Four Medical-Social Shared Care Models Providing End-of-Life Care in Residential Care Homes

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Objective

- To consolidate the best practices of the four medical-social partnerships in providing end-of-life care in Hong Kong residential care homes for the elderly (RCHEs)
Methodology

Data Collection:

- Primary data:
  - **12 Interviews** with major stakeholders in the elderly residential care homes, including project holders and social workers. The interview will be audio taped and transcribed for analysis.
  - **Field notes** were prepared by the researcher, to serve as observational data for further analysis

Data analyses: thematic analysis including open coding, selective coding, axial coding and theme construction

Informed consent was sorted from all participants before the interviews. Only participants who sign the consent form will be included in this study. All the data are anonymized and pseudonyms are used.
Five Foundation of the BEST PRACTICES

1. Value driven
2. A shared optimal goal of dying well
3. Trust
4. Communication as a catalytic agent
5. Continuity of care across systems
1.1 The Driving Value - Honoring Human Dignity

- Relieve Suffering
- Promote Well-Being
- Respect Dignity & Personhood
- Respect Relationships

- Satisfaction / sense of life actualization
- Love
- Esteem / autonomy
- Belong
- Financial / safety
- Minimize clinical symptoms / meals / toileting
2. An Optimal Goal of Dying Well...

Balancing Quality of Life & Quality of Care

Participation, communication, informed choice

DYING-IN-PLACE

CARE-IN-PLACE until Death

Change (care place, care decision, etc.)
3. Trust as a Foundation

INFORMATION

INFORMATION

INFORMATION

INFORMATION
4. Communication as a Catalytic Agent throughout the Care process

6. Symptom management
7. Empowering stakeholders
5. Continuity of Preferred Care Across Systems – Care Managers

**Enablers**  
*e.g. signed DNACPR*

<table>
<thead>
<tr>
<th>Information+ Communication system</th>
<th>Care Transitions protocols</th>
<th>Align work in Assessment, Care Planning, Advanced Directives</th>
<th>Collaboration knowledge + competencies</th>
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**Hinders**  
*e.g. insufficient medical support in RCHEs*
WEP- Focus of BEST PRACTICES

1. **Well-being**: holistic (bio-psycho-socio-spiritual)

2. **Empowering**: institutional, process, and individual

3. **Personhood and Family Focused Approach**
Holistic Well-being

- Symptom management
- Spiritual / meaning
- Food / comfort
- Esteem / respect
- Social connectedness

Strengthened Psychosocial Health
- Social connectedness
- Expression of self
- Psychological / spiritual comfort
Empowering

**Structure**
- Equip
- Consolidate value
- Medical-Social Partnership

**Process**
- Engage informal caregivers
- EoL Step Care Framework
- Enable psychosocial care

**Individual**
- Build caregivers capacity
- Disseminate and affirm
- Supportive environment
Personhood and Family-Focused Approach

Solving the ‘Personhood Jigsaw Puzzles’

Expand comprehensive geriatric assessment to exploring …

▪ Sensory-bio-psycho-social-spiritual assessment of personhood
▪ Family dynamics and care capacity
▪ Knowing the Past, the Present and Connecting the Two
## Personhood in the Caring Process

<table>
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<tr>
<th>Paragraph</th>
<th>Individual</th>
<th>Family</th>
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| **Assessment** | - Sensory* – touch, taste, smell etc.  
- Biological* – signs of physical drop, losing functionality  
- Psychological – health induced emotions, mood, anxiety  
- Social- communicability  
- Spiritual | - Dynamics Communication  
- Trust  
- Conflicts /disagreements  
- Family’s role in fulfilling individual needs  
- Who is the proxy of care ?* |
| **Planning** | - Resident as a key stakeholder – solicit wishes & preferences – acknowledge limits & capacities  
- Decision-maker | - Family as another key stakeholder  
- Proxy’s care capacity  
- Continuous communication  
- Joint decision-making (mediating differences between resident-family) |
| **Implementation** | - Multi-disciplinary  
- Continuous assessment | - Multi-disciplinary  
- Facilitate continuous contribution to achieve ultimate goals  
- Enhance the Family Care Capacity* |
| **Review** | - Transparent  
- Well-prepare for emergency | - Well-prepare family for emergency  
- Respect family’s expectations |
Conclusion

- Best practices in EoL care: 5 + 3

5 Foundations

3 focus - WEP

Dying with Dignity
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