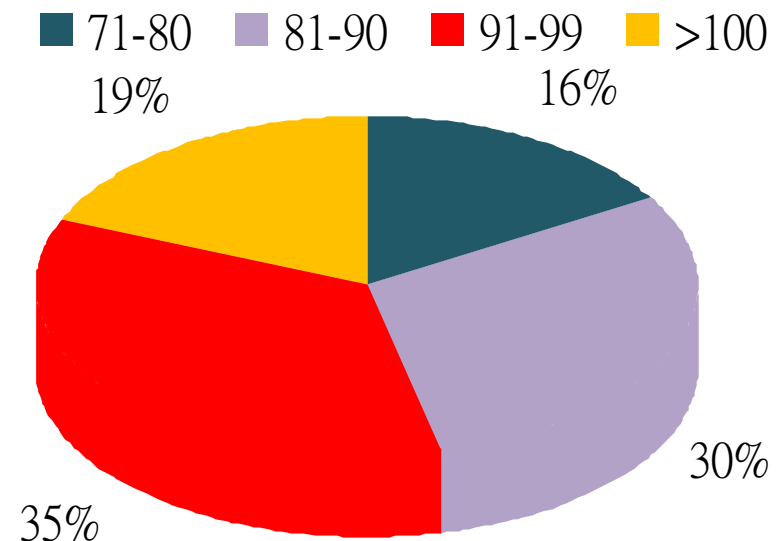
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Profile of the deaths (43) 2007- 2013

Year of residency



Age distributions



Role extension of nursing staff in Nursing Home

Imminent death

→ Death (43)

<u>1 week</u>	<u>2 weeks</u>	<u>3 weeks</u>	<u>> 4 weeks</u>
28 (65%)	7 (16%)	1 (2%)	7 (16%)

Weissman 2005





60th Anniversary
周年

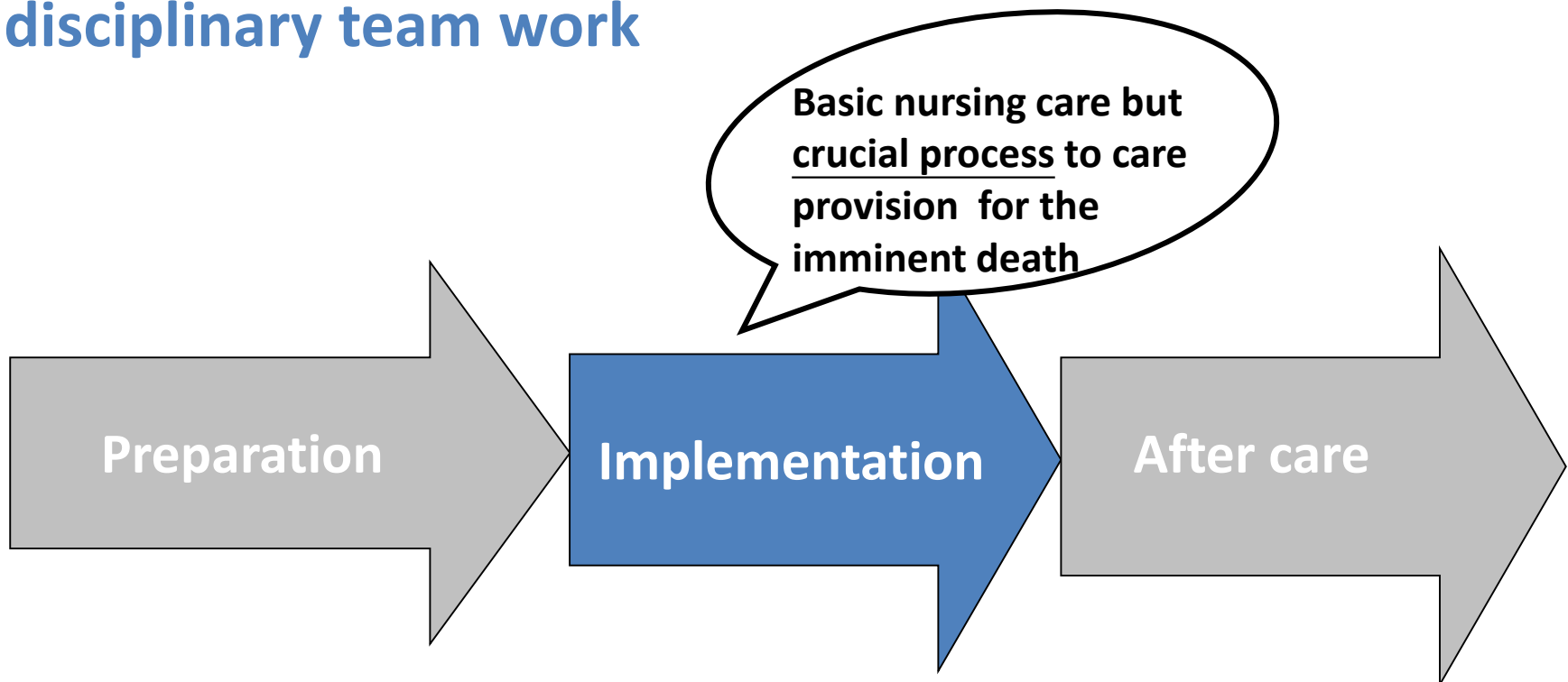


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Role extension of nursing staff in Nursing Home

A nursing –led model with participation of multi-disciplinary team work





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Nursing care of the imminent 43 deaths (2007 -2013)

Patent airway		
Chest physiotherapy	Suction (Q2H to Q4H)	O2 (2 to 5 lit)
16 (37%)	34 (79%)	36 (83%)



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Nursing care of the imminent 43 deaths (2007 -2013)

Hydration & related observation	
Subcutaneously / via nasogastric feeding	Vital signs
4 /27 (10% / 62%)	<ul style="list-style-type: none">• fever 17 (39%)• Vomits 4 (10%)



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Nursing care of the imminent 43 deaths (2007 -2013)

Pain control & Comfort Care		Wound care	Death time (Shift)
Narcotics (oral/subcutaneously)	Bed side nursing care	Wound care (chronic wound)	A / P / N shift
<p>9 / 4 (21% / 9%)</p>	<ul style="list-style-type: none"> •Turning •Care of fever •Care of vomits •Skin care •Oral hygiene •Contenance care 	<p>11 (26%)</p>	<p>A: 22</p> <p>P: 6</p> <p>N: 15</p>

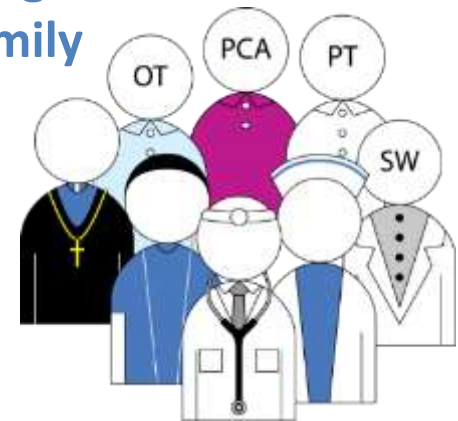
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Outcome

1. A good death with dignity and care by familiar faces & family
2. Choice of care by residents and family
3. Better utilisation of the health care resources

Gains

1. Pioneering service in “Dying in Nursing Home” in Hong Kong
2. Extension of nurses’ role in the community
3. A committed professional team for care of the dying
4. Motivated by the trusting relationship with the family



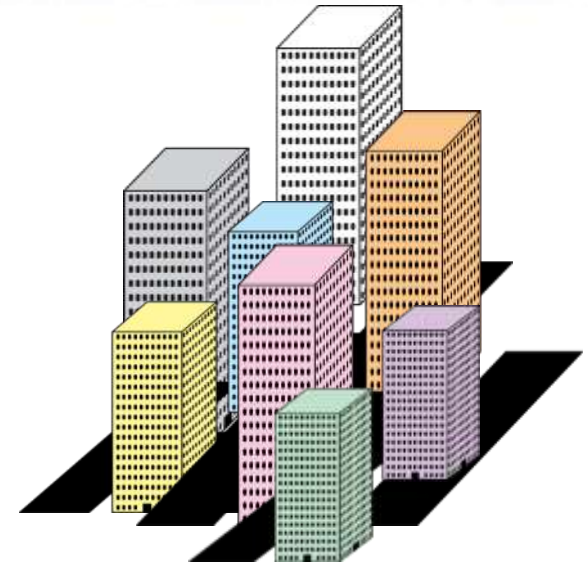
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Facts:

- Ageing population
- Health & social integration (Policy address HK 2009)
- Shifting of care to the community for the elderly (Policy address HK 2008)



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A blurred photograph of two hands clasped together in a supportive grip, serving as the background for the central text.

*Thank
you*